



BEING THERE

Supporting people accessing Future Pathways
to have their needs met

Contents

Introduction.....	3
Key Terms.....	4
Executive Summary.....	6
About Future Pathways.....	8
Project background.....	10
Project aims.....	13
Sources and Methods.....	14
Discussion of Data Analysis.....	16
The prevalence of multiple unmet needs.....	18
Summary findings.....	19
Health conditions and disabilities.....	20
Challenging life experiences.....	22
Where people live.....	24
Safety and wellbeing.....	26
Barriers to support.....	29
Summary findings.....	30
Communication.....	31
Outcome focused support.....	33
Trust and flexibility of support.....	34
Navigating boundaries between services.....	35
Consent to share information.....	36
Waiting for support.....	38
Supporting people to have their needs met.....	39
Summary findings.....	40
A relational approach to support.....	41
Consistent access to Future Pathways support.....	43
Facilitating access to other services.....	45
Conclusion.....	46
Our next steps.....	49
Bibliography.....	51
Further reading.....	54
Appendix.....	56



Introduction



Key terms

Adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity. (Young Minds, 2011)

'Consent to share' information

'Consent to share' information is explicit and informed consent from people accessing our support about the information about them that we can share with other people and services involved in their support. If this consent is present, this also includes information about how we can share their information. Consent to share information is gathered, recorded and reviewed regularly in compliance with the Data Protection Act 2018.

Delivery Partners

The Delivery Partners are professionals or services from whom we commission support on behalf of someone accessing Future Pathways.

Discretionary Fund

The Discretionary Fund is a fund that can be accessed by people registered with Future Pathways. It can be used to purchase material or digital products, such as furniture, or non-contracted professional services, such as driving tuition, to support people to progress their outcomes. In some instances, it can also be used to address immediate needs.

Existing services

Existing services are partner organisations with whom we collaborate, such as third sector and statutory services. We do not commission support from existing services because they provide support which is free at the point of access.

People with lived experience

People with lived experience (in the context of this report) are people who have experienced abuse or neglect while in care in Scotland. We sometimes use the word "survivor" in this report to denote a person with lived experience. We understand that not everyone who has experience of abuse and/or neglect would use this term to describe themselves, and so, where possible, we have not used this term in this report. When we work directly with an individual, we will always use the words they find preferable.

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Key terms (continued)

Personal outcome

A personal outcome (or 'outcome') is what matters most to the person and what they want to focus on. Everyone's outcomes are unique to them. For example, someone's outcome may be to experience more independence in their life.

Person-centred support

Person-centred support is support that is guided by the person's preferences, needs, values and outcomes. Person-centred support is coordinated, personalised, strength-based, and affords people dignity, compassion and respect. (The Health Foundation)

Relational approach

A relational approach is supporting people in a way that focuses on the interactions we have with people, rather than seeing support in a transactional way. A relational approach involves acknowledging that relationships are complex; that they fluctuate; and they are influenced by many factors.

Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is a tool which identifies geographical areas which experience high levels of multiple deprivation in Scotland, including areas where incomes may be lower, and where people may have less access to resources and opportunities, for example health or education services. This may not be accurate for all households in the areas identified, as people have different circumstances and experiences of where they live. However, this tool is a relative measure to identify areas where people are more likely to experience limited access to services.

Unmet basic needs

Unmet basic needs are needs related to physiological wellbeing (such as adequate food and shelter) and safety (such as healthcare) which are not being addressed.

Executive summary

Since Future Pathways launched, we have been aware that many people accessing our support experience multiple unmet basic needs and that this can significantly affect their life experiences and personal outcomes.

At the same time, many people we support face difficulties when seeking support from services that are intended to address their needs and outcomes. We recognise that many people also face barriers when seeking support at Future Pathways. These barriers can reduce people's sense of autonomy, choice and self-efficacy, resulting in feelings of powerlessness, insignificance and worthlessness. For many people, these emotions are closely associated with their previous experiences of abuse or neglect.

The impacts of these barriers for people we support, such as feelings of powerlessness, can themselves become barriers to accessing support. In this way, many people we support find themselves unable to access the right support to meet their needs. Therefore, much of our support focuses on helping people to access the existing services which are relevant to their unmet needs.

