Annex A: Theory of Change Templates

	System level
Context/problem	• System is fragmented, working to different goals and outcomes, duplicating effort and resources, and is unable to respond proactively to multiple disadvantage • Lack of coordination makes interacting with the system difficult or impossible for individuals with multiple disadvantage who are already experiencing exclusion and trauma • Geographical inequality of access
Inputs	• Funds for staff hired into Changing Futures core team • Time from senior stakeholders to participate in system-level governance forums • Funds for research on service gaps, access trends • Resources and funds for lived experience training and reimbursement • Funds to cover expenses associated with hosting forums, workshops • Funds for co-production consultant • Funds to purchase necessary software and/or IT consultant to support data infrastructure
Activities	• Core team establishes governance structure with cross-system buy-in • Communications and outreach campaign to engage previously excluded groups and ensure frontline is aware of the Changing Futures programme • Cross-system working group refines and agrees shared definition of multiple disadvantage and shared policies/procedures for identification and referral, including a review and audit of current threshold criteria. • Cross-system working group identifies key services serving multiple needs for those with multiple disadvantage and establishes business case for joint commissioning • Single data sharing agreement to be adopted by all relevant agencies, including VCSE partners, that equips seamless consent-based person-level information sharing for purposes of casework • Joint co-production group of frontline workers and experts-by-experience convened to identify what is working well and where the existing system is failing, on an ongoing basis (to eventually include network of trusted people) • Experts-by-experience involved in co-production receive training and support to contribute to co-production forums • Analysis conducted on cohort needs and current service gaps, including service mapping in rural areas and qualitative research with groups at high risk of digital, geographic, social or other exclusion • Equality of service for rural areas strategy developed
Outputs	• Cross-system governance model in place

	• Frontline workers in all key services are aware of the Changing Futures programme, including those working with excluded groups • Shared definition, identification, and referral path process adopted by all key service providers • Joint commissioning occurs wherever there is a strong business case • Data sharing agreement in place between all relevant agencies and VCSE partners, where this is no legal barrier to facilitate consent-based person-level information sharing for purposes of casework • Joint co-production group produces report and user journey map which identifies key pain points for service users, and plan to address key obstacles • Increased number of experts-by-experience feel supported and equipped to contribute to co-production forums • Successful business cases secure increased resources for key services, including in currently underserved areas • System-wide plan drafted to address service gaps and patterns of exclusion
Short-term outcomes	• Common definition and identification referral process ensures more people experiencing multiple disadvantage are identified as early as possible • System leadership effectively monitors system performance and quickly implements solutions • Co-production partners feel their voices are heard in system design and monitoring • Existing services work creatively and in partnership with each other to rapidly address needs of individuals experiencing multiple disadvantage
Longer-term outcomes	• There are fewer service gaps and long waiting lists that see people experiencing multiple disadvantage either excluded or failing to see progress addressing their needs • Fewer people excluded from system because of digital access, literacy levels or geographic location • Reduced reliance on crisis services
Impacts	1. System united behind **common set of goals** and ambitions 2. System recognises the **community, faith and voluntary sector have a role to play** in supporting individuals experiencing multiple disadvantage 3. System has **strong leadership, with lived experience at its heart** and ensures actors across the system are collectively accountable for driving change 4. System has a **continuous learning approach** to improvement, supported by shared data infrastructure 5. **No one with multiple disadvantage is overlooked**
Key assumptions	• Key service providers willing to allocate resources and staff time toward system-transformation activities • Governance structure can build cross-system, area-wide buy-in
External factors	• Senior-level and political buy-in to the Changing Futures programme • Existing legal and IT frameworks and parameters

Unintended consequences	• Personal data may be made less secure by adopting data sharing agreement • System-level diversion of resources toward those with multiple disadvantage at the expense of those with fewer disadvantages, but still a high level of need

	Service level
Context/ problem	• Services are disjointed and inflexible in their approach to supporting individuals with multiple disadvantage • High frontline staff turnover
Inputs	• Funds to commission appropriate trauma training • Time from staff at all levels to attend trauma training • Time from 'trusted person' allocated to supporting individual experiencing multiple disadvantage
Activities	• Services facilitate multi-agency frontline teams, coordinated by 'trusted person' which transcend service boundaries to bring together service professionals around the individual experiencing multiple disadvantage • Services contribute senior staff time to operational partnerships that facilitate real-time, creative problem solving around individuals experiencing multiple disadvantage as/when obstacles emerge that cannot be addressed by frontline staff • Frontline and senior staff participate in trauma training, and training programmes based on learnings from person-centred MEAM approach • Key frontline staff across the system receive support from their associated service as/when they are asked to operate as a trusted person • Services review and update their resources, policies and procedures based on output of the system-level joint co-production group reports on key pain points, including redesigning services to cater to needs of women and excluded groups
Outputs	• Operational partnerships solve real-time obstacles facing multiply disadvantaged clients • Holistic support plans developed for each client • All frontline and senior staff receive trauma-training • Frontline staff receive 'trusted person' training as needed
Short-term outcomes	• Services develop more user-friendly resources and procedures • *[also as a result of system-level activities]* No one experiencing multiple disadvantage is required to tell their story more than once • *[also as a result of system-level activities]* No one experiencing multiple disadvantage is turned away because they don't meet a service threshold • *[also as a result of system-level activities]* No one experiencing multiple disadvantage is missed due to lack of data sharing with other services, incomplete assessment, or inconsistent definitions

