

CHANGING FUTURES NOTTINGHAM

INTERIM REPORT

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FUTURES NOTTINGHAM

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EXECUTIVE SUMMARY

In its first year Changing Futures Nottingham's navigator support service supported a total of 180 people experiencing severe and multiple disadvantage (SMD). 29% of beneficiaries were from minoritised ethnicities, and 41% of beneficiaries were female. 22 successfully moved on from the support programme after an average of 7 months.

A keyword search of case notes and assessments revealed that neurological differences, such as neurodevelopmental conditions (e.g. ADHD and Autism), acquired brain injury and learning difficulties are likely to be present in a quarter of Changing Futures Nottingham beneficiaries. This is much higher than in the general population and warrants further consideration.

Specialist SMD practitioners, funded by Changing Futures Nottingham and embedded in primary care, local mental teams, adult social care, housing aid and probation are making progress towards a more flexible, person-centred and joined-up system to benefit people experiencing SMD.

GLOSSARY

SMD – Severe and multiple disadvantage, defined as the simultaneous experience of three or more of the following areas of disadvantage: domestic abuse, substance use, homelessness, contact with the criminal justice system and mental ill health.

Navigator – a frontline member of staff who provides intensive one to one support to someone experiencing SMD to enable them to access and engage with services they want and need.

Beneficiary – Someone who is currently experiencing SMD and is supported by Changing Futures Nottingham.

Embedded Practitioner – a specialist member of staff who is funded by Changing Futures Nottingham and embedded in a statutory organisation.

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INTRODUCTION

Changing Futures Nottingham commenced in February 2022, with funding in place from the Department of Levelling Up, Housing and Communities and The National Lottery Community Fund until March 2024. Changing Futures Nottingham is one of fifteen areas awarded funding to support people experiencing severe and multiple disadvantage (SMD) and encourage changes to the local system to better respond to the needs of people experiencing multiple complex needs.

Changing Futures Nottingham is a collaborative multi-disciplinary programme consisting of the following:

- a. **Navigators:** frontline staff who work directly with beneficiaries to help them to engage with services and get the support they want and need. Navigators are employed by local voluntary sector organisations: Framework Housing Association, Juno Women's Aid, POW, and Al-Hurraya. Each organisation brings a different area of expertise; Framework has eight years of experience of supporting people experiencing SMD throughout Opportunity Nottingham (local Fulfilling Lives programme), POW has expertise in supporting sex workers and women who are victims of exploitation, Juno Women's Aid has expertise in supporting victims of domestic abuse, and Al-Hurraya has expertise in providing culturally specific support to local people from minoritised ethnic backgrounds.
- b. A **project manager, team leaders** and **administrators** (all embedded in Framework) manage, guide and support the navigators.
- c. **Participation coordinators** and a **lived experience team leader** support people with lived experience of SMD to participate in co-production and consultation activities. These posts are embedded in Framework.
- d. **Peer mentors:** frontline volunteers or paid staff (depending on personal preference) who work directly with beneficiaries to provide support, encouragement and social inclusion. They are managed by a **peer mentor team leader** and hosted by Framework.
- e. An **education, training and employment (ETE) coordinator** who works to build the skill set and confidence of current and former beneficiaries by engaging them in meaningful activities that fit their personal goals (of employment, for example). This post is embedded in Framework.

- f. A **multi-disciplinary team (MDT)** is co-ordinated by a specialist **coordinator** and **chaired by a team leader**, both roles are within Framework. The wrap around MDT creates collaborative support plans for some of the most complex cases. In order to be discussed at the wrap around MDT meeting the person needs to have a high level of unmet needs. Those referred but not discussed are offered bespoke, expert advice and signposting.
- g. **Embedded SMD specialist practitioners** to act as a point of contact, and offer support, knowledge and guidance to staff in their host organisation. These five posts are embedded in primary care, probation, housing aid, local mental health teams, and adult social care.
- h. A **practice development unit (PDU)** offers specialist training, events and communities of practice to upskill the workforce and disseminate learning around SMD. The **programme manager** and **administrator** of the PDU are within Nottingham Community and Voluntary Service (NVCS).
- i. An **advanced data analyst** embedded in the System Analytic and Intelligence Unit at the Nottingham and Nottinghamshire Integrated Care Board to utilise data and gather insights in to how people experiencing SMD are interacting with the system.
- j. A **senior system change commissioning manager**, employed by Nottingham City Council.
- k. A **programme director** employed by Nottinghamshire Healthcare NHS Foundation Trust.

This interim report will focus on the front-line operation (i.e. the beneficiaries of Changing Futures Nottingham) and the system change work of the embedded practitioners. A detailed evaluation of the wrap around MDT and the lived experience part of Changing Futures Nottingham can be found in the following reports on the [Changing Futures Nottingham website](#):

"I HAVE LIVED THROUGH IT": INITIATING SYSTEM CHANGE THROUGH THE VOICE OF LIVED EXPERIENCE

THE VALUE AND IMPACT OF NOTTINGHAM'S WRAP AROUND MULTI DISCIPLINARY TEAM

REFERRALS TO CHANGING FUTURES NOTTINGHAM

Between April 2022 and June 2023, 470 referrals for navigator support were made to Changing Futures Nottingham. The majority of these came from local voluntary sector organisations (43.8%) or organisations that are part of the criminal justice system, such as probation, the police or prisons (20.5%). NHS services, such as a local mental health teams, GPs, hospital discharge services and social prescribers also contributed a significant amount of referrals (16.6% combined). See Figure 1 for a full break down. This reflects the areas of the system in which people experiencing SMD present, and the awareness of staff in these services of Changing Futures Nottingham, driven in statutory services largely by the Changing Futures Nottingham SMD specialist embedded practitioners.

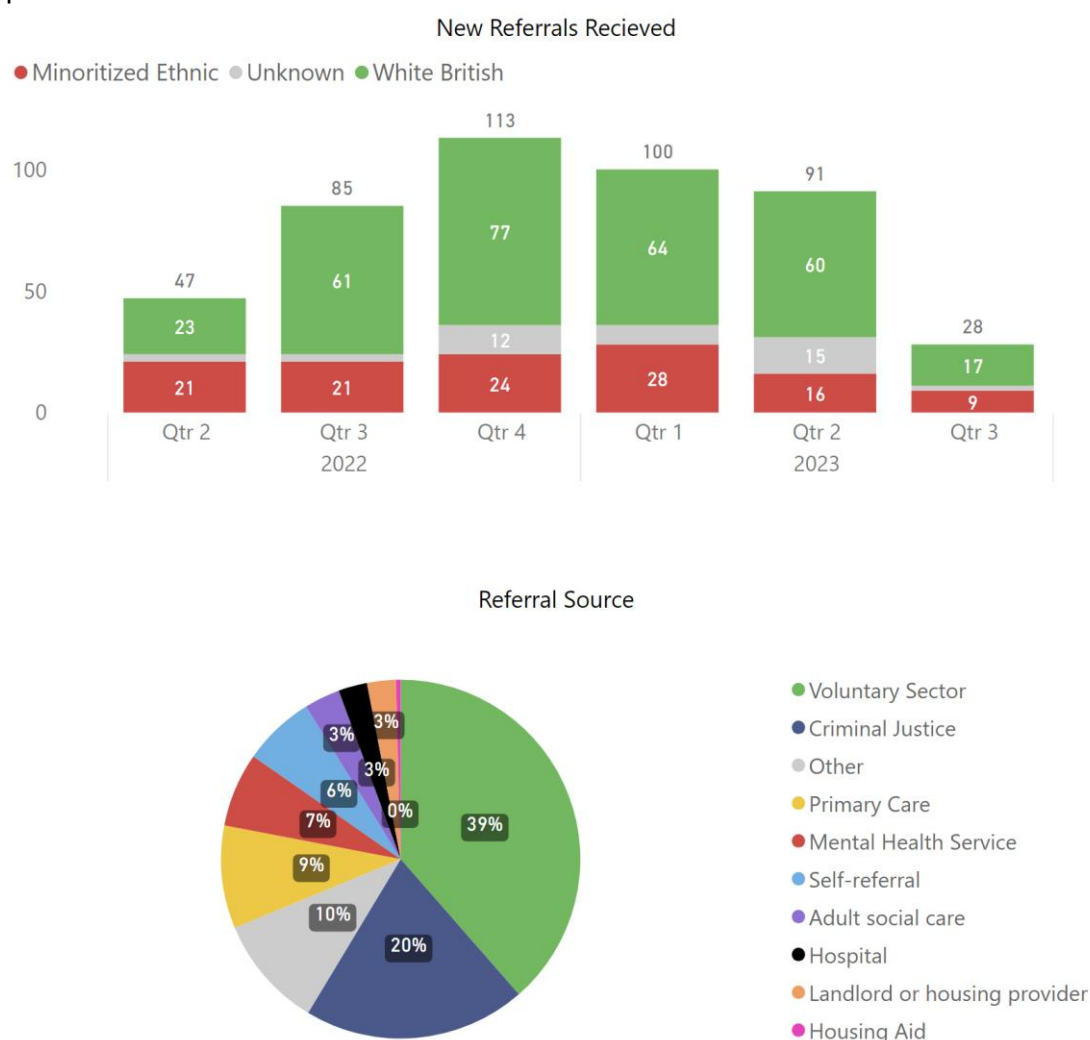


Figure 1 Top: Number of new referrals received each quarter. Bottom: referring agency categorised.