Through this evaluation, we wanted to find out more about the prevalence of multiple unmet basic needs among people we support. We took a closer look at the barriers people face when accessing services, including our own, and what helps people to access support to address their needs. We also identified some potential next steps we can take to make Future Pathways more accessible to people seeking our support. Here is a summary of what we learned.

At least a substantial minority of people we support experience multiple unmet needs.

Many people we support have disabilities which affect them in their daily life, live in areas where services may be less accessible, and experience risks across different areas of their lives. Existing research also shows that the inequalities that people with lived experience face inter-relate and they can compound over time.

People with multiple unmet needs can face barriers when seeking to access our support.

Support Coordinators shared that people experiencing multiple unmet needs can engage more sporadically with our support over a longer period of time. This, along with other factors, means it can be difficult for Support Coordinators to facilitate outcome focused support. It can also mean it is difficult to obtain and manage consent to share information, which can restrict the support we can put in place. Finally, our waitlist for support significantly impacts people's ability to access the support they need. This may be particularly impactful for people with multiple unmet needs.(1)

1 Since this report, Future Pathways has brought in measures to help address the calls from people on the waiting list who are in distressing circumstances or who are distressed by the wait for support coordination. You can find more information about these measures here: [Support while you wait - Future Pathways - Scotland's In Care Support Fund](#)

Executive summary (continued)

People we support with multiple unmet needs also face barriers when accessing other services.

Many people we support find it difficult to communicate and engage effectively with services which struggle to flex to people's individual needs and circumstances. Furthermore, uncertainty about the remits of different services can contribute to the boundaries between services becoming blurred, and to people withdrawing from support due to a sense of overwhelm. These challenges may exacerbate the mistrust that some people we support feel towards services. This may further entrench a cycle of people seeking support and being unable to access support.

A relational approach to supporting people can help them access the support that is needed.

By building trust with Future Pathways, people can begin to feel more hopeful about their future and to engage meaningfully with other services. Through this process, people can improve their relationships with those services and thereby have their needs met.

This evaluation prompts reflection about how relationships between existing services and Future Pathways could be further developed. And it confirmed the importance of taking a trauma informed approach to outcome focused support when we are working with people with multiple unmet needs.

