



Birmingham Changing Futures Together Evaluation
Summary of achievements, lessons learnt and hopes for the future



Lauren Bennett, July 2022



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About Revolving Doors

Revolving Doors is a national charity that champion's long-term solutions for justice reform that tackle the root causes of reoffending and support people's journeys towards better lives. We advocate for a humane approach that responds to people's unmet needs and works with them to reach their full potential and to thrive. We focus on the 'revolving door' group of people, those who have repeat contact with the criminal justice system whose behaviours are largely driven by unmet health and social needs. These include combinations of substance misuse, homelessness, mental ill health and domestic abuse often referred to as 'multiple disadvantage'. We advocate for a system that recognises and addresses the drivers of contact with the criminal justice system, namely trauma, poverty and discrimination. Our approach involves empowering the voices of people with lived experience and conducting high quality research and evaluation to influence policy, make services more effective and innovative and offer alternatives

Overview

This is the final report of the Birmingham Changing Futures Together (BCFT) evaluation. It intends to summarise key programme activities, achievements and lessons learnt. It ends with a consideration of what next for the issue of multiple disadvantage in Birmingham, with the hope that progress from BCFT can be built upon in the years to come so that more people experiencing multiple disadvantage in the city can address their needs.

About Birmingham Changing Futures Together

Birmingham Changing Futures Together (BCFT) was one of the 12 Fulfilling Lives programmes. Fulfilling Lives: Supporting People with Multiple Needs, provided funding for eight years to improve the lives of people experiencing multiple disadvantage across 12 different delivery sites in England. In Birmingham, the programme began in 2014 and clients began accessing support in 2015. The programme finished in June 2022.

BCFT defined multiple disadvantage as people experiencing two or more of the following: homelessness, problematic substance use, risk of offending and mental ill health. Importantly, the programme has focused on service and system change, aiming to ensure that models and approaches pioneered during the project become mainstream.



The programme had multiple workstreams that sought to make progress towards the four systems change priorities:

1. Services for people experiencing multiple disadvantage are accessible at the right place, at the right time.
2. People who design and deliver services are reflective of the community they service, respectful of the value of lived experience and have the skills and empathy to work effectively.
3. Services are committed to long-term connection, collaboration, and change.
4. Birmingham is invested in a forward-thinking strategy that addresses, responds to and prevents multiple disadvantage.

About the evaluation

Revolving Doors led the local evaluation of BCFT between 2018 and the programme end in 2022. In this time, we conducted numerous pieces of research to explore the impact that different workstreams have had on people supported, services and systems. As well as this, we responded to specific areas of interest to the programme – conducting research into under-represented groups, Covid-19 vaccine uptake amongst people experiencing multiple disadvantage and programme legacy.

The programme reports can be accessed through the [BVSC website](#) or the [Revolving Doors](#) websites.

What Birmingham Changing Futures Together did

Birmingham Changing Futures Together started delivery in 2014. It was delivered in partnership between BVSC, St Basils, Birmingham Mind, Shelter and SIFA Fireside.



Overall, the programme engaged 1823 people that were facing multiple disadvantage. These individuals engaged with No Wrong Door organisations – of which there were 16 at the end of programme.

1823

people engaged

No Wrong Door (NWD) was a whole system approach whereby a partnership of service providers worked together to support people with multiple disadvantage to reduce avoidable health and wellbeing inequity.

Types of support received by those who engaged with BCFT included: in the moment support to reduce the risk of crisis, support to access services that could address their needs and maintain engagement, and/or help to link up services so that support received is better coordinated.

Through workforce development activity as part of BCFT, more than 200 members of staff received training to enable them to better understand and support people experiencing multiple disadvantage.

In addition, through the different workstreams, 196 people with lived experience held voluntary or paid roles. This included as peer mentors, engagement workers, Experts by Experience and navigators.

200+

staff received training



Including this document, 18 separate reports have been published to share learning, good practice and impact from the programme. 168 interviews fed into these reports, alongside 137 survey responses.

Other programme outputs have included:

- an organisational toolkit with learning and resources from the Lead Worker Peer Mentor workstream,
- No Wrong Door (NWD) spotlight sessions, which outline the services provided by NWD organisations,
- eight podcast episodes as part of a BCFT podcast series,
- Walk the Frontline case studies, where service managers and local stakeholders, including Councillor Sharon Thompson, discussed the time that they spent with programme staff,
- two animation videos to demonstrate the programme legacy and Lead Worker Peer Mentor impact and,
- four blog entries on the BCFT website.

18

reports published

Key achievements

1. Creating a partnership of organisations from across the city that worked towards a shared purpose and consequently showing the benefits of joint working.

Birmingham Changing Futures Together had a strong focus on working in partnership to create long-term change in how services are delivered to vulnerable people that have multiple needs. Organisations from across the homelessness, mental health, substance use, women's and criminal justice sectors came together to deliver programme workstreams and/or commit to information sharing and common approaches and standards in supporting people experiencing multiple disadvantage through the No Wrong Door approach.

As part of this, there was a Core Group that provided programme oversight, and who had responsibility and accountability for ensuring that the priorities within the programme Systems Change Action Plan were delivered. Members of this group included senior staff from across the sectors listed above, as well as public health, the local authority and supported accommodation representatives. Core Group members were felt to have helped to create links with decision makers and to move the programme forward.

