

Changing Futures Programme: Prospectus for Phase 2 – 2026-2029

Introduction

1. Adults experiencing multiple disadvantage face complex, interconnected issues and unmet needs – including combinations of homelessness, substance misuse, mental ill health, domestic abuse, and contact with the criminal justice system - that cannot be addressed by any one service alone. They cost the state five times more per head than other citizens, but receive fragmented, crisis-driven support that fails to address their underlying issues.
2. Extensive evaluation of the first phase of Changing Futures and predecessor programmes such as Fulfilling Lives, has shown that a more joined-up, person-centred approach improves outcomes for adults experiencing multiple disadvantage and significantly reduces both demand on the system and costs to the taxpayer.
3. We are therefore making further national funding and support available through a new phase of Changing Futures to achieve long term transformation for more areas, more services and more people in need. We will continue to focus on a cohort of people that are already creating high levels of repeat crisis demand on local services and expect this programme to provide direct help to approximately 4,700 people over the next 3 years.
4. Phase 2 of Changing Futures is an important element of the Government's wider commitment to public service reform, bringing together multiple government departments on a shared challenge and supporting partnerships and integration across local government, health, social care, police, criminal justice and voluntary sectors.
5. The programme will retain much of the framework of the successful first phase while embedding key learning about how to drive change across diverse systems as swiftly and effectively as possible. It will continue to focus on achieving change:
 - o **for individuals**, helping to stabilise and improve health, safety, wellbeing, and access to support for local cohorts of adults experiencing multiple disadvantage;
 - o **for services**, promoting greater integration and collaboration across local services, alongside increased use of person-centred, trauma-informed approaches, and in the long-term, reducing demand on services;
 - o **for the wider system of services and support**, promoting strong multi-agency partnerships, governance, and better use of data so that local strategy and commissioning better responds to and prevents multiple disadvantage.

Core principles

6. Every area has its own unique context, partnerships, services, governance and leadership. So, as with the first phase, we will avoid prescription but expect all partners to work within the following core principles:

- **work in partnership** across local services and the voluntary and community sector, building strong cross-sector partnerships at a strategic and operational level;
 - **coordinate support**, and better integrate local services that support adults experiencing multiple disadvantage to enable a ‘whole person’ approach;
 - **create flexibility** in how local services respond to adults experiencing multiple disadvantage, taking a system-wide view with shared accountability and ownership leading to better service provision and a ‘no wrong door’ approach to support;
 - **involve people with lived experience of multiple disadvantage** in the design, delivery and evaluation of improved services and in governance and decision making;
 - **take a trauma-informed, relational approach** across the local system, services and in the governance of the programme;
 - **commit to drive lasting systems-change**, with long-term sustainable changes and a commitment to sustain the benefits of the programme beyond the lifetime of the funding.
7. While the core principles remain unchanged, we aim to build on learning from approaches tried and tested in the first phase that unlock better collaboration and support on multiple disadvantage – such as dedicated keyworkers, low caseloads, multi-disciplinary teams, and case conferencing approaches. Areas will also be able to draw on extensive learning and resources from the evaluation of Changing Futures, such as the [system change toolkit](#), and we will co-design stronger guidance on areas such as support models, system change and involving people with lived experience. Further detail is provided later in this prospectus.

Place selection and funding

8. Under this phase of the Changing Futures programme we are targeting the 18 most deprived areas at upper tier local authority level in England. Where multiple areas are identified within a Mayoral Strategic Authority area, local partners have the option to combine their allocations via the Mayoral Strategic Authority and work in a collaborative approach. In each area local partnerships involving the local authority, health, police, criminal justice and voluntary sector partners have agreed to participate on the basis of the programme expectations which are detailed in this prospectus. Funding will pass to the upper-tier local authority or Mayoral Strategic Authority on the understanding that it will flow through to the wider area partnership as per their joint plans.
9. We will agree a Memorandum of Understanding (MoU) with each area. The MoU sets out more detail about what involvement in the programme will entail, based on the principles in this prospectus. It is framed as a two-way accountability mechanism between areas and government. In broad terms, areas are expected to:
- Target and improve support for a local cohort of adults experiencing multiple disadvantage, who are placing a high level of demand on local services.

- Drive wider system change, as defined through a co-designed system maturity framework, so that the work of the next 3 years will continue to benefit the population after the programme ends.
- Build lived experience into the local system stewardship and development.
- Evidence the impact of their work on the cohort and local systems by working with our national evaluation.
- Develop and share learning relevant to other areas and government departments.

It also makes commitments on behalf of national government to:

- Provide flexible funding.
- Support areas to embed lived experience in their approach.
- Facilitate opportunities for shared learning and challenge across national networks.
- Provide routes into relevant government departments.
- Supply evidence-based support and guidance on effective models and delivery, building on learning from Changing Futures, that will inform areas local approach.