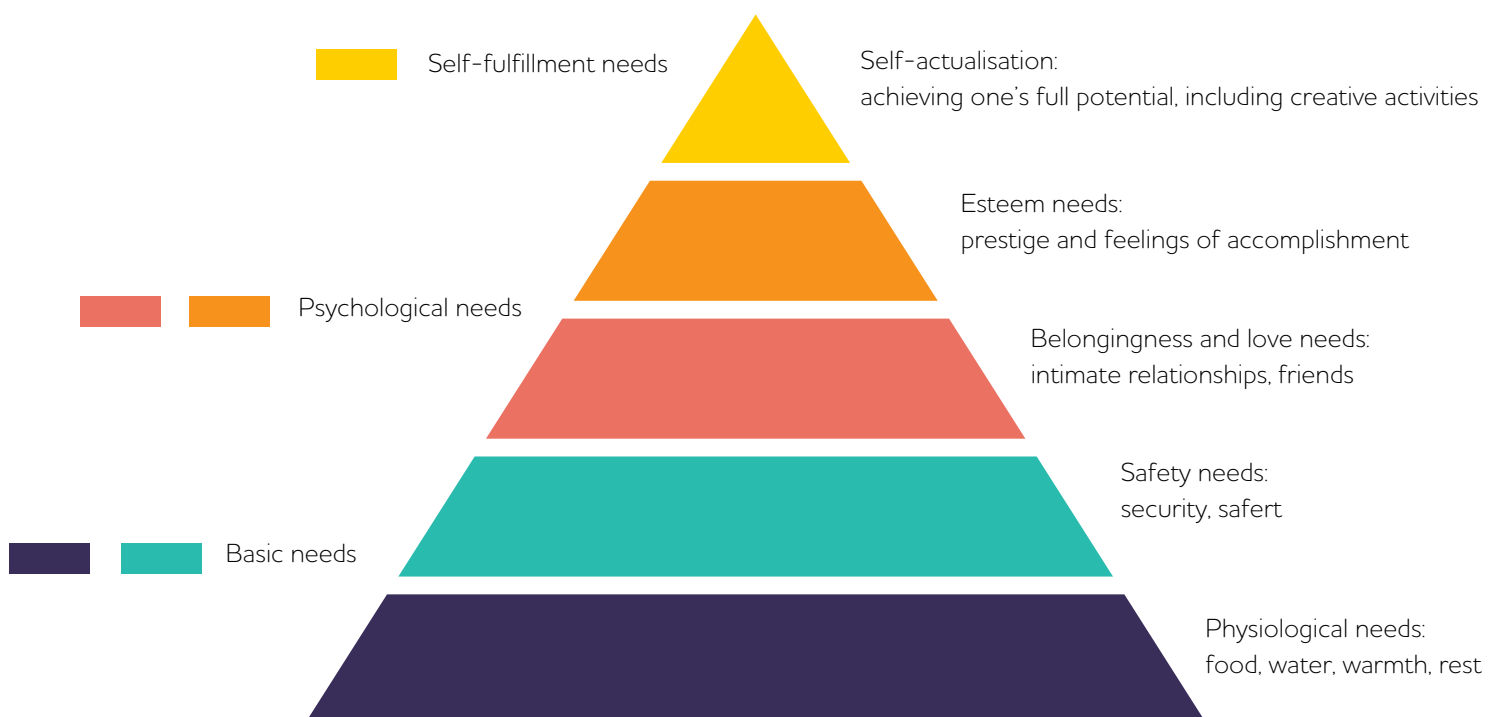
About Future Pathways

Future Pathways provides support to people who experienced abuse or neglect when they were a child in the Scottish care system. The service is delivered by the In Care Survivors Alliance, which consists of four partners: Glasgow Psychological Trauma Service, Health in Mind, Penumbra Mental Health and Scottish Government. Future Pathways is fully funded by the Scottish Government. Since launching in 2016, over 2500 people have registered with Future Pathways.

People access Future Pathways' support by working with a dedicated Support Coordinator. Support Coordinators develop relationships with people and have conversations about their personal outcomes - the areas of their life that matter the most to them and the changes they would like to make.

People's outcomes can be influenced by their needs and circumstances. At Future Pathways, we reflect upon Maslow's Hierarchy of Needs as a core indicator and framework for unmet needs. Maslow's hierarchy of needs is a widely accepted theory which asserts that physiological needs (such as shelter), and safety and security needs (such as health), must be met before other kinds of needs (such as a sense of belonging) can be fulfilled.

Figure 1: Maslow's hierarchy of needs



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About Future Pathways (continued)

According to this theory, when several basic needs are not met, this can affect a person's behaviours and outcomes. For example, if a person is not able to access food and safe shelter, their behaviours and outcomes are more likely to focus on meeting their immediate needs, rather than considering the longer-term changes they want to make in their life. If support must be focused, by necessity, on responding to basic needs, which are related to essential aspects of their life which are missing, then it is not always possible or appropriate to focus on growth-related outcomes. At Future Pathways, we bear this in mind when putting support in place.

Future Pathways' support is outcomes focused. With their Support Coordinator, each person develops a tailored support plan which outlines how the person will be supported to progress their outcomes. Everyone's outcomes are different and so support is tailored to each person. Support can include:

- purchasing a service(s) from our extensive network of Delivery Partners
- accessing the Discretionary Fund to purchase items and/or some short-term services
- signposting, referring, and supporting people to engage with existing services

Support

You can read more about the different types of support people access at Future Pathways on our website [here](#).

Experiences

Read first-hand accounts from people we support in Experiences [here](#).

Project background

Since Future Pathways launched, we have been aware that many people accessing our support experience multiple unmet basic needs. From looking at support plans, review conversations and the feedback we receive, we see that it can be difficult for people to access support from existing services and from Future Pathways to have their needs met.

Why accessing support may be difficult

Several factors may contribute to the difficulties people experience when seeking support.

People may not know they have a right to access support.

We receive some consistent feedback from people we support that we could do more to raise awareness of Future Pathways.⁽²⁾ We also notice that more people hear about Future Pathways from someone they know than anywhere else. This means that people who do not know someone who has engaged with the service may be less aware of the support they could access. It is also possible that people are not aware of other services that they could benefit from accessing.

People may need support to engage with existing services.

Supporting people to access services, such as making referrals, supporting people while they wait for support, and helping people to communicate with services is a significant aspect of the support Future Pathways provides.⁽³⁾ And occasionally people registered with us need support from elsewhere to engage with us. For some people this involves having a trusted person with them while they develop a relationship with their Support Coordinator. In other instances, people have engaged with advocacy services to navigate our complaints process.

