

# CHANGING FUTURES PLYMOUTH

Executive Decision Briefing March 2025



## 1. BACKGROUND

The Changing Futures programme, a £91.8 million initiative by the Ministry of Housing, Communities and Local Government (MHCLG) and The National Lottery Community Fund (TNLCF), aims to support individuals facing multiple disadvantage, such as homelessness, substance use, mental health issues, domestic abuse, and criminal justice system contact. Operating in 15 areas across England, the programme seeks to address systemic issues including fragmented services, lack of coordination, improved co-production with people using and delivering provision and limited trauma-informed approaches. Plymouth received 2.4m funding in the first 3 years; an additional £690k for 2024/25; and an additional £772,195 (£555,473 from MHCLG and £216,722 from TNLCF) for 25/26. We know that this will be the final year of Changing Futures in its current format.

The programme's objectives are aligned with broader policy goals to improve social inclusion, equality, diversity, and outcomes for disadvantaged individuals. It seeks to influence cross-government action and address systemic barriers that prevent effective support. The Changing Futures Plymouth programme team have input into regional and national learning events with Making Every Adult Matter and a range of civil service colleagues where we share good practice from Plymouth. All of the funding is explicitly for system change innovation rather than core service delivery.

In Plymouth, the approach differs somewhat from the other areas. Instead of creating a new service, Plymouth invests in enhancing existing services and systems. Our locally agreed approach builds on the cultural ethos that Plymouth is better working as an alliance, promoting long-term systemic and structural changes to create the support and opportunities that matter to people. Our area has a relatively small 'core' local authority team that sits in Plymouth City Council's Community Connections team and invests most of its resource into our VCSE partners (Plymouth Alliance, delivery partners for the Violence Against Women and Girls (VAWG) commission priorities, Improving Lives Plymouth).

Plymouth also has a more significant focus on domestic abuse and work with women than is generally seen in other areas. This is in part because the city already had an advanced model of aligned system development with our homelessness and substance misuse provision through the Plymouth Alliance. Sharing learning around the Alliance model continues to be of national interest to policy makers. It also reflects the priority given to the VAWG commission report objectives at the time the programme became operational.

Programme governance sits with the Homelessness Recovery Programme Board. We also regularly report into the Local Care Partnership 'Building a Compassionate and Caring City' workstream and Anna Moss the programme lead is a guest member of the Alliance Leadership Team where she provides monthly updates.

## 2. KEY AREAS OF ACTIVITY

Below are some highlights from the 24/25 programme delivery areas. Previous funding years have also supported staff and projects with Trevi, The Zone and PATH. This is not an exhaustive list of projects we are supporting; more details are in our resource pack. They do represent those with higher profile with MEAM and National CF/Lottery colleagues.

### 2.1. Co-production

Changing Futures Peer Research Network (PRN) members are employed by Improving Lives Plymouth (ILP). The PRN has had staff embedded in a range of organisations, including BCHA, Gifted Women and PCC VAWG team. They are providing visible and valuable lived experience presence in services, whilst

influencing service improvements, promoting trauma informed workplace practices, and engaging with people using services in creative ways. Recent activity of the PRN has included supporting the development of resettlement pathways for prison leavers and forming a partnership with Devon and Cornwall Police around improving lived experience voice to specialised vulnerability areas such as VAWG, Young People, and Diversity. As part of this work, we have thus far created two of three planned short films to help communicate and embed this approach, seen [here](#).

### **2.1.1. Your Story**

This tool has been designed to enable people using services to take control of their information, share their story in a way that matters to them, and minimise the need for them to repeat their story multiple times to multiple agencies. The learnings and output from this project are supporting the new Supported Housing Hub (old A2A/Access 2 Accommodation) to influence assessment practice in the city. Your Story continues to gain interest as an approach to assessment practice. Feedback sessions have taken place with four individuals who have trialled the tool with services. Collaboration with partners in Livewell and the Devon NHS Foundation Trust are developing as they look to embed the approach as part of the Trusted Assessment work with Devon Mental Health Alliance and Devon Partnership Trust. Plans are being developed to pilot the approach in a number of spaces across the Integrated Care Board where we are working with Amber Canham, the Trauma Informed Project Lead. 78 attended the webinar Trauma-Sensitive Assessment Practices with the 'Your Story' Approach. Watch a webinar on this approach [here](#). The full briefing paper on Your Story project is available on request.