Longer-term outcomes	• Staff feel empowered and have resources to build creative solutions in partnership with their MD clients, including working collaboratively with other relevant services • Attract and retain knowledgeable, empathetic and culturally competent staff • Services able to design and deliver trauma-informed multi-purpose, in-house solutions to address needs of multiply-disadvantaged clients
Impacts	1. Seamless and efficient cooperation and communication between services, ensuring there is **'no wrong door' to getting the right help** 2. Trauma-informed services **quickly respond and adapt to needs of individuals experiencing multiple disadvantage**, including women and excluded groups, rather than expecting individuals experiencing multiple disadvantage to adapt to them 3. Identify **risk of multiple disadvantage as early as possible** to rapidly address and stabilise clients' existing challenges, and prevent further disadvantage
Key assumptions	• That services will be willing to allocate frontline and senior staff time to training and continue to contribute time to operational partnerships (building on existing MEAM partnership contributions) • That demand for 'trusted people' will be shared between relatively large group of frontline workers, rather concentrated on a small group
External factors	• Funding environment and pressures for key service providers • Longer-term impacts of COVID or another lockdown on service provider capacity
Unintended consequences	• Service-level diversion of resources toward those with multiple disadvantage at the expense of those with fewer disadvantages, but still a high level of need

	Individual level
Context/ problem	• Individuals experiencing multiple disadvantage don't know how to access services they need, and experience fear, confusion and frustration trying to navigate an impersonal system not designed to meet their needs • Some groups (e.g. Gypsy, Travellers and Roma Community, those involved in sex work) are less likely to engage with services that aren't designed with their needs and cultural context in mind. Similarly, many services (e.g. homelessness shelters) are often designed with men's needs in mind rather than women's, making it harder for women to get the help they need.
Inputs	• Changing Futures to reimburse providers where significant staff time allocated to 'trusted person' work • Changing Futures to fund 'personalised budget' to fund discretionary trusted person activities
Activities	• Individual experiencing multiple disadvantage nominates a trusted person to coordinate their support and this person is made known to relevant service providers

	- *[as a result of system and service level changes]* Individual experiencing multiple disadvantage meaningfully engages with their trusted person and through them, a network of relevant services - *[as a result of system and service level changes]* Individual experiencing multiple disadvantage are able to identify where to go for help
Outputs	- Trusted person and individual meet as frequently as needed in context that suits the individual - Individual is connected to relevant services as needed - Individual's key challenges and pain points channelled into system learning infrastructure via trusted person
Short-term outcomes	- Individuals experiencing multiple disadvantage have their specified trusted person recognised formally - Individuals experiencing multiple disadvantage are able to address self-identified priority issues, including small, short-term steps - Individuals experiencing multiple disadvantage feel their voice is heard and valued - Individuals experiencing multiple disadvantage feel more in control of the way they engage with services
Longer-term outcomes	- Where relevant, individuals experiencing multiple disadvantage are settled in stable and supported housing, without repeated cycles of homelessness - Individuals experiencing multiple disadvantage experience improved health and quality of life - Individuals experiencing multiple disadvantage experience fewer interactions with the criminal justice system - Individuals experiencing multiple disadvantage see reduced levels of disadvantage
Impacts	Individuals experiencing multiple disadvantage: 1. **Know who to turn to** to access support and how to navigate the system 2. Feel **respected, heard and supported to work on the basis of personal strengths** throughout their interactions with the system 3. **Empowered to address issues on their own terms**, at their own pace, and based on personal circumstances 4. See **sustained positive change in their lives**
Key assumptions	- Individuals experiencing multiple disadvantage will be able to identify an existing trusted person from their personal or service network
External factors	- Availability / 'supply' of effective 'trusted people', either from individual's personal network, or from pool of frontline workers trained to operate in the 'trusted person' model
Unintended consequences	- Trusted person responsibility and role could exceed their capacity and resources