Research showed that there was buy-in across programme staff and stakeholders with the idea of creating better links between organisations to improve the experiences of people experiencing multiple disadvantage and to advocate for change. In the 2019 staff survey (n=57), nearly three quarters of respondents (74%) agreed that their organisation has become better connected across Birmingham services in the last five years.

2. Raising the profile of the issue of multiple disadvantage in Birmingham – which is something that BVSC is continuing to push forward.

When reflecting on the legacy of the Birmingham Changing Futures Together (BCFT) programme, those involved agreed that BCFT had successfully raised the profile of multiple disadvantage in Birmingham. Many organisations involved in BCFT often worked for organisations that had a specific focus or client group. Being part of the No Wrong Door approach and/or wider programme gave staff and stakeholders and opportunity for them to think about how needs interact and how organisations can work together to address complex circumstances. For example, in 2016, Birmingham City Council introduced an Eviction Prevention Panel to hear eviction cases, which was seen to build on learning from BCFT about the importance of prevention and understanding the benefits of listening to people and their experiences. In addition, Birmingham Health & Wellbeing Board dedicated a section of their strategy to multiple disadvantage,

"It's opened up my eyes in relation to what's needed across the city and what the struggles of people with complex issues are." (BCFT partner, 2019)

"I definitely think that's [multiple disadvantage] more of a current consideration than it would have been before.... I think people are realising that if they do work in that way, then actually it is a far better use of resources, you are much more likely to have good outcomes for the people..." (BCFT partner, 2021)

3. Engaging a range of services in Birmingham across the voluntary and community sector, public sector and private sector.

As well as those organisations directly involved in the delivery of the Birmingham Changing Futures Together workstreams, many other organisations were involved in the programme. This included through making referrals, contributing to programme events and training, working with Experts by Experience, signing up to No Wrong Door quality standards, and participating in research and learning activity. Specific examples of work with wider organisations are listed below.

- Inreach Outreach engagement workers worked with **West Midlands Police**, Business Improvement Districts, HMP Birmingham Prison Visitors Centre, housing associations and GP practices to identify potential people who were eligible and would benefit from the programme.
- Shelter worked in partnership with **Birmingham Solihull Mental Health Foundation Trust** to deliver a successful peer support pilot in a local Liaison and Diversion team. Birmingham Mind also seconded two full time Recovery Navigators to work within what was formally known as the Rapid Assessment Interface Discharge (RAID) team and is now known as the Liaison Psychiatry Team within the **Queen Elizabeth University Hospital (QE), Birmingham**. This built on the success of the Lead Worker Per Mentor Programme and evidence that inappropriate A&E attendance was an issue that this model could address.
- Experts by Experience and Involvement Champions from the Every Step of the Way (ESOW) workstream worked with **Ernst and Young** to support the development of their Early Prevention Programme that aims to introduce marginalised young people to entrepreneurialism and the world of work. ESOW members helped EY to design the programme syllabus and made sure this was suitable for those young people facing multiple needs.

In addition, during the programme period, Birmingham City Council (BCC) commissioned BVSC to undertake a range of activities, building on their knowledge of the multiple disadvantage group and the relationships developed through the programme. This included:

- developing a set of Quality Standards registered providers of non-commissioned exempt accommodation, building on the No Wrong Door Quality Standards
- being the Strategic Partnership Manager for the West Midlands Housing First pilot
- being the Project Manager for the BCC Rough Sleepers Initiative
- undertaking a comprehensive assessment of need in relation to domestic abuse in Birmingham



4. Supporting people with lived experience of multiple disadvantage to address their needs and make positive changes in their lives.

In 2018, feedback from people accessing services collected through the local evaluation showed that initial access to certain services was improving – because there were less examples of people being turned away from services or being passed on to different organisations for support. Staff skill and compassion was also felt to be increasing. Consequently, people experiencing multiple disadvantage were having more positive experiences when accessing support.

The 2019 survey with 80 people that had engaged with BCFT showed that:

- 83% of respondents agreed that their life had been better since engaging with Birmingham services.
- 57% of respondents believed that their lives would be significantly worse compared to their current situation if the services they were engaged with did not exist

The local evaluation has shown how people accessing the BCFT programme received different types of emotional and practical support to address their needs through one of the workstreams.

Examples of this included:

- Referrals into suitable services and provision (such as drug and alcohol support).
- Help to set up a bank account.
- Help to complete forms and make applications.
- Providing support to access food banks, travel passes and clothing.
- Telephone calls to check in and see how a client is feeling – which proved important for those that were socially isolated.

As a result, people interviewed as part of the evaluation explained that the support received had made them feel more confident and given them hope for the future.

As well as supporting individuals that were currently experiencing multiple disadvantage, a range of people with lived experience of this were involved in delivering aspects of the BCFT programme. Some of whom have progressed with roles at partner organisations or elsewhere in the city.