The majority of referrals received were for males (65%), 65% of referrals have been for White British people, and 26% for people from minoritised ethnic backgrounds. 9% of referrals did not have their ethnicity recorded. See Figure 2.

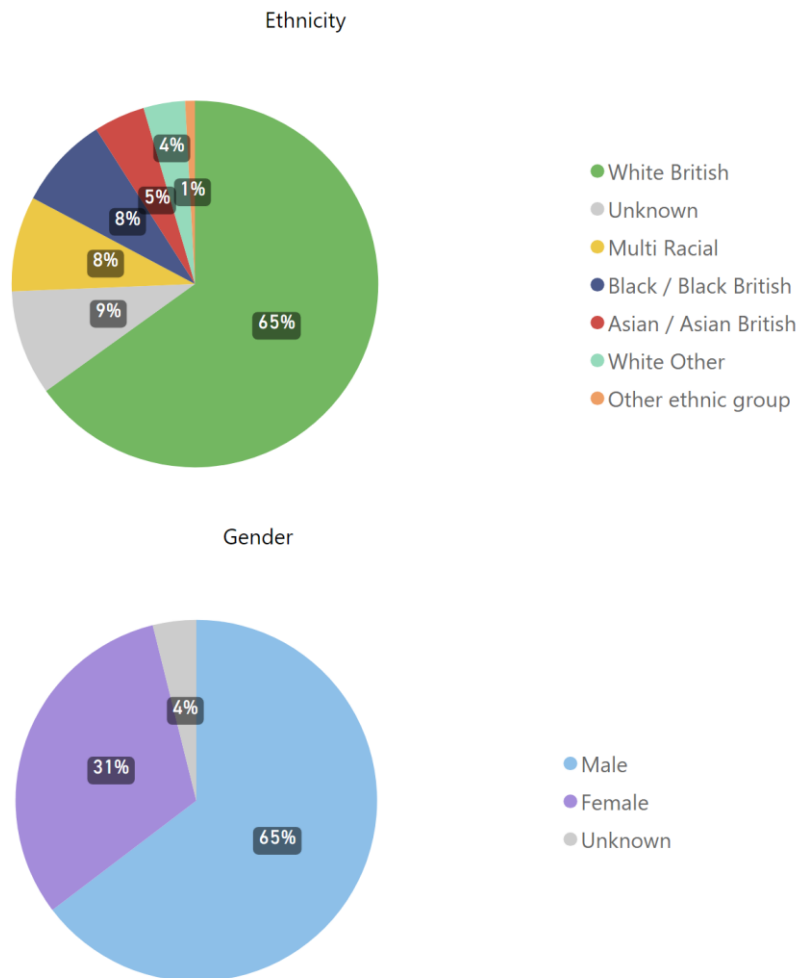


Figure 2 Gender and ethnicity break down of referrals

274 of the 470 referrals (58%) were declined, the majority (60%) due to the people being referred not fitting the remit for the service; 30% due to not reaching the required threshold in the NDT assessment¹, 17% due to not meeting the required 3 out of 5 areas of disadvantage that make up the SMD definition used by the national Changing Futures programme, 8% due to having sufficient support already in place and 7% due to having no local connection to

¹ The New Directions Team assessment scores individuals in 10 key areas that are related to poor outcomes and lack of engagement with services. A person who has a total score above 25 has a high degree of need. Changing Futures Nottingham accept people on to service if they score above 30.

Nottingham. This demonstrates that more communication materials may be needed to offer referring agencies guidance and reduce the number of inappropriate referrals.

20% of declined referrals were declined due to navigators not being able to contact the individual to complete an assessment, and 10% of people referred declined the offer of support or withdrew their consent to be part of the programme. In these cases, there is often little staff can do, although it is likely a portion of the people referred would be suitable for and benefit from the service. An assertive outreach approach to engage people who are difficult to contact, such as working more closely with the street outreach team or other services who come in to contact with the individual, and meeting them where they are, is likely to improve engagement. See Figure 3.

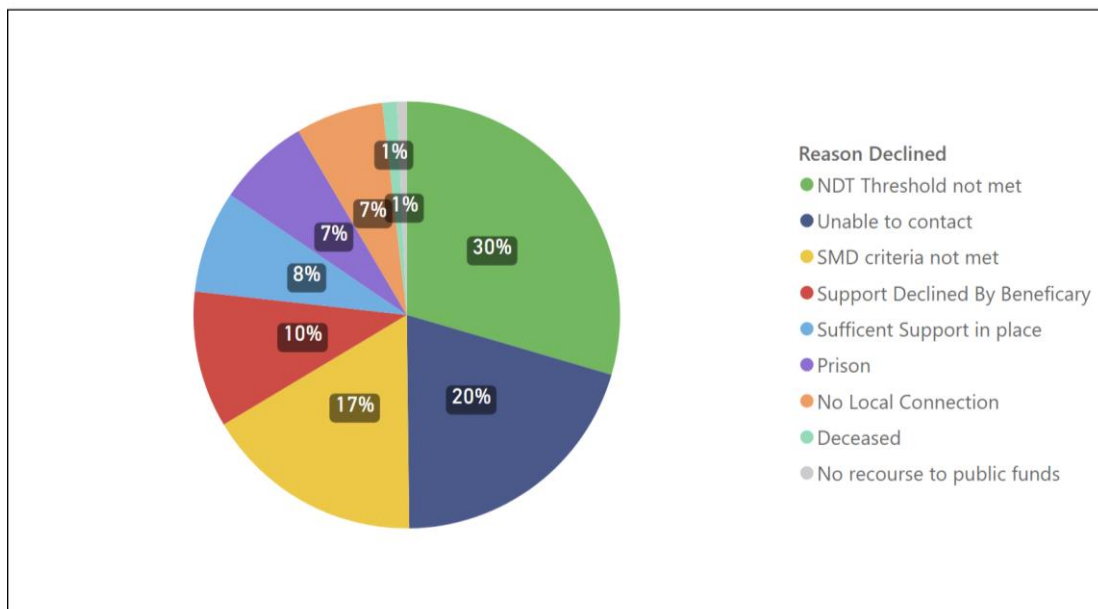


Figure 3 Reasons referrals were declined

WHO ARE THE BENEFICIARIES OF CHANGING FUTURES NOTTINGHAM SO FAR?

DEMOGRAPHIC INFORMATION

Between April 2022 and July 2023 Changing Futures Nottingham have supported a total of 180 beneficiaries. 44 of these were transferred over from Opportunity Nottingham, Changing Futures' predecessor, when it closed in July 2022. Since then, the number of accepted beneficiaries has risen steadily as new referrals have come in (see Figure 4).

