

Sheffield Changing Futures theory of change

System level

Context	<p>Currently, we think the problem is:</p> <ul style="list-style-type: none">• Demand outstrips capacity; widespread across system but particular bottleneck in higher-tier statutory services. Underlying issue is underinvestment.• No specific strategy/approach that has buy-in across the partnership.• Some duplication where commissioning only targets one area of need.• Specialist services concentrated in city centre.• People with lived experience are consulted but aren't equal decision-makers• Data spread across systems, inconsistent information-sharing, no-one has a single picture.• Disparities in professional status and different ways of working cause conflicts and 'gatekeeping' of data and services.• Much of the workforce aren't experienced in working with this cohort, lack confidence and don't know what is available.
Inputs	<ul style="list-style-type: none">• Changing Futures central leadership, opportunities to influence national policy• Changing Futures funding• Local funding• Shared values and culture• Strategic input from people with lived experience, with an equal stake in commissioning and funding decisions• Open dialogue between commissioners and delivery partners• Updated information-sharing agreements• Support for involvement of people with lived experience recruitment, learning, development• A learning culture, tolerant of some trial and error

<p>Activities</p>	<ul style="list-style-type: none"> • Develop a system-wide strategic approach, aligning resources. Increase investment where capacity is causing problems. • Establish strategic and operational multi-agency groups specifically around adults with multiple disadvantage • Mapping of funding (current and opportunities) • Mapping the system and use of the system, especially bottlenecks in capacity • Establish baseline of system measures such as collaboration, coproduction, learning • Strategic review of how commissioning could better enable service user choice and control • Identify strategic and operational blockages • In year 3, evaluation of system change led by people with lived experience • Develop vehicle for sharing best practice • Agree common workforce approaches • Assemble and share directory of services. • Co-produce a single assessment and set of person-centred outcomes as basis of support from range of agencies • Develop multi-agency case management and information-sharing system that gives a single view of each individual • Analyse cost to the public purse of multiple disadvantage in Sheffield; monitor how this changes over the programme period • Co-produce and widely deliver training and awareness-raising on multiple disadvantage, trauma-informed and person-centred approaches • Co-produce toolkit on recruitment and CPD
<p>Outputs</p>	<ul style="list-style-type: none"> • Number of and attendance at strategic and operational meetings, practice-sharing events • Strategic reviews completed • Information-sharing agreements in place/reviewed • Services listed in directory • Assessments completed/reviewed • Records populated on case management system • Cost-benefit analysis

	<ul style="list-style-type: none"> • Training sessions delivered • Uses of recruitment toolkit • Posts covered by common workforce approach • People with lived experience identified and trained for coproduction
Short-term outcomes	<p>One-year goals:</p> <ul style="list-style-type: none"> • Increased workforce capacity and assertive outreach in key areas, trialling/modelling a new way of working together • System directory in place, accessible to workforce and service users • A network of people with lived experience trained and prepared to engage in coproduction • Data sharing system developed/procured and in use by core teams • Increased workforce knowledge about multiple disadvantage and effective responses
Longer-term outcomes	<p>Two-year goals:</p> <ul style="list-style-type: none"> • Wider range of organisations signed up to the agreed way of working; increased confidence and capacity to work with the cohort • Shared ownership of system-wide and person-centred outcomes, with joint commissioning and decision-making • Commissioning strategies prioritise personalisation, choice and collaboration • People with lived experience are involved in codesigning the system • Comprehensive assessment used by all key agencies, underpinned by information-sharing agreements. • Data system widely in use, delivering regular analytical insights • Best practice being shared through informal and formal networks • Value of this programme demonstrated and a plan for how to continue.
Impacts	<p>Five-year vision:</p>

	<ul style="list-style-type: none"> • Services have the consistency, capacity and confidence to work with people with multiple disadvantage. • Workforce is led by shared values and skilled in working with multiple disadvantage. • All necessary services are linked up effectively around each vulnerable person, avoiding duplication, making transitions smoother • System promotes personalisation and choice. • Recognition that all parts of the system have a role in improving outcomes and share accountability for doing so • Learning from lived experience, frontline delivery and data analysis is used to make evidence-informed decisions. • Regular information sharing contributes to shared assessment of need and risk, shared plan of support for each individual. • Reduced demand on crisis services meaning resources can be shifted to more preventative approaches.
Key assumptions	<ul style="list-style-type: none"> • Increased capacity for multiple disadvantage can be ring-fenced against other demands • Agencies will be willing and able to agree values and compromise to align priorities, resources and ways of working • People with lived experience will be willing to devote time and energy to coproduction and will have strategic insights • Data protection and security concerns can be overcome to develop shared data system • Training will translate into changes in practice
External factors	<ul style="list-style-type: none"> • Interaction with strengthened locality approaches • Organisational reforms: how these relate to place-based systems • Changes of local political/organisational leadership/policy • Opportunities/challenges provided by new technologies/applications • Legislative/national policy changes regarding key issues such as benefit entitlements • Economic situation (recession/recovery)