“Stuff has been so varied; we’ve been involved in some brilliant opportunities.” (Expert by Experience, 2021)

This was considered to be an example of grassroots systems change because such individuals are able to share their learning from the programme with new colleagues and work in such a way that is beneficial to people experiencing multiple disadvantage. For example, the two original peer support workers on the peer support pilot in the Liaison and Diversion team¹ in Birmingham progressed into more senior roles and were employed by NHS England. They were involved in developing a Health Education England training resource and supported the development of peer support roles in other parts of England, which included co-delivering workshops.

“It’s heartening to see people who have benefited from the programme, move on and up, and out of being lived experience for BCFT into new roles” (BCFT staff member, 2022)

¹ Liaison and Diversion (L&D) services identify people who have vulnerabilities (such as mental ill health) when they first have contact with the criminal justice system and provides support through the early stages of criminal system pathway.

² A framework for local areas to work with people with multiple disadvantage. More information can be found [here](#) and on p.12.

5. Building on the evidence base to develop a navigator model – which has now been implemented more widely in Birmingham and beyond.

Learning through the Birmingham Changing Futures Together programme, other Fulfilling Lives sites and the Making Every Adult Matter (MEAM) Approach² showed that coordination for clients and services is required for people experiencing multiple disadvantage to achieve positive outcomes. One way this was achieved was through navigator roles.

Navigators support people with multiple needs to access support and maintain engagement with services. Navigators aim to empower clients and increase independence and/or resilience. There is not a strict eligibility criteria to be supported by a navigator, and navigators take a flexible approach to engagement – accepting that people might not immediately engage or could be difficult to contact. A benefit of the navigator role is that they are not bound by one organisation’s remit – they have a broad focus.

In Birmingham there have been a range of Navigator roles. On the BCFT programme there were No Wrong Door Navigators, and the Inreach Outreach programme had an engagement worker pilot, that was match funded by West Midlands Police and Crime Commissioner between March 2019- June 2020. There have also been Housing First Navigators.

“I wouldn’t have done any of it without [Navigator]. I’m not good at sorting everything out.” (NWD Navigator client)

“We make the referrals, but Navigators take on the leg work that we wouldn’t have time to do.” (NWD organisation)

Following on from this Birmingham City Council’s (BCC) rough sleeping and vulnerable adult’s contracts included navigator type roles, and underspend from the Lead Worker Peer Mentor programme was used by BCFT to fund a pilot that involved recovery navigators working within the Liaison Psychiatry Team within the Queen Elizabeth Hospital in Birmingham. As mentioned on Page 5, the Birmingham Mind Liaison Psychiatry Team pilot was inspired by learning from BCFT and the success of this has meant that the intervention will now be delivered in four hospitals in the city, funded by Birmingham Solihull Mental Health Foundation Trust.

“We really wanted these lead workers and navigators to be much more about empowering that individual and making sure that at all stages it is about putting that person at the centre of resolving their issues, just being there to guide them through. We were quite keen around looking at how their [BCFT’s] navigators worked as part of that large project, it was a very similar approach that we were looking at...making the strength-based model. Not just having the standard support worker.” (Birmingham City Council commissioner, 2020)

Lastly, learning from the No Wrong Door approach has inspired a similar network in Walsall that includes Community Navigators with lived experience who aim to empower others in their community to access support and make positive change.

6. Producing cost savings through the Lead Worker Peer Mentor programme that were estimated to have created £1.11 of social value for every £1 spent.

The Lead Worker Peer Mentor (LWPM) service provided personalised support for individuals facing at least three of the four needs in Birmingham between January 2015 and July 2019. The programme was considered to have successfully worked with the target group - people who were in accessing support but who had multiple, entrenched needs. Lead Workers supported clients to navigate services whilst peer mentors with lived experience provided more informal and emotional support.

Analysis by NEF consulting showed that cost savings had resulted from the 323 individuals supported shifting away from more costly crisis services (e.g., A&E attendance) to earlier interventions.

Table 1: Estimated Health service cost savings of the Lead Worker Peer Mentor Programme

£215,000 increased expenditure in:		£949,052 cost savings made in:	
Contact with community health teams	+97,000	Counselling or psychotherapy sessions	-£9,087
Contact with drug and alcohol services	+60,000	Weeks spent in residential rehabilitation	-£53,981
Inpatient detoxification	+58,000	Presentations at A&E Hospital inpatient episodes	-£112,810 -£289,447
		Days spent as a mental health service inpatient	-£483,727



£411k
net decrease
in public expenditure
from less evictions

Other cost savings were recorded across the housing and criminal justice sector. The reduction in evictions was estimated to have saved £411,000 in public expenditure and the percent of time spent rough sleeping decreased from 62% to 37% amongst those supported. The largest impact came from the reduction in criminal convictions which was equivalent to £2.1 million or 606 less convictions.



25%
decrease in
rough sleeping

Having tangible evidence of cost savings and effectiveness was felt to have been important in raising awareness of the benefits of this model and obtaining further buy-in.



606 fewer
convictions, saving
£2.1m

7. Demonstrating the value and importance of lived experience involvement in service design and delivery.

Throughout the evaluation there was consensus that a legacy of the programme is the increased recognition of the benefits of involving people with lived experience in service design and delivery. In the 2019 surveys, 45% of staff respondents and 46% of service user respondents agreed that there are more people with Lived Experience working in Birmingham services than five years ago.