#### **- [Coproduction in Commissioning Toolkit](#)**

Alongside PCC commissioning colleagues and members of the PRN, we have developed a coproduction in commissioning toolkit. It was launched in a webinar on 7 February. Alongside this, we have developed a training package to embed the approach, with feedback from commissioners. All our PCC commissioners will be trained by June.

## **2.2. Trauma-informed:**

### **2.2.1. Supporting the co-ordination of the Trauma Informed Plymouth Network (TIPN)**

The Inclusion & Resilience branch of the Trauma Network has been welcoming organisations and individuals to share their experience of supporting marginalised groups for over a year. In November 2024, Gifted Women came and shared an excellent presentation about their anti-racism journey – an especially important message following the racist riots that took place in Plymouth in August 2024. Watch that presentation [here](#).

Changing Futures Plymouth supported the development of both the Antiracist Taskforce and Antiracism Allyship Network.

Various organisations represented on the Antiracist Taskforce were awarded funding from the Community Recovery Fund, which Plymouth was awarded by the national government after the racist riots in August. This includes £15000 for the sustainability of The Antiracism Allyship Network – as part of wider funding for a specialist worker who would also support appreciative enquiry on racism in the city. BtheChange has stepped into this role and is now maintaining The Allyship Network that has until now been facilitated by a member of the core Changing Futures team, and sat as part of the Inclusion & Resilience branch of the Trauma Network.

For more information see: [Home - Trauma Informed Plymouth Network](#)

### **2.2.2. The 3 Lens Model Project (co-developed with Plymouth Mental Health Collective)**

This project has involved embedding a specialist Mental Health Occupational Therapist into settings including probations women's pod, Health Inclusion Pathway Plymouth and Harbour. Last quarter, there were a total of 49 requests for input from the Mental Health Occupational Therapist, across homelessness services, probation, and Harbour. Feedback on this model includes: "The expertise that

Rachel has been able to provide outreach workers has been fundamental to changing how practitioners work with Rough sleepers.”

2.2.3. In January alone, 103 people accessed Trauma Network training or broader workforce development facilitated by the Network. Overall, around 3000 people have accessed trauma awareness and practice training as a result of Changing Futures funding. 65 people attended TIPN [Guest Speaker Session](#) led by Dr. Kathryn Mannix on 'Ordinary Dying'. Finally, 40 members of the TIPN attended the Annual General Meeting.

## **2.3. Personal and Workforce Development**

### **2.3.1. Reflective Practice Model**

This model is about improving support available for our delivery teams within our partner organisations, in line with their requests for a more trauma informed offer. Design and development of this Zebra training has taken place, and our workforce development lead identified seven teams that will pilot the model. 26 people working in the multiple disadvantage system attended Reflective Practice sessions in January alone, for example Plymouth Domestic Abuse Service (PDAS), Community Connections staff, and BCHA hostel staff. These sessions support staff with managing burnout and vicarious trauma in the workplace.

### **2.3.2. Learning Exchange**

This project has been established by Shekinah and Changing Futures Plymouth and sets out to enable inclusive adult education. It started with its first term in June 2022, and has developed into an ever-growing network of students, tutors, and supporters with over 31 courses delivered this year. In January, they had 150 participants. It has a focus on enabling people with lived experience of multiple disadvantage to engage in meaningful learning and have opportunity to connect with others.

### **2.3.3. Volunteering Pathways**

The Supported Volunteering Pilot is being developed to create volunteering pathways for people with lived experience. This will link with the Peer Mentoring programme run by Shekinah.

Support for Volunteer Coordinators is also available through the Volunteer Network, including offering Volunteer Induction Training. We also support the training of digital inclusion volunteers.

### **2.3.4. Learning and Development Opportunities for existing workforce**

Work on this area is about making sure people can develop their knowledge, skills and experience through an ‘academy’ type approach that supports investment in personal and workforce development that helps embed trauma informed and reflective practice.