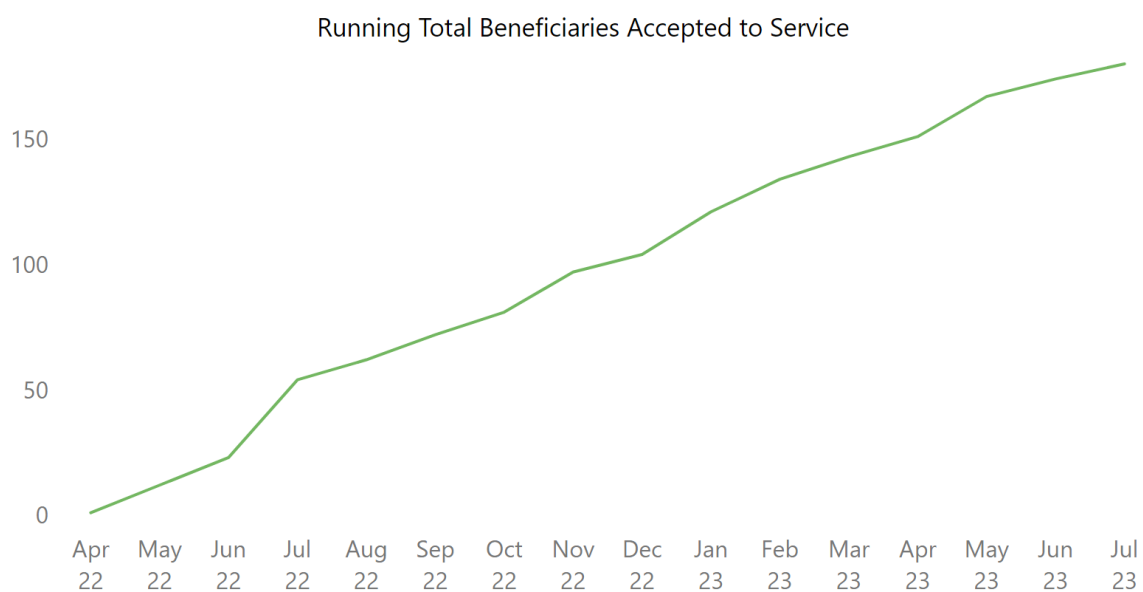


Figure 4 Running total of the number of beneficiaries accepted to service.

The majority of beneficiaries (73%) are (or were) supported by Framework, either as part of the core navigator service (60%), or through a legacy housing first support service carried over from Opportunity Nottingham (13%). Just over a quarter (28%) of beneficiaries have been supported by the specialist navigators in Al-Hurrraya, POW and Juno Women's Aid, or the Wrap Around MDT. See Figure 5.

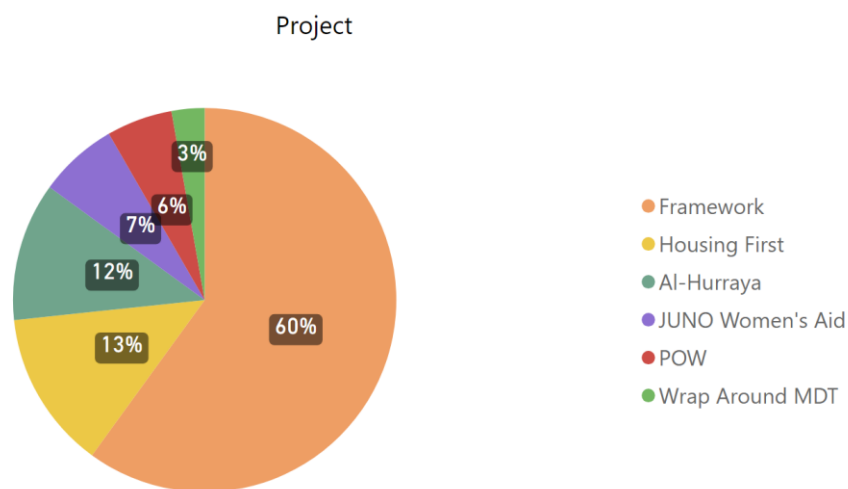


Figure 5 Percentage of beneficiaries supported by each project.

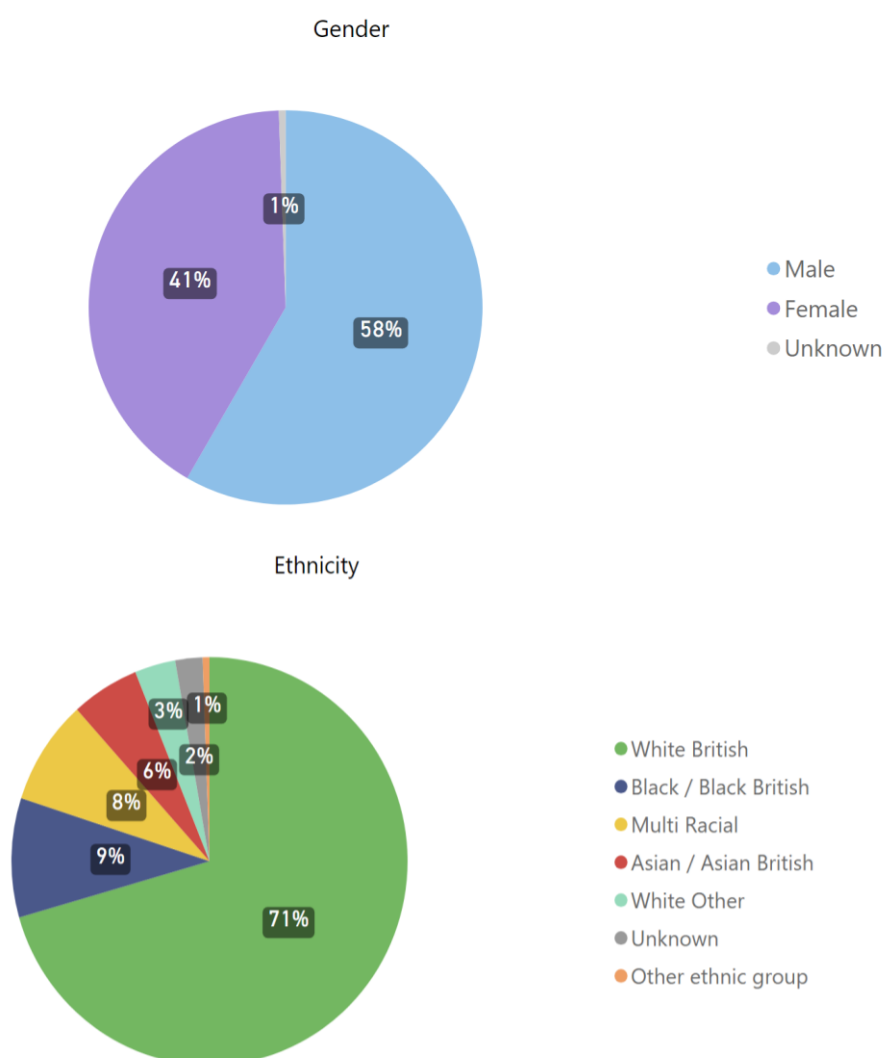


Figure 6 Demographic Profile of Changing Futures beneficiaries. Top: Gender, Bottom: Ethnicity.

As of July 2023, 71% of Changing Futures beneficiaries identify as White British, somewhat more than the 57% recorded in the 2021 census of Nottingham. This discrepancy is largely due to an under-representation of Asian and Asian British beneficiaries (6% on Changing Futures compared with 15% of Nottingham) and White other beneficiaries (3% on Changing Futures compared to 9% of Nottingham). See Figure 6 for a full breakdown. However, there is no local intelligence on the prevalence of SMD in local minoritised ethnic communities. Therefore, it is unclear whether certain ethnic groups are underrepresented due to lack of need for the service or other factors such as mistrust of services, a lack of knowledge of SMD, or little awareness of support services that are available.

41% of Changing Futures beneficiaries identify as female, 58% male. The majority of beneficiaries identify as cisgender (i.e. the gender they were assigned at birth matches their current gender identity), 1% identify as transgender (i.e. the gender they were assigned at birth is not the same as their gender identity). See Figure 6 for a full breakdown. Although the gender split is not equal, services supporting people experiencing SMD often have more male than female beneficiaries. Indeed, 75% of Opportunity Nottingham beneficiaries identified as male. Increasing female representation to 41% was largely achieved through including domestic abuse as one of the areas of disadvantage in the definition of SMD, and through employing navigators who specialise in domestic abuse or violence against women and girls in partner agencies that support women (POW and Juno Women's Aid).

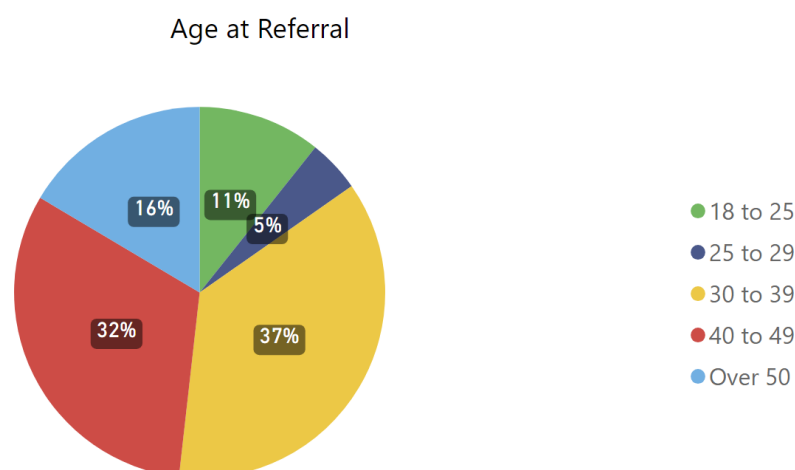


Figure 7 Age of Changing Futures beneficiaries

The majority of Changing Futures beneficiaries are aged between 30 and 50 years old (69%), with 16% under 30 and 16% over 50 years of age. This is a somewhat typical sample of people experiencing SMD (see Figure 7). Almost half

of Changing Futures Nottingham beneficiaries have self-reported that they have a disability (see Figure 8).