Unintended consequences	<p>Negative:</p> <ul style="list-style-type: none">• Resources directed to multiple disadvantage reduce critical capacity elsewhere• Perceptions (correct or not) that people with multiple disadvantage are receiving a 'special' service <p>Positive:</p> <ul style="list-style-type: none">• Collaborative, person-centred, trauma-informed approaches extend to benefit other cohorts
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Service level

Context	<p>Currently, we think the problem is:</p> <ul style="list-style-type: none"> • High caseloads hinder offers of persistent engagement, intensive support and continuity of care. • Chain of assessments, referrals and waiting times between services. • Support is stepped down once a crisis is resolved, cannot easily be stepped back up. • Services address one need rather than the whole person. • Interventions focused on minimising service user's needs and risks rather than building on their strengths. • Lack of suitable accommodation • Service offers are not always differentiated for characteristics such as gender, age or ethnicity • Harder to engage some service users where workforce does not reflect the population • Unaware who else is working with a service user, what they are doing and what they know. • Not enough knowledge and skills around multiple disadvantage and trauma • Based in 'institutional' settings.
Inputs	<ul style="list-style-type: none"> • Investment in more capacity • Prioritising continuity of relationships • Alignment of strategic objectives and approach between organisations; expectation to work collaboratively • Agreed cohort for core team • Core team testing and modelling effective way of working, acting as point of expert reference • Defined expectations regarding coproduction • Support for people with lived experience to participate in coproduction • Reliable single view of a service user's current circumstances and goals

Activities	<ul style="list-style-type: none"> • Recruit core delivery team; develop operating model, allowing for significant flexibility and creativity • Identify dedicated capacity and differentiated offer for women with multiple disadvantage • Recruit/identify additional posts in areas of most constrained capacity • Source/adapt suitable properties and provide support to maintain/move towards independent living • Identify impact and benefits of core team's way of working and other needs that would be better met this way; modify service models accordingly • Identify/redesign trauma-informed spaces • Multi-disciplinary health and care discussions, enabled by remote meetings/tech • Increase capacity in services to allow continuity of relationships and gradual transitions • Develop out-of-hours contact point and associated information-sharing system • Train and support services to use information-sharing / assessment and outcomes system • Analyse data from this system • Identify potential peer mentors from range of backgrounds; provide training and ongoing support. • Invest in activities that help individuals to grow in confidence, skills and social capital • Workforce development on coproduction, trauma-informed approaches, positive transitions and challenging stigma • Dialogue with communities and businesses
Outputs	<ul style="list-style-type: none"> • Staff in post • Additional supported housing units • Staff and volunteers with lived experience • MDT discussions taking place • Active users of data system • Number of and attendance at training sessions
Short-term outcomes	One-year goals:

	<ul style="list-style-type: none"> • Core team working with target cohort, has links to relevant services • Coproduction is valued, helping determine operational decisions in core team • Data system in place, used by core team • OOH contact point being piloted • Greater workforce awareness of multiple disadvantage and effective responses
Longer-term outcomes	<p>Two-year goals:</p> <ul style="list-style-type: none"> • Shared learning from core team produces service changes elsewhere, including for specific sub-groups of the cohort • Transitions between services are more effective • Multi-agency OOH contact point in place • People with lived experience involved in providing support through different roles • Service users have greater influence in decision-making, beyond core team. • Data system being used by services beyond core team • Workforce more confident in delivering trauma-informed, joined-up support
Impacts	<p>Five-year vision:</p> <ul style="list-style-type: none"> • Key services have more capacity, and workers have greater skills and autonomy, allowing more meaningful interactions, support that can start rapidly and sustain as required to see transitions through. • Services take a flexible, holistic and strengths-based approach. • Services are better at understanding and meeting the needs of a diverse range of people, with specific offers for sub-groups. • Services are committed to coproduction and (ex-)service users have an equal stake in decision-making. • Services contribute to/access a data system that gives comprehensive, up-to-date view of each individual