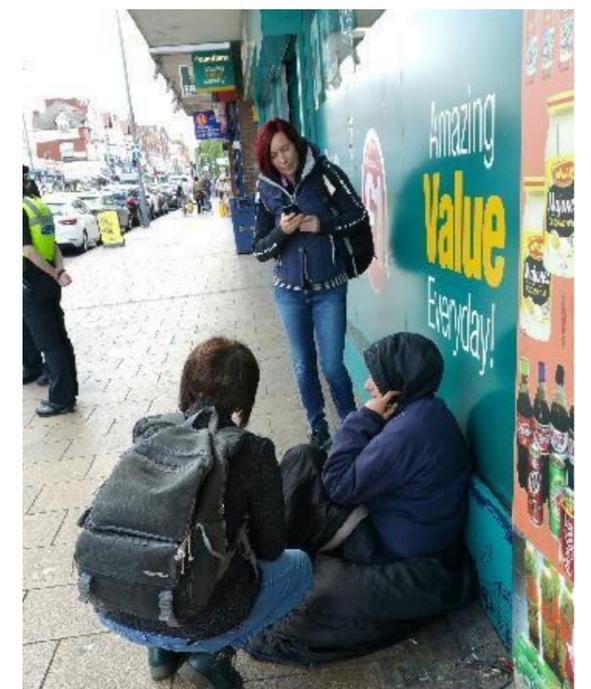
There were a range of roles on the programme that were filled exclusively by people with lived experience. This included peer mentors, befrienders, Experts by Experience, Involvement Champions and outreach workers.

Every Step of the Way (ESOW) provided organisations with examples of how involving people with lived experience could work in practice, and how this could benefit organisations and those accessing services. It encouraged organisations to 'think differently'. Those organisations that worked with Experts by Experience and Involvement Champions through ESOW reported outcomes including improving organisational understanding of people experiencing multiple disadvantage, and helping organisations make changes to their services to make them more suitable for people with experience of multiple disadvantage.

Similarly, having someone with lived experience involved in delivering training to West Midlands Police was felt to be unique and more impactful. For example, a research respondent commented that they did not think the training would have been as successful without this input.

"I think for me that's [Lived Experience] been the biggest change, is actually the use of people and professionals who have got lived experience and including them more in decisions that we're making, in pathways that we're developing and services that we're developing. So that it's not just a bunch of people around a table who don't really know much about anything but can empathise." (BCFT partner, 2019)

Staff and volunteers with lived experience were able to use their experience of issues that people accessing services faced to support engagement and help clients to address their needs. Of the 2019 service user survey respondents that had been supported by a peer or person with lived experience, 68% agreed that this had made it easier to stay engaged with Birmingham services. The evaluation also found that meeting someone with lived experience who was now in employment or who had overcome challenges was inspirational and helped to motivate the people they were supporting.



8. Increasing the skill set and understanding of those staff in contact with people experiencing multiple disadvantage through training and awareness raising.

St Basils delivered three days of PIE Foundation Training and a year of Reflective Practice groups to almost 200 managers and frontline staff across 15 organisations that were part of the No Wrong Door approach between 2016-2019. This training was intended to enable organisations to address the psychological and emotional needs of people accessing services and the frontline staff who support them.

An [evaluation](#) into the PIE training found that this had enabled staff to interact appropriately and meaningfully with clients, and that interactions were filled with care, compassion and good humour. It was also found to help to consolidate and formalise ways of working and give staff confidence in their approach.

“After it, I completely changed my attitude and now every story counts.” (PIE training participant, 2019)

In addition to this, training was provided to team leaders at No Wrong Door organisations, to raise awareness of the benefits of multi-agency working for clients, staff, and the wider organisation. This included how joint working can help with resourcing pressures, to safeguard clients and obtain further funding. Workshops were also developed to help local organisations working with the multiple disadvantage cohort to learn more about each of the individual needs, such as substance use, as well as multiple disadvantage overall. Resources were then disseminated that can be adapted and embedded across services so that the learning could continue beyond the lifetime of BCFT.

Staff working at such organisations explained how such training had played a role in improving staff wellbeing, for example because it had increased staff confidence to deliver support. No Wrong Door organisations also commented that this training had also helped to improve processes across their services because of the knowledge and skills acquired.

“The training that was provided and the connections that we created with different organisations increased our staff confidence and overall wellbeing.” (No Wrong Door organisation, 2022)

Lastly, through the Inreach Outreach workstream, a staff member with lived experience spoke at over 15 training events for West Midlands Police to try and improve understanding of the needs and experiences of people experiencing multiple disadvantage, and how to help to address their needs. This resulted in some of the people that police officers were in regular contact with being referred into services and receiving appropriate support.

“I think people liked what they saw, liked what they heard, and it was something completely different, wasn't it?” (BCFT staff member, 2022)

“I couldn't recommend it enough for police officers... We would encourage other forces to do the same.” (BCFT partner, 2022)

9. Improving quality of services and accommodation available to people experiencing multiple disadvantage in Birmingham

The No Wrong Door Quality Standards were developed in collaboration between BCFT and Birmingham City Council. The aims of the Quality Standards have been to:

- Promote safe and effective service provision to vulnerable persons.
- Establish consistency in how vulnerable persons are responded to across services.
- Support collaborative working across multiple agencies for the benefit of the service user.
- Promote excellence in service provision.
- Drive systemic change.