Does the Beneficiary have a Disability?

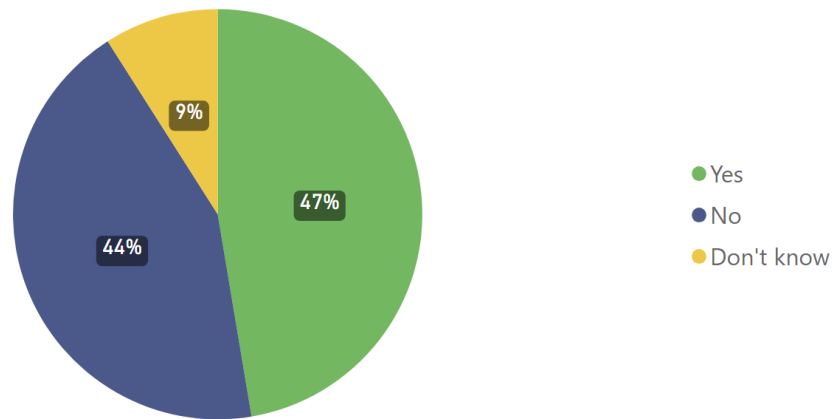


Figure 8 Percentage of beneficiaries who have a disability.

AREAS OF DISADVANTAGE

All beneficiaries of Changing Futures Nottingham were experiencing 3 or more of the 5 areas of disadvantage that make up the current definition of SMD when they were referred to the programme. Figure 9 shows that three quarters of beneficiaries experienced 4 or more disadvantages, demonstrating the level of need and complexity of individuals experiencing SMD in Nottingham. Figure 9 breaks down the percentage of beneficiaries experiencing each of the areas of disadvantage. The majority of beneficiaries experience poor mental health (85%) and / or substance use (84%). 69% are considered to be homeless and 61% have had recent contact with the criminal justice system. 40% are experiencing domestic abuse. The lower rate of people experiencing domestic abuse is likely a reflection of the lower number of female beneficiaries, as women experience domestic abuse at a higher rate than men (although not all beneficiaries who are victims of domestic abuse are female).

Number of Disadvantages

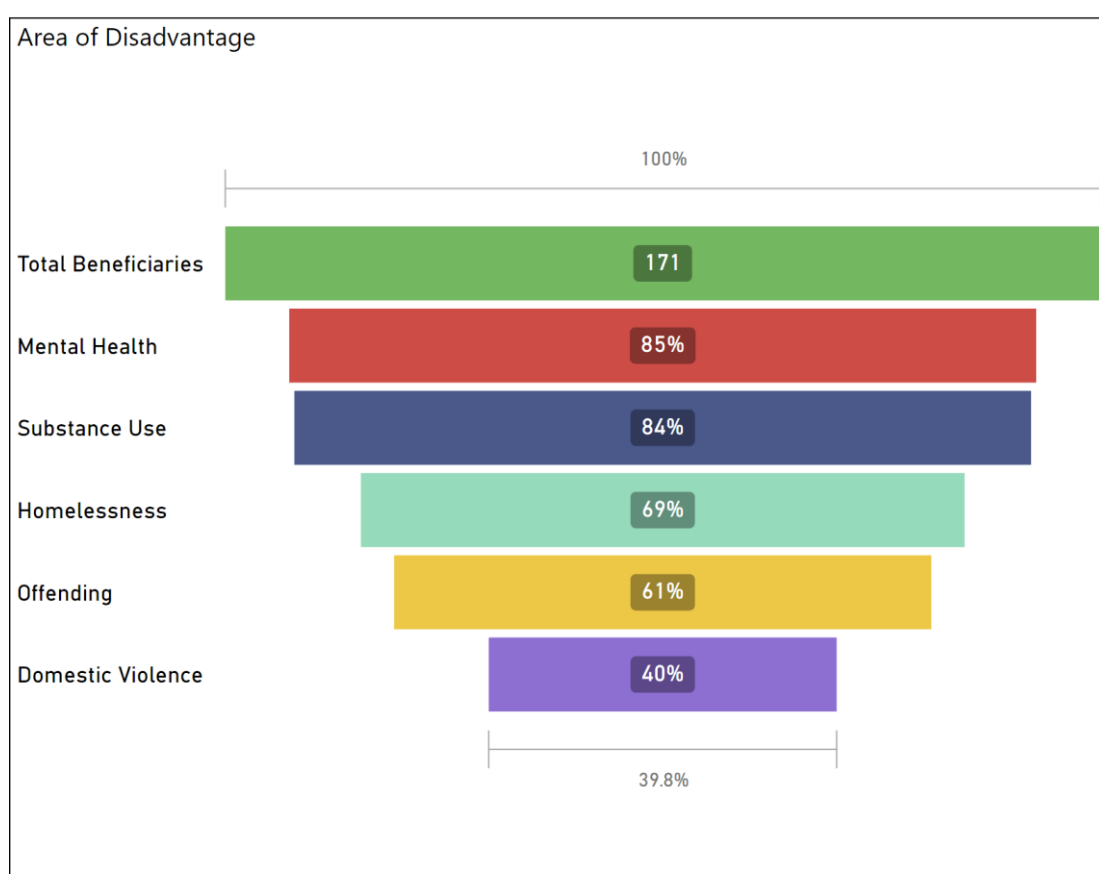
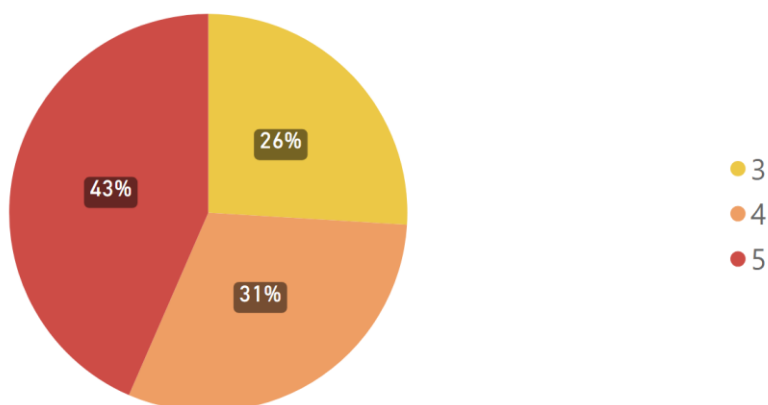


Figure 9 Top: Number of disadvantages experienced by Changing Futures Nottingham beneficiaries. **Bottom:** Area of Disadvantage experienced by Changing Futures Nottingham beneficiaries.

BENEFICIARY OUTCOMES IN THIS PERIOD

Of the 180 beneficiaries of Changing Futures Nottingham in this period, 44 have left the service. 45% of beneficiaries who have left the programme were recorded as no longer requiring the support of a navigator, meaning that they were linked in with all the services they needed and were engaging well with these services without the need for intensive one to one support (see case study 1 for an example). A proportion (21%) of beneficiaries were signed off the service because they were no longer suitable for navigator support due to long custodial sentences or moving out of Nottingham. 2% of beneficiaries died. A further 23% were signed off service due to withdrawing from the programme or not responding to the engagement efforts of their navigator. These beneficiaries are likely to still require navigator support and are likely to be accepted to the programme if they are referred again in the future.