Cohort definition

10. Changing Futures aims to improve support for adults experiencing multiple disadvantage. By this we mean people who experience:
 - a. multiple unmet needs: three or more of homelessness, substance misuse, mental ill health, domestic abuse, and contact with the criminal justice system; and,
 - b. repeated negative service use: repeated contact with crisis and response services such as police, A&E, safeguarding, etc. where the system is struggling to engage them in effective support.
11. People experiencing multiple disadvantage will also face a range of other challenges underlying these problems, including physical ill health, disability, trauma, brain injury, learning disability, neurodiversity, poverty, and/or a lack of family connections or support networks. As set out in the core principles, local areas should develop a coordinated, 'whole person' approach taking account of the full range of a person's needs, strengths and resources.
12. Local areas have the flexibility to use professional judgement to target within this definition and ensure any additional support offer provided through Changing Futures integrates with, and addresses gaps in, the wider local support system. This may include, for example, supporting adults with less than three presenting issues where those individuals are repeatedly using and/or dropping out of crisis services and their needs are escalating.
13. Progress in intelligent use of data should increasingly improve the identification of this cohort, but we want areas to be able to reach individuals who are placing high demand on reactive services but not yet evident in the data, perhaps due to a lack of connection with existing support services, or transition out of children and adolescent services. Areas may also want to consider identifying people through key transition points and areas of 'failure demand', where high levels of multiple disadvantage are

found – such as high intensity use of A&E; prolific offenders; people leaving prison; women experiencing child removal; transitions from care or from youth to adult services; and repeated safeguarding referrals.

14. Multiple disadvantage and service use looks different across different groups, so we will ask areas to consider how approaches might need to be adapted to reach women and ethnic minorities. For instance, women are more likely than men to experience domestic abuse and exploitation and engage in sex work. Women experiencing multiple disadvantage may be less visible to services and therefore more likely to be missed by them.¹

Partnership expectations

15. Areas will be expected to develop strong partnership working structures at an operational and strategic level.

16. As a minimum the following should be represented:

- **Adult Social Care**
- **Public Health** including substance misuse commissioning.
- **Housing support**
- **Other Local Authority representatives**, areas might wish to include representation from community safety, youth offending services and health and wellbeing boards.
- **Strategic NHS partners**, including the Integrated Care System, Integrated Care Board and Mental Health Trust.
- **Police, Police and Crime Commissioner and Deputy Mayors for Policing.**
- **National Probation Service.** Areas might also wish to additionally involve representation from prison and HM Courts and Tribunals.
- **Voluntary, social and community sector partners.**
- **Jobcentre Plus**

17. The governance of the local area programme will be through this partnership, and any of the above partners – or multiple partners – may be identified as the chair or lead of the local partnership. Alternatively, areas may choose to identify an independent chair of the partnership.

18. Areas may choose to align with existing strategic governance arrangements, such as health and wellbeing boards, Combatting Drugs Partnerships and/or Community Safety Partnerships. They may also choose to develop bespoke arrangements to oversee their cross-cutting multiple disadvantage plan, with clear links to multiple forums. We do not want this work to further complicate the local partnership landscape, but rather to enhance and better coordinate local efforts on multiple disadvantage - so areas should develop the partnership arrangements that suit them

¹ [Evaluation of the Changing Futures programme - final report](#)

best. The system change toolkit sets out learning from Changing Futures to date on different governance approaches.

19. While the local authority or Mayoral Strategic Authority will be the direct recipient of funding on behalf of the partnership, funding will flow through to other parts of the system in line with the local delivery plan.
20. While allowing local flexibility in these structures, certain roles will need to be identified in each area to ensure effective running of the programme and engagement with the central programme and evaluation teams. These roles can be identified within any of the partner organisations, and can be an existing position or supported by programme funding:
 - **Local political lead:** Named elected local political lead who will oversee and champion the project. This may be a Mayor, Local Authority Cabinet Member, Leader
 - **Senior Responsible Officer:** Identified senior official responsible for delivering the project such as the Director of Public Health, Director of Adult Social Care, Director of Housing or other senior leader on the partnership.
 - **Partnership/Programme lead:** named lead for overseeing delivery of local programme and coordinating partnership. Acts as single point of contact for the central government team.
 - **System change lead:** named lead responsible for overseeing system change learning, dissemination and delivery and linking with commissioners.
 - **Lived experience lead:** named lead responsible for establishing structures and systems that embed lived experience throughout the system change and delivery work, from commissioning to evaluation and peer support. Successful integration of lived experience to design and delivery was viewed to be one of the most important success factors in phase 1 of Changing Futures.
 - **Data and digital lead:** named lead on data, data protection, information governance and outcomes measurement. Critical role in promoting and enabling local data sharing and providing data governance expertise as part of wider system change. Key contact for evaluation team.
21. We can make sample person specifications/job descriptions for these roles available if areas would find this helpful.