A range of organisations had signed up to the NWD Quality Standards, including large national organisations such as Women's Aid and Cranstoun.

Work on the NWD Quality Standards was also felt to have helped to lay the foundation for the Exempt Housing Quality Standard which BVSC developed after being commissioned by Birmingham City Council. The Exempt Housing Quality Standards aimed to improve the standard of non-commissioned exempt accommodation in Birmingham. Over 40 providers had signed up to the Exempt Housing Quality Standards at the time of writing, where they will be assessed on delivering in-person support, and leadership, management, referral/assessment and supervision processes.

In addition, some agencies have agreed to only refer to providers that have signed up to this and those accessing accommodation now can make informed decisions when accessing accommodation.

10. Supporting good practice in the employment of people with lived experience

A 'How To' guide was designed to share the knowledge and lessons learnt from the Lead Worker Peer Mentor Service to provide organisations with the opportunity to become more inclusive of clients experiencing multiple disadvantage. This also included guidance for the recruitment for Lead Workers and Peer Mentors, allowing for simple adoption of the Lead Worker Peer Mentor Model.

This received positive feedback, and aspects of this resource have been used locally, such as the template job advert and descriptions (see Figure 1). This also has created a legacy for the programme because learning and good practice has been used beyond the lifetime of BCFT.

11. Creating a space for staff to share their experiences and learn from one another

No Wrong Door programme meetings gave staff from several organisations the chance to come together and learn more about other local services that could support their client group.

Multi-agency meetings were established to try and ensure that people experiencing multiple disadvantage and engaging with more than two organisations received more joined up support, and to improve communication between such organisations.

"The No Wrong Door Network created the right setting for us to connect with different organisations, encouraging a holistic approach in supporting our clients." (No Wrong Door organisation, 2022)

Creating a space for frontline staff to share learning and help one another overcome challenges was felt to be particularly effective and showed the need to not just focus on relationships between managers and senior staff. This has been transferred to other programmes, such as the Rough Sleeper Initiative that BVSC manage.

"Another good thing about this is it isn't just about the top senior management team, it allows all the operational staff that are on the ground to be able to feed into this and share information where it's relevant and where it's safe, to be able to support that end user better and quicker... just deal with what matters now...and just go and get on with it." (BCFT partner, 2022)

Figure 1: Examples of the resources included in the Lead Worker Peer Mentor organisational toolkit

Example Induction Plan and Tasks

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-12:30	House Keeping Informal introductions Induction Plan	Ice Breaker Issue lap tops and mobile phones	Self-defence Workshop (Note taking and record)	Communication and Active Listening Workshop (Note taking and record)	E-Learning
11:00-16:00	Getting to know each other	Health and Safety Office walk about Meet your colleagues	E-Learning	Case Notes Workshop (Note taking and record)	Group discussion / feedback and Friday wind down

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-12:30	Monday Morning Ice Breaker Group Strengths and Weaknesses Discussion/ workshop	E-Learning Bank training with HR	E-mails Signature Lone Working Policy Workshop (Note taking and record)	Equality and Diversity Workshop (Note taking and record)	Confidentiality and GDPR Workshop (Note taking and record)
11:00-16:00	Intranet Systems and file keeping	Professional Boundaries Workshop (Note taking and record)	Role Play and case notes	What is supervision and how do we benefit (Note taking and record)	Group discussion / feedback and Friday wind down

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-12:30	Monday morning ice breaker What are Complex Needs? Role Play (Note taking and record)	Complete Risk Assessment template Group discussion Supervision (Note taking and record)	Web-bing at work workshop Discuss related policies (Note taking and record)	First split group (Shadowing with Lead Worker Second group (Personal catch-up IT, Risk assessment, note taking, complete E-Learning)	What makes a good employee workshop? (Note taking and record)
11:00-16:00	Risk Assessment Workshop (Note taking)	Professional Boundaries Workshop (Note taking and record)	Role Play and case notes	What is supervision and how do we benefit (Note taking and record)	Group discussion / feedback and Friday wind down

Week 4	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-12:30	Monday Morning Ice Breaker Group Strengths and Weaknesses Discussion/ workshop (Is there a workshop they would like to repeat?)	Discuss policies (Note taking and record)	Peer Mentors Shadowing Lead Worker (Note taking and record)	Research benefits of external working partnerships and agencies	Celebration Day (Informal) Team Building Exercises Affirmations Certificates for induction completion
11:00-16:00	HR relevant policies	Peer Mentors Shadowing Lead Workers	Peer Mentor Personal Development Plan	Good Practices Workshop	Group discussion / feedback and Friday wind down

Data Consent Form Template

Please make sure you understand this document. Ask if there is anything you don't understand. If you agree with the statements below, please sign to give consent to share your personal data as prescribed below.

I authorise ORGANISATION A to share all information held about me with the following organisations/people that I am working with. This will support me to only have to tell my story once and enable the organisations/people that I am working with to provide better and more joined up support to meet my current and future needs.