With the support of the Trauma Network Coordinator and a Peer Researcher, partners and experts by experience across the city were brought together to begin to co-create a framework for systemwide workforce development for teams working with people who experience multiple disadvantage, with a relational, trauma-informed skills and practice focus.

## **2.4. Alliance-ethos**

### **2.4.1. Domestic Abuse System Support**

Changing Futures is facilitating a pilot to test and learn with key partners how we can make improvements in the Domestic Abuse System to work more effectively in creating better experiences for people in accessing the help and support that matters. This has started with looking at the referral process between Police and PDAS that currently leads to inadequate responses for survivors.

Changing Futures has provided funding for the development of AHIMSA’s ‘Inside Out’ programme for younger people who harm through domestic abuse and their families.

Changing Futures is supporting infrastructure development for MARAC and PDAS through case management systems.

#### 2.4.2. Ideas Space

A space open to anyone working with people experiencing multiple disadvantage to propose ideas or new ways of working that could optimise how we support people. Ideas can be supported by discussion, partnerships and a small amount of seed funding to test an idea if needed. All ideas are co-produced with people with lived experience. We recently established a relationship with Victim Support as a learning partner of Office of Police and Crime Commissioner (OPCC) to align our funding and an extra £4000 has come into the Ideas Space, prioritizing antisocial behavior and hate crime linked to multiple disadvantage.

#### 2.4.3. Team Around Me

Changing Futures have recently funded Team Around Me (TAM) training for practitioners working in services supporting people experiencing multiple disadvantage. This has taken place in January and February 2025 where 151 members of the workforce were trained in this model. TAM is a model for holding case conferences or multi-agency meetings for people experiencing multiple disadvantage, which truly puts the person at the centre of their own support.

#### 2.4.4. Digital Inclusion Network

This is constituted by bi-monthly meetings where people in Plymouth can attend and discuss ideas on how to tackle digital exclusion in their organisation or community. If an idea is collectively supported within the group, a flexible fund can be arranged. Projects that have previously been discussed, supported, and trialed in the group include:

- 2.5. Providing flexible funding to support multiple cohorts of women undertaking an employability programme, with mobile phones, laptops and data. In 2024 alone, they have supported 50 women with laptops and mobile phones.
- 2.6. Flexible fund to support with purchasing devices (including phones, laptops, doorbell cameras) for people sleeping rough.

Providing match funding to employ Digital Inclusion Worker for a Health and Housing Project with Plymouth Community Homes. Since recruitment in October 2024 until December 2024, the Digital Inclusion Worker has supported in excess of 70 individuals with Digital Inclusion through a mix of individual and group sessions.

Provision of funding for The Greenhouse CIC to facilitate digital skills sessions for refugees and asylum seekers, in collaboration with Devon and Cornwall Refugee Support. In 6 months, they have facilitated 24 sessions, which benefited 50 refugees and asylum seekers and provided 10 refurbished laptops. This pilot enabled them to secure external funding to continue delivery for an additional 12 months.

### 3. PROJECT BENEFICIARIES Year 24/25

Plymouth has a different model of collecting beneficiary information than the other Changing Futures areas. We have more beneficiaries and more emphasis on wider system change approaches.

- 3.1. The Peer Research Network (11 members since inception) are direct project beneficiaries who are people who have experienced multiple disadvantage and gone on to become paid core team members. All but one researcher have been retained for over 18 months and the one who left went into full-time employment. This has been evaluated by Health Determinants Research Collaboration (HDRC) colleagues and shared as a good practice model with regional DWP colleagues this month. Each peer researcher then has a cohort of secondary beneficiaries in their community work placement (e.g. 15 people attend the Hamoaze music group to support their recovery journey). The peer researcher at Gifted Women has supported developing a relationship around digital inclusion that has supported over 50 women experiencing multiple disadvantage in the last year.

- 3.2. A snapshot with some examples of direct beneficiary activity in quarter 3 (Oct-Dec 2024) includes: 5 people being supported in a volunteer pilot, 19 members of multiple disadvantage workforce attending reflective practice sessions, 133 people supported through digital inclusion initiatives, 49 requests for input from our Mental Health Practice Lead across housing, probation, and substance user services. An average of 128 students each month engaged with the Learning Exchange programme at Shekinah in Q3, 271 attended trauma informed practice training in October and November.
- 3.3. 883 people who experience multiple disadvantage have received direct support from CF Plymouth activity in Q1, Q2, and Q3. The numbers of secondary beneficiaries who are supported by better trained and supported staff would also be in addition to this.