Reason for Exit

- Support no longer required
- No response to engagement efforts
- Long custodial sentence
- Other
- Left the area
- Consent withdrawn
- Deceased

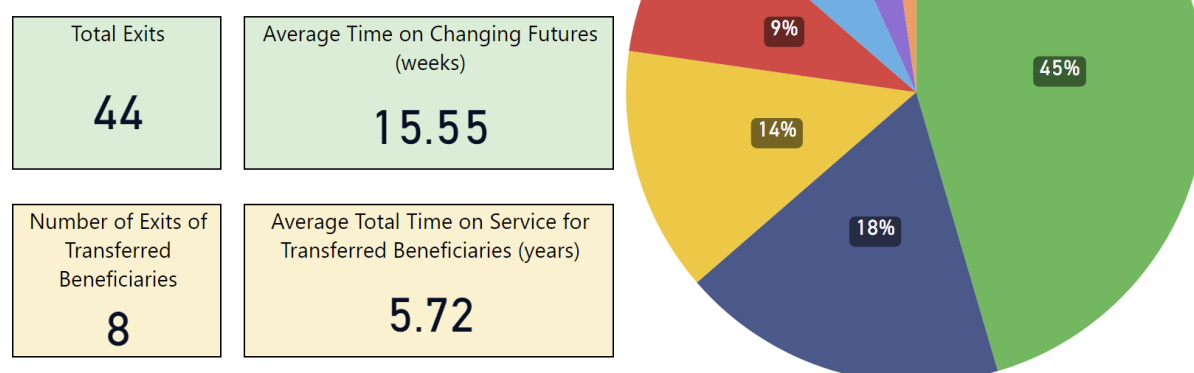


Figure 10 Number of exits from Changing Futures Nottingham and reason given.

The average amount of time spent on Changing Futures Nottingham is 15.5 weeks; just under four months. Of those who were signed off service due to support no longer being required, the average time spent on the service was 29 weeks (just over seven months). This is a more accurate estimate of the amount of time needed in order for a beneficiary to be linked in and engaging with the services they need. However, eight of the beneficiaries who have left the service were transferred from Opportunity Nottingham when it closed. These eight had been supported on average for 5.75 years, demonstrating that some people experiencing SMD need support for a longer period of time. It is likely that many beneficiaries will need long-term support in some form.

Changing Futures Nottingham Case Study 1

Background

Kirsty was referred to Changing Futures Nottingham by Juno Women's Aid. She had been known to Juno since 2015 and had previously accessed independent domestic violence advisor (IDVA) support for court. Following her latest multi-agency risk assessment conference (MARAC) referral Juno staff had been unable to contact her for support. Kirsty has experienced domestic abuse from six previous partners but struggled to engage with support.

Kirsty has type 1 diabetes. When referred she was not engaging with healthcare services and she struggled to monitor her blood sugar and manage her diabetes. She had been hospitalised twice after falling into a diabetic coma. At the time of the referral Kirsty was also alcohol dependent and not engaging with drug and alcohol services.

Kirsty had a bed space at a hostel but was at risk of losing it as she was not using it, and hence also wasn't accessing support from hostel staff. She said she was feeling isolated in the hostel and preferred staying with family members or at her perpetrator's property.

Kirsty stated she wanted to leave her abusive relationship but worried she would return to her perpetrator when feeling lonely.

Actions

Kirsty was supported to arrange and attend a meeting with hostel staff to discuss what was preventing her staying at the hostel and to consider what support could be put in place to help her maintain her space. It was agreed staff would keep the space open so Kirsty had a safe place to go to if she needed to leave her perpetrator's property. Staff agreed to more frequent welfare checks while Kirsty was in the building. Kirsty also reported she didn't feel safe as her window didn't lock. Staff agreed to fix this and encouraged Kirsty to report issues like this.

With her specialist navigator providing intensive one to one support, Kirsty engaged with safety planning around domestic abuse and was supported by multiple agencies to keep safe and report incidents to police. Following this Kirsty's perpetrator was arrested and released with conditions not to contact her. She was supported to report breaches of these conditions

Kirsty also reported feeling isolated and was referred to Changing Futures Nottingham ETE coordinator for support to access activities and groups and find meaningful ways to fill her time. Kirsty was supported to attend medical appointments and to self-refer to Nottingham Recovery Network (NRN: drug and alcohol service).

After being on the service for a few months Kirsty's engagement began to decline. She stated she was feeling overwhelmed by the amount of appointments she needed to attend. This was communicated to other agencies working with Kirsty and support continued at her own pace.

Following these changes, Kirsty began engaging with her Changing Futures Nottingham navigator again. Her engagement with NRN and health care professionals improved and she was referred to an inpatient detox. Kirsty was no longer in an abusive relationship and reported contact from the perpetrator to the police. However, Kirsty's housing situation remained the same. She was still not using her hostel bed space and was staying with friends and family.

Results

Kirsty completed an inpatient detox and remains abstinent from alcohol. She is no longer in an abusive relationship and reports no recent contact or harassment from the perpetrator. Kirsty gave up her bedspace at the hostel and is staying with family. She doesn't know where she would like to live in the future and has declined any support with housing. After completing her detox Kirsty felt she no longer needed support from a specialist navigator as her support needs had been met. Kirsty was signed off the service after being supported for eight months.

Case study 1 highlights one beneficiary's journey of support on Changing Futures Nottingham. Although she still had support needs around housing, she felt her needs had been met around her substance use and domestic violence. When she was signed off the service she was stable and able to independently manage her physical health needs.

PEER MENTORS

In its first year, Changing Futures Nottingham has recruited, trained and matched four peer mentors. A further three peer mentors have completed their training and are currently being matched with beneficiaries. Four beneficiaries have been supported by peer mentors so far.

To date, two peer mentors have successfully been recruited to become paid peer mentors. One is now an employee of Framework. The other mentor decided that it wasn't the right time in their own recovery journey to take on paid employment and they are continuing on a voluntary basis. Allowing for peer mentors to volunteer until they feel ready to take the step to paid employment enables Changing Futures Nottingham to utilise recent and relevant lived experience and understanding of SMD in the support offered to beneficiaries.

The peer mentor project has also provided coaching to peer mentors through the recruitment processes. For example, legal requirements to provide sufficient history is a barrier for someone who has lived a complex and unstable life. For the success of the peer mentor project, it has been imperative to have an understanding and supportive space for peer mentors, as this may be the first meaningful activity or employment related building block for them in their recovery journey.

A full evaluation of the impact of peer mentoring on beneficiaries and peer mentors is underway.

NEUROLOGICAL DIFFERENCES IN PEOPLE EXPERIENCING SMD

There is a growing body of evidence that people experiencing SMD are more likely to have a neurological difference, either in the form of a brain injury, or a neurodevelopmental condition such as Attention Deficit Hyperactivity Disorder (ADHD), or a learning disability. To estimate if neurological differences are present in Changing Futures Nottingham beneficiaries a keyword search of all running notes, support plans and assessments was conducted. It revealed that 43 individuals (23% of all beneficiaries) had a neurological difference mentioned at least once in these sources. This is without navigators being asked to record the answer to specific questions about neurodiversity or brain injury, so is likely to be an under-estimate. Indeed, data from the national evaluation of all Changing Futures areas indicates that 38% of beneficiaries experience a neurological difference (see Figure 12). The higher rate in this data set is likely due to some areas taking a specialist interest in neurological differences and screening beneficiaries accordingly.

Figure 11 shows that most of the 43 beneficiaries had either ADHD or Autism Spectrum Disorder (ASD) mentioned (68% combined). 17% mentioned dyslexia and 4% mentioned traumatic brain injury (TBI). A further 9% mentioned neurodiversity in general without a specific label. 35% of these beneficiaries are from ethnic minority backgrounds and 40% of them identify as female (Figure 11). This shows that neurological differences are likely to be present across the whole SMD cohort, and not clustered in certain demographics.