Please clearly circle Yes or No for each organisation.

Agency/Service	Consent	Agency/Service	Consent
NWD Partner agencies	Yes / No	Independent Housing Services	Yes / No
Umbrella Projects	Yes / No	NHS inc GP and Health Exchange / Hospitals	Yes / No
Coroner Service	Yes / No	Probation Service	Yes / No
Police and Courts /Fines depts.	Yes / No	Prison Service	Yes / No
Counselling Services	Yes / No	Drug and Alcohol Services	Yes / No
Social Services	Yes / No	DWP Benefits Agencies	Yes / No
		DA Services	Yes / No

2. I agree to ORGANISATION A holding on file details of my circumstances and other personal details, where provided by myself or others, for the purpose of assisting with my situation and providing support.

3. I also agree to ORGANISATION A accessing my data for monitoring and reporting purposes.

4. I understand that I can withdraw consent at any time by emailing ORGANISATION A. For the purposes of the General Data Protection Regulation 2018, the data controller is ORGANISATION A.

I have read and understood the information above, and consent to ORGANISATION A collecting and sharing my personal data in this way.

Client Name _____

Client Signed _____

Signed Date _____

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Example Lead Worker Job Description

This is a hugely exciting opportunity to lead and shape a new and innovative service designed to provide intensive support to individuals in Birmingham with entrenched multiple needs of homelessness, mental health, substance misuse and offending behaviour.

As a Lead Worker you will be providing a key worker approach of support to a small group of clients with multiple needs. You will work to engage clients who have long disengaged from existing services, using a variety of techniques and approaches to build a relationship with clients and develop a support plan. You will meet the client's needs first, working across the city and being ready to be there when the client needs them.

You will work to develop and coordinate a full package of support for clients, addressing all their multiple needs, and where services are unavailable or unsuitable identifying alternatives for support.

You will also work alongside Peer Mentors, who as former service users, will be there to provide additional advice and support to the client.

The goal of our service is to champion the latest developments and approaches in support work, as a Lead Worker you will be expected to undertake a variety of training and personal development, becoming an expert in the field of support.

Main Objectives

- To deliver professional, impartial, pragmatic and outcome focused support to a range of clients with complex needs to ensure that they can reach their personalised goals and achieve a level of stability.
- To give full advice on different issues which are likely to include: homelessness and housing, mental health concerns, substance misuse and recovery, offending and the criminal justice system, domestic abuse, relationship breakdown, welfare and housing benefits, debt, employment, child and adult protection.

Key Responsibilities

- Undertake comprehensive needs and risk assessments so that the client's needs are fully identified
- Develop an outcome focused support plan with the client
- Provide information, advice and advocacy for clients
- Provide flexible support, including support in people's homes and a variety of settings
- Undertake all monitoring as required
- Effectively manage a varied caseload
- Act on advice and support from more senior staff as appropriate on cases.

General

- Work within strategic and legislative framework
- Ensure all work meets both external and internal quality, contractual, performance and professional targets and standards
- Ensure client details are entered onto a case management system accurately and punctually
- Identify cases that require further help (special advice, alternative support) and refer as appropriate

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Key learning

Throughout the eight years of Birmingham Changing Futures Together (BCFT) many lessons have been learnt around practices that can better support people experiencing multiple disadvantage, factors that enable and prevent systems change and general programme management.

The programme also provided an important opportunity to understand more about the views and experiences of people experiencing multiple disadvantage, which enabled services to respond better to their needs and build on their feedback.



A key outcome of the BCFT programme was that it **showed that there were (and still are) many people in Birmingham with a multitude of entrenched needs**. For example, data analysis from the Lead Worker Peer Mentor programme found that initial New Direction Team assessment scores were 24.3 for men and 27.2 for women who accessed the programme. The scale is between 0-48, with higher scores reflecting more severe disadvantage. In addition, in the final 18 months of the LWPM service, around two thirds of clients presented with all four needs and throughout the programme period, nearly all clients (96% to 100%) had issues with problematic substance use.

"When we look at our demographic and the support needs within Birmingham and the lack of other pathways, personality disorder, dual diagnosis, length of entrenched rough sleeping, we are not talking people who have been on the streets for two years, we are talking about people that have been on the streets for 20 years..." (BCFT partner, 2022)

BCFT also demonstrated the value of peer support– for organisations and those accessing services. Through the evaluation, we heard numerous accounts from individuals that had been supported by someone who had lived experience that was similar to their own, who made them feel listened to and understood.

"He shared with me the fact that he had been where I was, and he could talk to me like I was a person." (Lead Worker Peer Mentor beneficiary, 2019)

"Someone I can turn to that understands how it feels to be stuck." (NWD Navigator client, 2020)

"I think it's more about the compassion and understanding that they bring, and their wider knowledge of the client group" (Housing First Team Leader, 2020)

Although the evaluation demonstrated that there was a range of provision in Birmingham for people experiencing multiple disadvantage, **services and activities were not always well known amongst staff and those requiring support**.

Reasons for this included digital barriers, which meant that people were unable to access the internet or devices to find out information, language and literacy barriers and information that is readily available being incorrect or out of date.