Articulating system change ambitions – support and challenge for areas

22. The programme requires system wide changes and reform locally to deliver the benefits. This cannot be achieved without a commitment to wider impact from local partners. The new programme framework strengthens the emphasis on this foundational and ongoing system change work.
23. System change will be formally defined through a co-designed system maturity framework, and will cover changes around environment, policy, people, funding, culture, strategy, or process, that is sustainable in the long-term and transformational. This is likely to include:

- Establishing clear leadership and governance for multiple disadvantage across the local partnership.
 - Actively engaged partners sharing a common understanding of multiple disadvantage.
 - Plans to improve data sharing and use between relevant agencies.
 - Better integration of services, funding and commissioning related to multiple disadvantage, making the most of local resources.
 - Lived experience insight informing decision making.
 - Learning pathways for continuous improvement between frontline delivery and strategic oversight and commissioning.
 - Targeted improvement at key transition and challenge points in the system, that lead to better service responses and earlier intervention in multiple disadvantage.
24. The partnership in each area should produce a plan that sets out how they will build on existing work and improve outcomes for adults experiencing multiple disadvantage in line with the core principles. This should read across to other plans relevant to those experiencing multiple disadvantage.
25. The Local Outcomes Framework includes a multiple disadvantage outcome, which provides expectations for all local authorities regarding both support for individuals and wider system reform. This should bolster local partnership development both within and beyond funded areas, and when data is collected against the outcome this will provide additional context to the programme evaluation. Through the programme, the partnership will be expected to self-assess progress on their delivery plan and system change ambitions in order to drive local improvement and capture learning.
26. To help accelerate local and national learning, we will be supporting area self-assessments and peer reviews by areas participating in Changing Futures and other public sector reform programmes. The national delivery team and support services will also continue to work with areas offering tailored and structured support, challenge and learning.
27. This process will be co-designed with the participating areas and the findings at key stages will be shared with a national cross-government group on multiple disadvantage with representation from all key Government Departments: Ministry of Housing Communities and Local Government, Cabinet Office, Home Office, Ministry of Justice, Department of Health and Social Care and Department of Work and Pensions.
28. The cross-government group will provide oversight for the wider work on multiple disadvantage and support areas to drive system change and unblock barriers to service integration.

Alignment with other local and government programmes

29. A range of other government programmes are currently underway led by different parts of the public sector or targeting specific groups with high levels of multiple

disadvantage, such as people sleeping rough, repeat offenders, or women in or at risk of contact with the criminal justice system. It also includes other public sector reform projects such as:

- The shift to a Neighbourhood Health Service, including the National Neighbourhood Health Implementation programme (DHSC)
- Test, Learn and Grow pilots (Cabinet Office)
- Place Based Budget pilots

30. We expect, and will support, areas to make explicit links where they are participating in other government or voluntary sector funded projects impacting on this cohort, so that it complements and enhances other programmes and interventions underway in the area as part of a whole system approach.
31. All these programmes play an important part in the cross-government work to tackle disadvantage in England and the national board referenced above will collaborate with local areas to understand the learning and outcomes in real time and drive forward system change at a local, regional and national level.

Monitoring, Evaluation and Learning

32. The final evaluation outputs from the Changing Futures programme are available [here](#). These include a comprehensive final report that uses a theory-based approach to explain the outcomes observed at individual, service, and system levels.
33. The report presents updated quantitative data on key individual-level outcomes, comparing baseline measures to approximately 12 months into the programme. It also includes a narrative assessment of the programme's contribution to these outcomes, alongside a cost-benefit analysis that weighs programme costs against the monetised net benefit per participant.
34. In the next phase of Changing Futures, the national evaluation will place greater emphasis on understanding changes in the wider system surrounding individuals experiencing multiple disadvantage, while continuing to strengthen evidence on individual outcomes and service use.
35. All participating areas will be expected to contribute to the national monitoring and evaluation programme. This will involve quantitative data collection from beneficiaries on demographics, outcomes, service use and personal identifiers to link to national administrative data sets. As well as participation in interviews, focus groups, and other qualitative activities.
36. The national monitoring programme will streamline data collection, ensure that collection is trauma-informed and minimise the monitoring burden where possible.
37. To support the delivery of the national evaluation, appropriate data protection documentation must be in place for each local area. Both local areas and MHCLG are expected to adhere to the principles outlined in these documents.
38. The national evaluation will centre lived experience, incorporating co-design approaches wherever possible to ensure meaningful involvement.

39. Many areas in the past have chosen to commission external research organisations to deliver local evaluations and evidence products.
40. Learning and adaptation remain central to Changing Futures. We will continue to support areas in sharing insights and lessons learned and will expect participating areas to attend and host regular in person learning events.
41. A voluntary Monitoring and Evaluation Working Group will continue to support the design and delivery of national monitoring and evaluation activities. This group provides valuable feedback and challenge to the national programme.