#### **4. SUSTAINABILITY PLANNING AND RISKS**

The Changing Futures team have developed a range of sustainability 'road maps' which we have shared with National Lottery Community Fund and MHCLG colleagues. We have delivered a series of 'Road Map' events to a total of 27 people from across 18 teams over the autumn to support the development of collaborative approaches with our VCSE partners to support them with applications to alternative funding sources including different National Lottery streams. The particular areas of interest expressed by partners are to continue to develop the Peer Research Network model and to develop a more integrated pathway for people with lived experience of multiple disadvantage to access opportunities including volunteering and paid employment.

- 4.1. The CF team have been looking at aligning budgets with the HDRC team and our Public Health colleagues. Improving Lives Plymouth are working with a number of large employers in the area to look at opportunities for developing the model including University Hospitals Plymouth, Livewell, Babcock and Devon & Cornwall Police. They are also looking at a National Lottery bid.
- 4.2. HR leads at key employers including PCC and Livewell have met with the team to look at implementation of the toolkit developed for trauma-informed recruitment and selection. There is now a community of practice to support this work, which includes representatives of Babcock, Department of Work and Pensions (DWP), Harbour and Livewell.
- 4.3. Some elements of the individual peer researchers' placement work have been mainstreamed by Plymouth Alliance partners including a permanent role within BCHA and the development of a peer mentor programme with Public Health. PCC will have embedded significant elements of the programme through the commissioning toolkit, the adoption of the Team Around Me (TAM) model/Your Story in the Supported Housing Priority Hub, staff supported to develop Psychologically Informed Environments/trauma informed practice.
- 4.4. A paper has been submitted to the Plymouth Alliance Leadership Team to secure agreement on how activity around WFD will be progressed from March 25. An ALT sub-group will take forward work on a Relational Practice Academy, building a curriculum using intel and coproduced models that have been brought together by the Changing Futures team and partners. Remaining Changing Futures funding 24/25 will support 'add value' activities for workforce development, including an online portal to support a relational practice academy. A workforce development coordinator has been recruited for the Alliance, situated at Shekinah, and will pick up the operational elements of this work from 25/26.
- 4.5. The Changing Futures team have quarterly reporting sessions with both funders to look at performance and risk, against our key deliverables. The confirmation of some continuation funding for Plymouth Changing Futures from MHCLG and TNLCF has been very welcome. As a programme with a significant portion of spend being on staff costs, we do need to understand from our partners (particularly smaller VCSE) the impact on them of the increase in employer NI contributions and how this may impact delivery plans for 25/26. Uncertainty around some areas of strategic policy direction and short-term funding remain a barrier to system change. A lack of coherent and consistent funding for community based domestic abuse provision,

including funding for how we work with people who cause harm through domestic abuse, continues to be a significant strategic challenge. Feedback from our evaluation session with Cordis Bright with partners highlighted the ongoing strains on the MD workforce, particularly those in VCSE partner organisations, where levels of pay have been static over a number of years whilst minimum wage increases have narrowed the gap with alternative employment that may have less funding instability/ fixed term contracts and less exposure to trauma from increasingly complex case work.

- 4.6. One identified area of risk was disengagement of operational leadership in partner organisations from system change work. Consequently, CF will be doing focused work on a partnership forum for operational managers working in multiple disadvantage settings.
- 4.7. The core team will be smaller going forward which has been identified as a risk as the demand for CF programme support continues to grow. Mitigation includes working more closely with strategic budget holders across the system to better align resource (OPCC, Public Health) to maximise impact and sustainability. Work with partners has identified volunteering as a key area where the Plymouth CF team could provide more focused system change support and we will be working with delivery partners to develop a more coherent 25/26 offer. The core team are looking at developing a range of webinars and online resources on key programme activity such as journey mapping to improve access for partners who may have staff working outside 9-5 roles to ensure capacity for change is not restricted to those who already engage well with the CF programme.
- 4.8. High levels of staff sickness and turnover in some services remain a barrier to capacity for change, particularly in the light of escalating complexity of need against reduced staffing budgets. Pressures on staffing are also making secondment arrangements more difficult (this may impact on the future of the 3LM). Mitigation is taking place through sharing the impact of learning to date with strategic health and complex needs leadership teams to look to a long-term sustainability model and embedding high quality support for staff through reflective practice sessions and workforce development offers.
- 4.9. As the programme is in its final year we should anticipate some staff on fixed term contracts may exit early and capacity for delivery may be reduced in Q3 and Q4. This will be mitigated through our sustainability road maps and understanding how key work may be developed once the longer-term spending reviews are announced.