"They need to do more to tell people about what is available. There are loads of people on the streets who don't know where to go when they get to the point that they've had enough and want help" (No Wrong Door service user, 2019)

The No Wrong Door approach aimed to help frontline staff become more aware of the local service landscape so that they could refer people to suitable support more easily. Other suggestions to raise awareness of available provision included translating information, reaching parents through schools and advertising in public places such as libraries and at bus stops.

Another lesson highlighted throughout the programme was the **importance of accessible and flexible service provision** to ensure that those experiencing multiple disadvantage can access and engage with support. Outreach approaches were regularly suggested to reach those that are under-represented in services. A reason for this is that they can overcome some of the barriers that prevent people from engaging with services such as the location of support and travel costs. Showing people that there are services that proactively want to help them was felt to help to build trust.

"You have to actively go out and promote that service and explain it to them. And even then, you might not get a chance for them to trust you, but at least you have taken the first positive step." (Staff member, 2021)

Furthermore, those experiencing multiple disadvantage highlighted how their lives can be chaotic, which means that they might forget about or not be able to attend appointments. They wanted services to not 'give up' on them and for staff to be considerate of the location and time of appointments when arranging these.

"Three strikes and you're out..." (NWD Navigator, 2020)

"You're telling them that you're broke, but they're telling you to get from say Edgbaston to Sutton Coldfield, how are you supposed to do that? They're telling you something that isn't realistic." (Local resident, 2021)

For example, some places in the city centre were described as triggering, some had caring responsibilities that they had to manage, and many were juggling interactions with multiple services. This included NHS appointments and those with Jobcentre Plus and probation services, alongside wider services to address their needs.

“Coming into town here is what they call a trigger...you see other drug users that you know, it’s not just coming into town centre that makes you think about using, which is what we don’t want to do. It’s also coming into this building” (No Wrong Door service user, 2019)

Linked to this, it became evident that **smaller, community organisations had reach and trust with a range of diverse communities in the city**, and that they need to be involved in programmes like BCFT, to help to ensure delivery is suitable and to support engagement. Hence, the under-represented groups research report recommended capacity building for local community organisations so that they feel confident to apply for funding and be part of large-scale programmes in the future.

“I think you want the closest to the people and the grassroots organisations and I think that that’s one of the problems with commissioning these days... it’s all about the bigger players all the time. You know, so we’re losing a lot of these small grassroots organisations who people do trust.” (Staff member, 2021)

The BCFT programme also showed the **importance of suitable commissioning processes** and decisions to enable provision to be effective for people experiencing multiple disadvantage. There was consensus amongst programme partners that the engagement of statutory organisations and commissioners would have helped to increase buy-in with the different messages that the programme was trying to promote and changes it was trying to make. For example, it was suggested that having different BCFT processes written into local authority contracts would have enabled these to be used much more widely, and that moving away from competitive, short-term contracts would have encouraged joint working. Likewise, it was also felt that current ‘traditional’ commissioning structures prevented organisations from working flexibly and in a person-centred way.

Lastly, the evaluation found that there was sometimes confusion about the different programme workstreams and what they involved. There was agreement that **simpler programme communications and branding would have made it easier to demonstrate what the different workstreams did, and how far the programme reached**. As each part of the programme had a different name and logo, it was not always apparent that this was part of the BCFT programme. Furthermore, having a clear service offer that is used consistently across different communication channels was suggested to prevent uncertainty and key messages getting lost. Similarly, simple referral processes (such as short form) were acknowledged as important in encouraging joint working and engagement. Co-location of staff from different organisations was also highlighted as supporting this process.

The programme adapted its approach to communications and sharing learning, building on partner feedback. Instead of developing text heavy reports, in partnership with Revolving Doors and other stakeholders, a variety of outputs were developed to help to get across information and important facts quickly, and in a way that was accessible to people with previous or current experience of multiple disadvantage. Consequently, BCFT produced resources, infographics podcasts, short films, user guides and PowerPoints that could be easily shared in Webinars and distributed throughout Birmingham and beyond. Examples of this include:

- [A Voice in Change](#) – an animation about the programme legacy
- [Yellow Brick Road to Recovery](#) – a video about the Lead Worker Peer Mentor programme
- A [resource](#) summarising learning from the different navigator programmes in Birmingham
- The Lead Worker Peer Mentor organisational [toolkit](#)
- A [podcast series](#) about the importance of lived experience when supporting people to lead more fulfilled lives
- An [infographic](#) summarising the impact of the Lead Worker Peer Mentor Programme

Difference in progress for different groups

Model version	16 months +	24 months +	36 months +	42 months +
Number of clients	6	22	40 clients (42 clients)	83 clients (89 clients)
Total benefit	£29,991	£443,906	£726,142	£1,533,338
Total cost	£50,339	£184,795	£352,791	£747,580
Benefit: cost ratio	0.40	2.51	2.06	1.78

Age
Younger clients had more severe needs at first contact with LWPM and made less progress.

Gender
Males and females had different baseline assessment and Outcome Star scores, and females appeared to make greater improvements over time, from a lower average score at first contact. Females also made less use than male clients of all 30 categories of public health services that are included in the model (such as mental and physical health services).