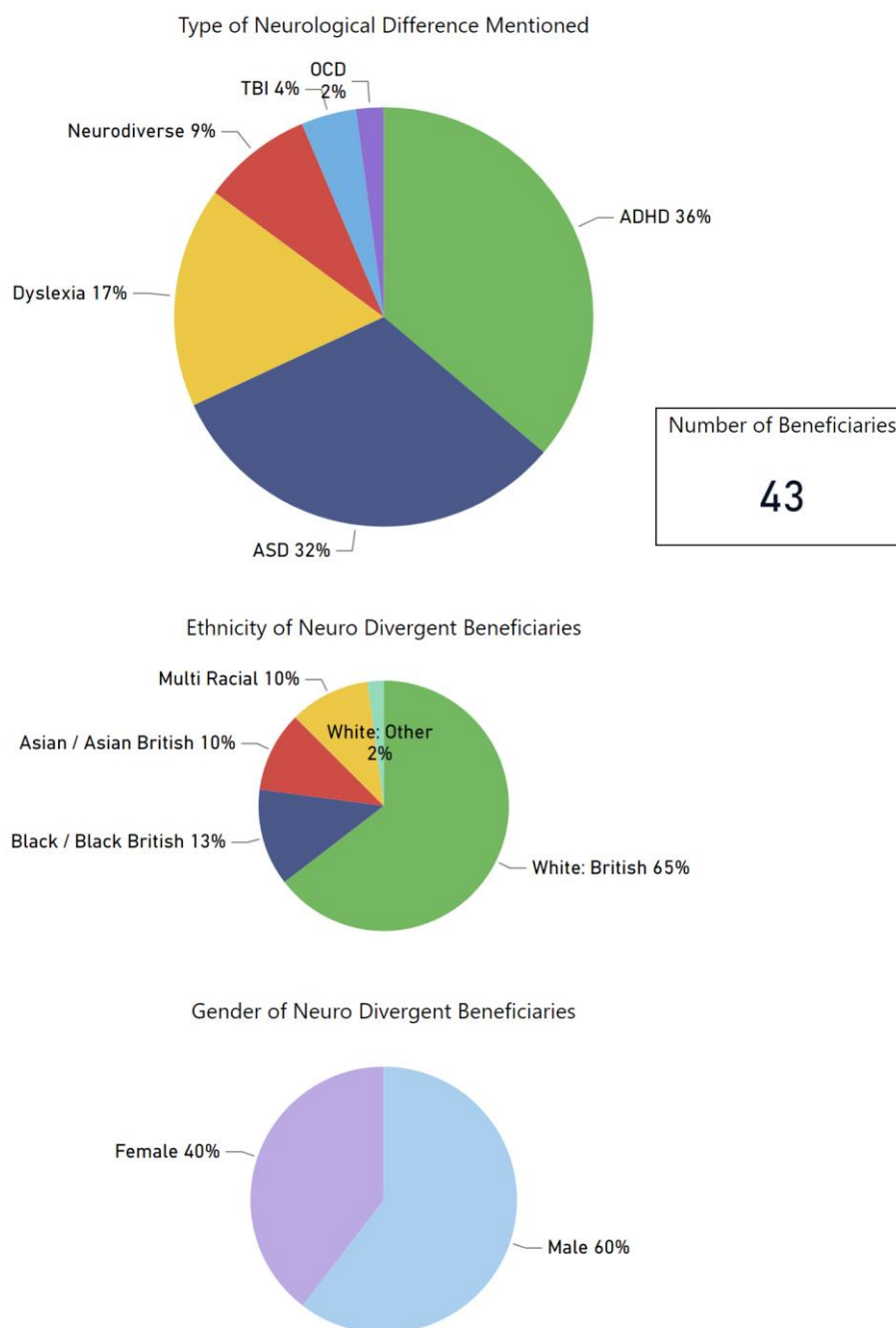


Figure 11 Neurological Differences in Changing Futures Beneficiaries (ADHD = Attention Deficit Hyperactivity Disorder; ASD = Autism Spectrum Disorder; TBI = Traumatic Brain Injury; OCD = Obsessive Compulsive Disorder)

Changing Futures Nottingham Case Study 2

Background

Joanne was referred to the Changing Future's Nottingham Wrap Around MDT by her GP.

Joanne has suffered with mental health problems since 2012 and has been diagnosed with depression, anxiety, Post Traumatic Stress Disorder and Personality Disorder. Joanne was prescribed medication to manage her mental health. She has been sectioned in the past and attempted suicide. She felt her medication wasn't helping and stopped taking it.

Joanne had her two children removed in 2022. Social care stated this was due to neglect. Joanne expressed that her children were what gave her strength and made her stop trying to take her own life.

Joanne had a court-ordered psychological assessment and was given clear recommendations for actions to complete within two years for consideration to be given to returning her children to her care. These included therapy for childhood trauma, Cognitive Behavioural Therapy (CBT) for her mental health conditions, and parenting courses. Joanne was keen to complete the recommendations, but did not know how or where to access them.

Joanne experienced domestic abuse by her partner and social care advised she could no longer remain in their property. Joanne attended the local authority to present as homeless but they declined to help as she had a live tenancy with her partner (who is still in the property).

Joanne has a family history of ADHD (diagnosed in two siblings and nephews) and reported experiencing ADHD traits. She struggled to concentrate and was often disruptive in school, as a result, she did not complete her education.

Actions

The wrap around MDT quickly referred Joanne for mental health support from the Homeless Mental Health Team and contacted her GP to refer her for CBT. They referred her to the Changing Futures Nottingham navigator support service and she was assigned a specialist navigator in Juno Women's Aid.

Her GP referred her for CBT but she was refused support, due to requiring "long-term treatment for more complex longstanding mental health problems".

The Homeless Mental Health Team provided stabilisation therapy, which she engaged well with. She was also supported by her navigator to attend appointments with a psychiatrist who adjusted her medication.

Joanne was referred for counselling relating to childhood abuse and trauma. After assessment she was advised there was a two year wait for specialist counselling. She was offered 22 sessions of email counselling in the interim. Joanne was provided with a laptop and digital inclusion support from the ETE coordinator, but she declined email support due to not feeling comfortable writing about her experiences.

Her homeless mental health team practitioner completed an ADHD screening questionnaire with Joanne, which she scored highly on. They referred her to Nottingham Neurodevelopment Specialist Service (NeSS) for an assessment. Joanne was advised that there is a two year wait.

Her navigator applied to the personalised commissioning budget to commission a private ADHD assessment, which was granted. Joanne was assessed by a consultant psychiatrist and formally diagnosed with ADHD. A treatment plan was made with recommendations for medication, therapy and social practices. Joanne will need up to six private follow up appointments until she has stabilised on her medication before she can be discharged to the care of her GP.

Learning

This case highlights the challenges faced by people experiencing SMD trying to access NHS funded mental health and neurodiversity support. Despite having clear recommendations from a court-ordered psychological assessment, waiting times of two years are a barrier to her receiving the support she needs, both to improve her mental health and to demonstrate to the court that she was taking positive steps to regain custody of her children in the timescale required. If the Homeless Mental Health Team had not been able to plug the gap and offer her immediate support, she would have been left with very little support at all.

Once ADHD was identified as a likely, we removed the barrier of the two year wait by paying for a private assessment, and follow up care. However, the costs of private assessment mean this is not an option for most people experiencing SMD

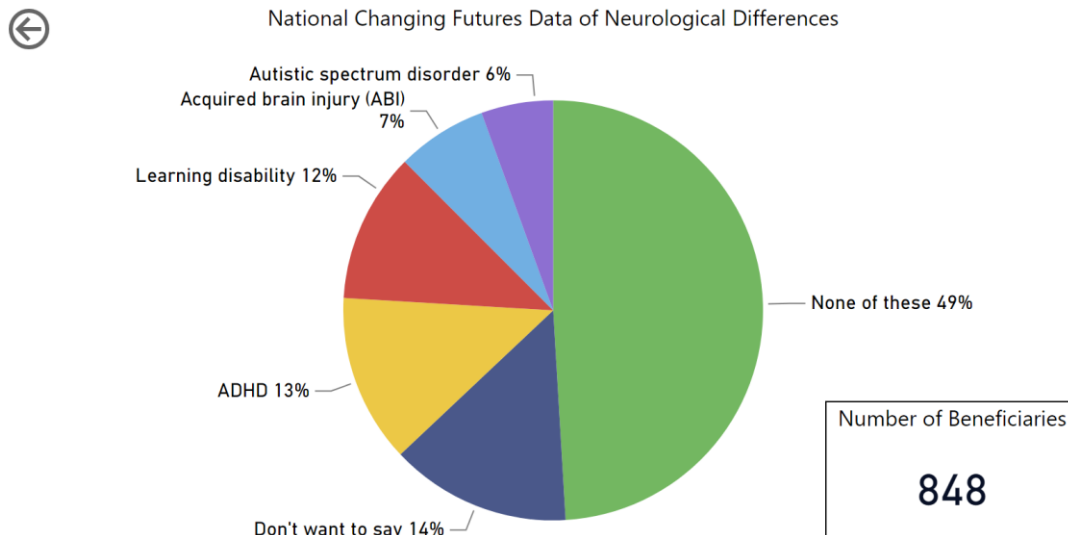


Figure 12: results from national evaluation of data provided by all Changing Futures areas, as of February 2023. Frontline staff were asked to record if each beneficiary was likely to be neurodivergent, without the requirement of a diagnosis.

The prevalence of neurodevelopmental impairments and conditions is around 3–4% of children in England, with the prevalence in adults expected to be somewhat lower (although estimates are hard to find, as adults often don't receive support once they have left educational settings). It is clear that the prevalence in the general population is far lower than the estimated prevalence in Changing Futures Nottingham's beneficiaries. Case study 2 also highlights the challenges in getting assessments for neurological differences and the barriers to support that people experiencing SMD face. Taken together, the evidence suggests that further investigation and consideration of the impact of neurological differences in the SMD population would be valuable.