	<ul style="list-style-type: none"> • Increased workforce understanding and confidence about working effectively with people with multiple disadvantage.
Key assumptions	<ul style="list-style-type: none"> • We will secure other funding to sustain some increased capacity after Year 3 • Some individuals will transition to a lower level of support, allowing new referrals • Commissioning cycles and conditions will allow for the changes we want to see • Providers will be willing and able to work in a more collaborative and holistic way • Sufficiency of suitable properties • People with lived experience will be willing to be involved in coproduction and will have operational insights • Services will see the value of a shared data system and be willing to use it • Training will translate into changes in practice
External factors	<ul style="list-style-type: none"> • Levels of demand for services, including impact of Covid • Sufficient skilled/qualified and motivated workforce to draw on • Sufficient buildings that can be adapted • Future funding rounds and whether their objectives align
Unintended consequences	<p>Negative:</p> <ul style="list-style-type: none"> • Upskilled workers leave their posts, impacting continuity of relationships • Requiring providers to work in new ways is more expensive, causing them to withdraw and/or pressure on commissioning budgets <p>Positive:</p> <ul style="list-style-type: none"> • Workers moving posts take their knowledge and skills to other areas and organisations • Learning/practices of coproduction are used to improve other services <p>Both:</p>

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| | <ul style="list-style-type: none">• Wider awareness and advertising of referral routes and support services could raise expectations of change. |
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Individual level

Context	<p>Currently, we think the problem for individuals is:</p> <ul style="list-style-type: none">• Multiple, interlinked disadvantages, including some that haven't been properly recognised yet.• Usually significant past and ongoing trauma.• Stigma and discrimination, both for multiple disadvantage and other characteristics.• Unable to get effective support due to eligibility/exclusion thresholds and/or inflexible, disconnected service offers.• Distrusting of some offers of help.• Difficult to contact someone who understands their circumstances and support plan out of usual service hours.• Cannot take control of what change they want to see in their lives and how that happens.• May not feel that they belong to a community at all, or may be part of a community which features entrenched substance misuse, crime etc.
Inputs	<ul style="list-style-type: none">• Skilled workers with capacity and flexibility to engage, support and see transitions through.• Places to meet individuals which feel safe and welcoming for them• Offer of a suitable and desirable place to live• Coordination, collaboration and real-time information-sharing between agencies.• Clear out-of-hours contact point developed and advertised.• Shared assessments and plans centred on desired outcomes, overcoming barriers to getting them• Peer mentors, from different backgrounds and life experiences, trained and supported in the role• Co-designed services• Data system that allows for input from the individual.• Range of positive activities available• Pathways into learning, training and employment

	<ul style="list-style-type: none"> • High aspirations for individuals • Workforce aware of multiple disadvantage and how to signpost for support.
Activities	<ul style="list-style-type: none"> • Workers and peer mentors spend time engaging and building relationships with individuals. • Coproduce support plans based on the individual's own goals, preferences and strengths with family and other support networks • Keyworker navigates and collaborates with other services to deliver appropriate support at pace of the individual. • Develop links to positive social networks and local community. • Plan gradual transitions out of services.
Outputs	<ul style="list-style-type: none"> • Times engaged with keyworker • Goals achieved on support plan • Reviews of assessment and plan • Calls to OOH contact point, how resolved • Individual users of data system • # positive social connections
Short-term outcomes	<p>One-year goals:</p> <ul style="list-style-type: none"> • Individuals having trusted relationship with one or more workers • Feeling safe and supported in at least one service • Basic survival and safety needs being met • Improved wellbeing and self-efficacy
Longer-term outcomes	<p>Two-year goals:</p> <ul style="list-style-type: none"> • Improved trust in services • Individuals feel in control of their plans, confident in achieving their goals • They enjoy a range of positive community links and healthy relationships

	<ul style="list-style-type: none"> • Each individual's own goals being achieved. Specifics will vary but common themes may be: health, money, safety, housing, family and friends, things to do, plans for the future. • Individuals have access to the information held about them, can add to it and use it as a 'personal profile' to reduce the need to retell their story. • Cohort-level outcomes (reduced offending/victimisation, reduced use of emergency services, fewer housing moves etc) are improving.
Impacts	<p>Five-year vision:</p> <ul style="list-style-type: none"> • Individuals who have been supported by the improved services are leading safer, more stable and more fulfilling lives. • They make appropriate use of support, rarely using crisis services. They know where to turn if they hit difficulties. • They are part of positive communities. • They can feed their experiences back into the system to co-produce further improvements..
Key assumptions	<ul style="list-style-type: none"> • Achievable for individuals and workers to overcome barriers to build trusting and effective relationships • Activities and communities exist to match each individual's interests
External factors	<ul style="list-style-type: none"> • Relationships with family, friends could be positive or undermine progress • Life events could be negative (e.g. being victim of a crime, a new health condition) or positive (e.g. meeting a new partner)
Unintended consequences	<p>Negative:</p> <ul style="list-style-type: none"> • Some individuals will not engage with the new/improved service offer – potential consequence that they become even more marginalised. <p>Positive:</p>

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| | <ul style="list-style-type: none">• Individuals with high needs, but not multiple disadvantage, can also access and benefit from some of the activities. |
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