Need
Throughout the four-and-a-half years of the service, virtually all clients (95% to 100%) had issues with substance misuse. Those with the highest initial need (highest NCTI scores) were most engaged with LWPM for longer, evidence that LWPM was able to retain clients who had the highest need. Of these 320 clients, 33 left LWPM and subsequently re-engaged a second time, 11 of these clients left and re-engaged a third time, while 2 clients left and re-engaged a fourth time.

Birmingham Changing Futures Together Podcast series

Birmingham Changing Futures Together Navigating complexity: learning from Navigators across Birmingham

THE YELLOW BRICK ROAD TO RECOVERY
Now let's start with 'The Yellow Brick Road to Recovery'

Where next?

Despite the outcomes achieved and progress seen through the BCFT programme, the evaluation has shown that challenges remain in creating systems change in how local structures and services support people experiencing multiple disadvantage in Birmingham.

A prominent issue found through the BCFT programme as well as other Fulfilling Lives programmes and research, was that of **dual diagnosis**. Both people accessing services and staff delivering support reported that mental health services are not working with people who are experiencing problems with drugs because 'stability' is an eligibility requirement. This means that people have not been able to get the support needed to help them to address their mental ill health and problematic substance use. Hence, there is a focus on this locally going forward because it is recognised as something that needs to change.

Data-sharing remains a challenge too. Without sufficient processes and systems in place to enable organisations to share information about the people they work with, joint working will be limited, and people will keep having to share their stories. A shared data system will also create better understanding of types of support provided, outcomes achieved and the link between the two.

Furthermore, it is evident that there is a need for ongoing workforce development in the context of staff turnover and the changing needs and experiences of people accessing services.

"The type of complex needs you got probably 2-3 years ago; they look different now. So, you might have created a system for that need, but it starts to change... people's health needs are in a different space now." (Combined Authority Stakeholder, 2019)

Regular training opportunities for volunteers and staff at all levels of an organisation will help ensure that provision is high quality whilst also supporting the wellbeing and confidence of those delivering support. The under-represented groups research highlighted the importance of ongoing workforce development in ensuring services were accessible to the diverse communities within the city.

BVSC managed the Birmingham Changing Futures Together programme. Going forward, BVSC intends to continue to try and improve ways of working and outcomes for this group, alongside other programme partners

For example, there is now a Head of Multiple Disadvantage in the senior management team at BVSC who is responsible for overseeing key strategic programmes in the region that engage people experiencing a combination of homelessness, problematic substance use, domestic abuse, mental ill health and contact with the criminal justice system. In addition, despite the programme and associated website ending, BVSC are developing a new section of their website to include the programme learning and resources, so that this does not get lost.

BVSC have also been having discussions about Birmingham becoming a MEAM area. The Making Every Adult Matter (MEAM) approach is a non-prescriptive framework that supports local areas to transform services and systems for people facing multiple disadvantage. It currently includes a network of areas and National Lottery funding has allowed this to be extended further.

Lastly, lived experience involvement in the design and delivery of services became more widespread throughout the programme period, and is apparent that many organisations will continue with this in current and future activities. BVSC are currently developing a Lived Experience Strategy to help to create a shared understanding of where opportunities are, how to access them and to support organisations ensure that these are high quality.

Summary

This report has provided an overview of the main activities, achievements and learning that has emerged from the National Lottery Community Fund Fulfilling Lives programme in Birmingham. Over eight years, Birmingham Changing Futures Together has aimed to improve services and systems for people experiencing multiple disadvantage in the city. Table 2 below summarises some of the key successes, lessons and challenges of BCFT.

Table 2: Summary of key findings

Good practice	Learning	Ongoing challenges
Involving people with lived experience in the design and delivery of BCFT, including through peer support, engagement worker, expert by experience and involvement champion roles.	It is important to raise awareness of services in a variety of ways (not just online) so that people who need it, can access support.	The issue of dual diagnosis remains. People who are experiencing problems with drugs and/or alcohol are unable to access mental health support as they are not deemed 'stable'. This prevents needs from being addressed.
Creating Navigator roles to support people to access services and maintain engagement, and to link up support people are receiving.	Services need to be flexible in the timing and location of appointments when working with people experiencing multiple disadvantage.	Commissioning processes are felt to be preventing further progress for people experiencing multiple disadvantage. This includes short term contracts and a focus on 'hard' outcomes.
Joint working between different organisations in the voluntary and community sector, and more widely with statutory services to raise the issue of multiple disadvantage up the agenda and improve outcomes for this group.	It is important to work in partnership with smaller community organisations who have established relationships with the diverse communities in Birmingham.	Data sharing processes remain a barrier to joint working. Services continue to record information about people they work with on different systems, so it is hard to track someone's journey and people are still having to repeat their stories.
Ongoing staff training opportunities so that provision is good quality and so that staff feel confident and prepared to work with a diverse range of people.	Simple branding can make it easier to raise awareness of different programme workstreams.	
Using formal accreditation processes that have local authority buy-in to drive up standards in services and accommodation.	Delivering good quality emotional and practical support for people experiencing multiple disadvantage can produce cost-savings.	