RECOMMENDATIONS FOR FRONTLINE DELIVERY

1. Assertive outreach to reach those referred who cannot be contacted
2. A “get back on service” fast track for those who stop engaging but still require support
3. Meaningful research into the prevalence of SMD in different minoritised local communities
4. Outreach into underrepresented communities to build trust and raise awareness
5. Research into the prevalence of neurological differences, including acquired brain injury, neurodiversity such as ADHD and Autism and learning disabilities, and the impact neurological differences may have on accessing and engagement with services whilst experiencing SMD.
6. Consider funding an NHS neurodevelopmental psychiatrist for two days a month to complete assessments and write support plans that can be acted upon by NHS GPs, to remove the waiting list barrier.

THE IMPACT OF EMBEDDED PRACTITIONERS ON HOST ORGANISATIONS

The Changing Futures Nottingham SMD specialist embedded practitioners are key to driving system change and encouraging statutory services to work better with and for people experiencing SMD. To evaluate the impact the embedded practitioners have had on their respective host organisations, a survey was sent to all relevant staff members within these organisations. 58 people in total responded, 19 linked to probation, 15 linked to local mental health teams, 9 linked to housing aid, 8 linked to primary care and 7 linked to adult social care.

When asked the extent to which the embedded practitioner has had an impact on their knowledge of people experiencing SMD, the majority of respondents (61%) responded “a great deal” with a further 16% reporting that they already had a good level of knowledge of SMD. In contrast, only 4% reported that the embedded practitioner had no impact on their knowledge of SMD. See Figure 13 for a summary of these results.

This question was followed by a free response question: “please share your opinion of the impact the embedded practitioner has had on your organisation”.

To what extent do you believe the SMD Embedded Practitioner within your organisation has had an impact on your knowledge of people experiencing SMD, the services available for them, and best practice for working with this cohort?

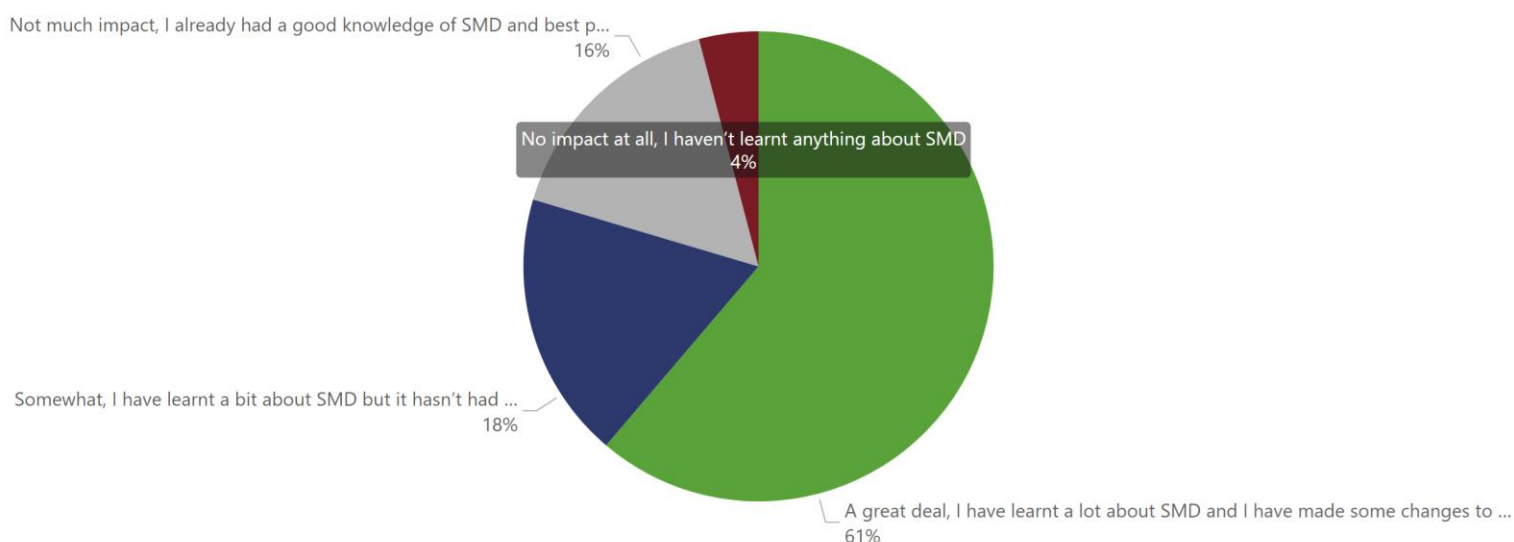


Figure 13: Partnership Survey Result One (58 respondents)

The responses to this question were largely positive. Key points identified are as follows:

1. Sharing knowledge
2. Supporting teams
3. Collaboration
4. Staff education / development
5. Organisational change
6. Improved outcomes
7. Better communication between services
8. Breaking down barriers
9. Networking

Embedded practitioners themselves were described as: valuable, helpful, passionate, knowledgeable, committed, professional, supportive, approachable, kind, and insightful. It is clear from these responses that the embedded practitioners are viewed as an asset to the organisation they are embedded in.

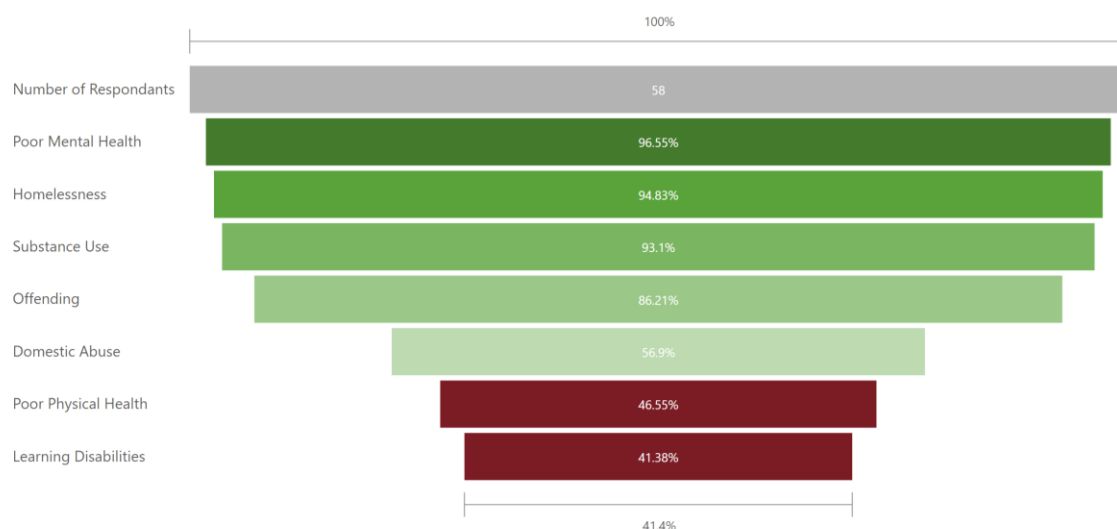


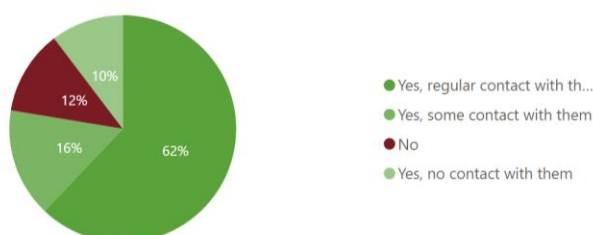
Figure 14: Partnership Survey Results Two: “What are the primary sources of disadvantage that make up the definition of SMD?” 22% of the 58 respondents correctly selected the top five in green without selecting the bottom two (in red)

The survey also asked questions to quantify the level of understanding of SMD in partner organisations. Figure 14 shows that over 93% of respondents correctly identified poor mental health, homelessness and substance use as primary sources of disadvantage that make up the definition of SMD and 86% selected offending, demonstrating that most respondents have a fairly good idea what

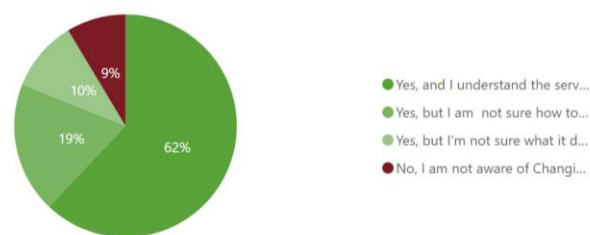
SMD is. However, only 57% selected domestic abuse, suggesting that more understanding in this area is needed (respondents from adult social care and local mental health teams were the least likely to select this option). This could be due to domestic abuse being a relatively “new” core area of disadvantage, so there is less awareness that it is included. It could be due to a gender bias when people think about SMD, skewing responses towards the more typically male presentation. A portion of respondents believed that poor physical health (46%) and learning disabilities (41%) were also part of the definition of SMD, perhaps due to these things being often present in this cohort.