## **5. CHANGING FUTURES PLANS FOR 25/26**

The criteria for the additional year's funding was negotiated with MHCLG and TNLCF over August and September 2024. We were given a clear direction that this funding is to embed current areas of best practice in the programme that are of national interest, particularly informing social policy relevant to the new administration. Bids were submitted to MHCLG and TNLCF for Plymouth's continuation, both of which have been successful. Confirmation of the Lottery's element was released from embargo at the beginning of February, and we are preparing a communications strategy around this.

The core team have developed a system change tool called 'Journey Mapping' which enables a costed chronology of people's experience in the multiple disadvantage system to be produced. This has been shared as a good practice model with MHCLG, MoJ and TNLCF colleagues. Journey maps will be the primary method to capture beneficiary outcomes in the final year of the program.

Changing Futures provides learning support to the domestic abuse system by funding lived experience voice, match funding our behaviour change support to domestic abuse perpetrators (AHIMSA) and supporting both the MARAC and Domestic Homicide Review processes with core team project support. The programme is also embedded in the DA Safe Accommodation supporting victim/survivor voice and governance.

Changing Futures core team supports the Strategic Homelessness Programme plan through supporting the development of the 'Team around Me' approach as the new multidisciplinary team approach (over 150 staff trained to date across Alliance, DA system and health teams). They have also developed the nationally recognized 'Your Story' tool to enable more trauma informed approaches to assessment.

Changing Futures will continue support the Trauma Informed Plymouth Network. To date membership stands at 960 professionals and people with lived experience across the city. Workforce development opportunities have included trauma network training, vicarious trauma support for front facing teams and monthly guest speaker sessions.

Changing Futures facilitates the Digital Inclusion Forum and has provided funds to support over 50 women experiencing multiple disadvantage to access laptops and mobiles at Gifted Women, funded adult safeguarding colleagues with digital personal safety equipment and trains the digital volunteers.

As an example of programme impact the Healthwatch Plymouth Report (Jan 2025) 'Out stories, our voices; The Power of Lived Experience ' explicitly references CF in the recommendations:

- All GP practices within Plymouth make use of trauma training through the Trauma Informed Plymouth Network.
- Livewell's FUSE programme be widely adopted by all Health and Adult Social Care providers for individuals with multiple disadvantages so
- that their complex stories are more easily understood.
- Changing Futures 'Your Story' project is adopted by all Health and Adult Social Care services to support service users with a complex story to tell.
- Patients with a history or risk of addiction should be identified before prescribing addictive medication, with alternative treatments considered whenever possible.

**6. Budget**

	Activity	Partners	25/26 proposed spend
System	System Development Core Team (PCC) (programme lead, partnerships lead, 2 x project officer, 1 x programme assistant		
		PCC	£ 274,635.00
Coproductio	ILP Peer Research network / Trauma Informed Plymouth Network Coordination	ILP	£ 230,000.00
Alliance ethos	Domestic Abuse - Behaviour Change	Ahimsa/DA delivery partners	£ 50,000.00
	Digital Inclusion	PCC	£ 10,000.00
	System Innovation Funding	PCC	£ 50,000.00
	Learning exchange - Shekinah	Alliance/alliance subcontractors	£ 72,500.00
	Our Plymouth post - 0.6 fte volunteer coordinator	PCC	£ 29,596.00
	Three Lens model/TAM/Your Story	Alliance/alliance subcontractors	£ 56,000.00
	<b>Total:</b>		£ <b>772,731.00</b>
		2025/2026 budget	£ <b>772,195.00</b>
		Pressure to be offset by Community Connections	£536