Finally, respondents were asked if they were aware of various part of the Changing Futures Nottingham programme. The results are summarised in Figure 15.

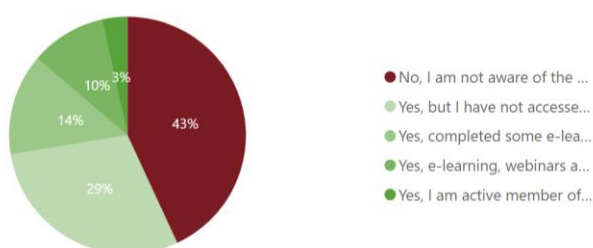
Are you aware of the Changing Futures embedded practitioner within your organisation?



Are you aware of the Changing Futures Nottingham Navigator support service for people experiencing SMD?



Are you aware of the Practice Development Unit (PDU)?



Are you aware of the Wrap Around MDT (multi-disciplinary team)?

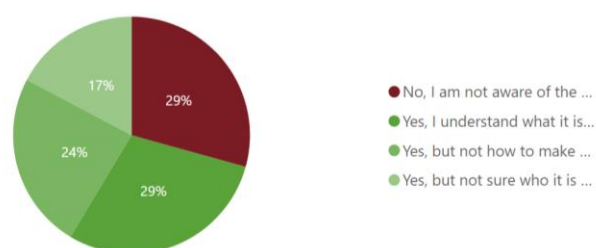


Figure 15: Partnership Survey Results Three: "Are you aware of...." Embedded Practitioners / Changing Futures Nottingham Navigators / Practice Development Unit / Wrap Around MDT?

91% of respondents said they had heard of the Changing Futures Nottingham navigator support service, with 62% indicating they understood the service, who it was for, and how to make a referral. 71% had heard of the wrap around MDT, but only 29% indicated they understood what it is and how to make a referral. Somewhat surprisingly, given efforts to upskill the workforce in partner

organisations, the practice development unit (PDU) was the least well known to survey respondents; only 28% had heard of it **and** accessed some of the content, with 43% indicating they hadn't heard of it at all.

IMPACT OF EMBEDDED PRACTITIONERS ON FRONTLINE DELIVERY

A second survey was conducted, this time sent to all navigators, team leaders, the wrap around MDT coordinator and all of the lived experience team. This survey consisted of two questions about each embedded practitioner; the first a 4-point Likert scale to indicate the impact the role has had on their work, and the second a free response box for the respondent to give context to their answer. A final question asked the frontline staff what other organisations they thought would have the most impact if a SMD specialist practitioner was embedded there. 13 people responded.

To what extent do you believe the Embedded Practitioners have had a positive impact on your work?

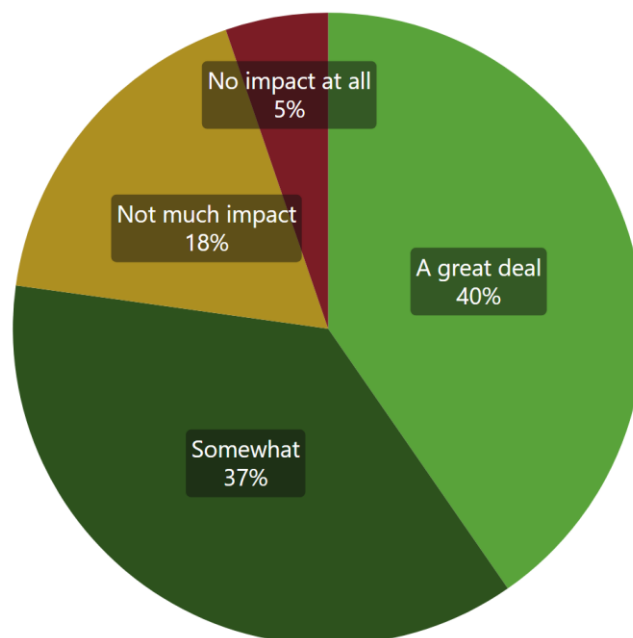


Figure 16: Frontline Survey Results (combined response across all embedded posts)

As Figure 16 shows, frontline staff at Changing Futures Nottingham largely report that the embedded practitioners have had a positive impact on the work

they do, with only 5% reporting no perceived positive impact at all from these roles.

Key points identified from the free response follow up questions are:

1. Improved communication and relationships between Changing Futures Nottingham frontline workers and services that have embedded practitioners
2. Better joint working
3. An increase in referrals to Changing Futures Nottingham from statutory services
4. Information and knowledge sharing that saves frontline staff time
5. More flexibility in statutory services' response to beneficiaries
6. People with lived experience of SMD are being consulted with and are engaged in service developments
7. Embedded practitioners provide practical support, such as assistance in making appointments
8. Embedded practitioners challenge the system for the benefit of people experiencing SMD and are proactive.

Frontline staff also highlighted some perceived challenges that the embedded practitioners experience, such as internal procedures that limit the impact they can have. They acknowledge that the embedded practitioners can become slow to respond when they are experiencing a lot of pressure from being part of a busy, often over-stretched service.

Figure 17 shows the areas which the frontline staff believe would benefit from an embedded practitioner. The top five responses in order of popularity were:

1. Department of Work and Pensions (DWP)
2. Prison
3. Neurodevelopmental Specialist Service (NeSS)
4. Drug and Alcohol Services
5. Police

These five areas have been identified as missing from the Changing Futures Nottingham model today and having an SMD specialist embedded in any of them would help to improve access to and / or experience of these services for people experiencing SMD.

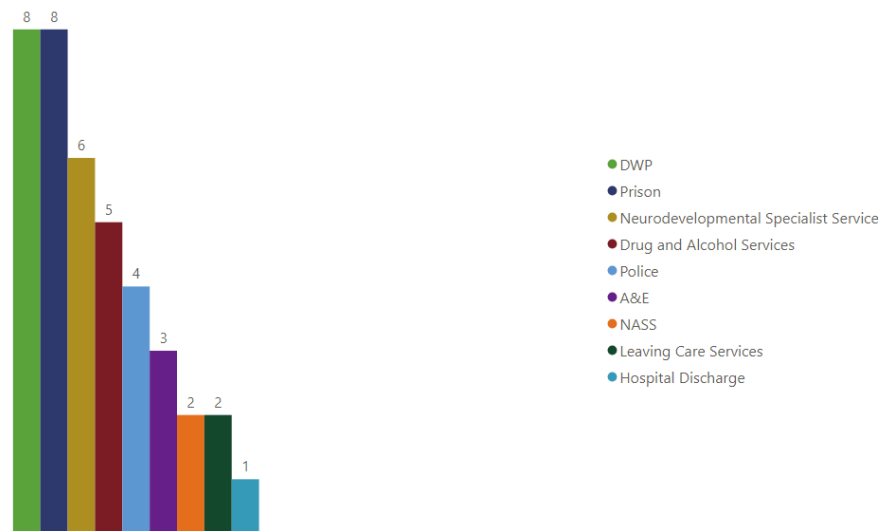


Figure 17: Services where frontline staff think a new embedded practitioner would have the most impact.

RECOMMENDATIONS FOR THE DEVELOPMENT OF SYSTEM CHANGE

1. Have a dedicated communications plan to build materials and focus on the following:
 - a. Increase awareness of the PDU and the resources available
 - b. Increase awareness that domestic abuse is a core area of disadvantage, particularly in women experiencing SMD
 - c. Increase awareness of the wrap around MDT
2. Embedded practitioners are **valuable** to host organisations and to people experiencing SMD. Expand the network of embedded practitioners to include more parts of the system, such as inside local prisons, the department of work and pensions (DWP), Nottingham Neurodevelopmental Specialist Services (NeSS), drug and alcohol services, the police, emergency department, or other voluntary sector organisations.
3. Conduct a workshop with people with lived experience of SMD to gather insights in to where they think an embedded practitioner would have the greatest impact on improving the system for people experiencing SMD.