People can find it difficult to trust services because of their previous experiences.

In our two most recent impact reports, Stepping Stones and Pathways to Change, we found that taking the time to develop a trusting relationship with a service is very important to people we support. We saw some examples of people declining support from statutory services in part because it was difficult for them to trust institutions which were, for them, associated with previous experiences of abuse and/or being let down.

² In 2021, we undertook Making Pathways Together – an independent consultation with people we support about how Future Pathways could improve – in collaboration with Journey Associates. One of the themes in the feedback received was improving our promotion of the service.

³ A focus group of 5 members of the support coordination team estimated that around 75% of the people they support have accessed support to engage with existing services. While we do not have a means of accurately quantifying the proportion of our work which focuses on this, we know this to be significant especially in some caseloads.

Project background (continued)

People may not be able to engage with a service's model or meet the criteria of the service.

All services have limits to their scope and resources which necessarily influence the model of the service and the criteria for accessing the service. For example:

- Some services provide support focused on discrete needs and which excludes other needs or factors.
- Some services limit the number of attempts they make to contact a person.
- When a person is experiencing acute needs in multiple areas of their life, some services require that some of the person's support needs are met before they provide further support.
- Some services, including Future Pathways, do not duplicate support that can be accessed at other services.(4)
- Many services, including Future Pathways, have extensive waitlists for support.(5)

These limitations could impact people's ability to access the support they need.

Impact

Our impact reports help us to show the difference we make and where there is scope for improvement. You can see key findings and accompanying reports here.

4 Future Pathways does not purchase support that is provided by existing statutory services. This includes but is not limited to mental health supports, rehabilitation, dental supports and social work supports. There are some rare discretionary exceptions to the guiding principle that we do not purchase or duplicate support already offered by statutory services.

5 In January 2024, 353 people were waiting to access support at Future Pathways.

Project background (continued)

The impact of not accessing support

Facing barriers can result in people being unable to effectively build and sustain relationships with services that could help address their needs. This can lead to people feeling deterred from accessing a service. It can also mean that people disengage with services without other supports in place. This is sometimes referred to as people “pinballing between services” or “falling between the cracks”, phrases which evoke the powerlessness that many people experience when they are unable to access the right support at the right time.

Being unable to access support can mean that people’s unmet needs intensify and compound over time. For example, people registered with us currently experience an extensive wait for support. We receive feedback that waiting for support can generate or exacerbate feelings of distress, frustration, and stagnancy, and it can cause people to feel powerless, unimportant and uncared for. People waiting for Future Pathways’ support may also be waiting for support from other services. The feedback we receive from people waiting for support from multiple services suggests that this can generate feelings of despair and cause people to feel unable to access support at any turn. We receive some feedback that this can feel like a reinforcement of previous abusive or neglectful experiences in care. As such, experiencing the barrier of a waitlist for support can be deeply impactful and can exacerbate the unmet needs of people registered with the service.

As one of only a few services in Scotland exclusively supporting people with lived experience of in care abuse and neglect, we regularly share our learning about the inequalities this population can face and its impacts. In June 2024, we published a report called Identity, Equality and Access. The report presented data about the demographics and life experiences of people supported by Future Pathways. The report helped us consider how we gather and record data. It also looked at how we and other services could improve so that people with lived experience can enact their rights to access the support that is right for them.

This report expands on what we have learned since that analysis. It aims to facilitate further learning for our own service and for other services about the unmet needs of people with lived experience and explore how we can work collectively to reduce the risk of people “falling between the cracks”.

Project aims

Through this project, we aim to learn more about:

- the prevalence of people with multiple unmet basic needs among people we support
- the barriers people face when accessing services, including Future Pathways
- what supports people to have their needs met
- how we can mitigate the barriers people experience when accessing Future Pathways

This project aligns with several of Future Pathways strategic outcomes. For example, we are committed to making evidence-based improvements so that people registered with us can access the right support for them from Future Pathways. We also aim to share our learning with other services to advocate for positive change across services working with people with lived experience of in-care abuse or neglect. We know that it is a priority for people we support that Future Pathways advocates for positive change by sharing our learning and by creating opportunities for people with lived experience to use their voices to contribute to change. Our most recent impact report, *Pathways to Change*, found that this motivation centres around making a difference to others with lived experience of in-care abuse or neglect, both those who access Future Pathways, and those not accessing the service, including young people who are still in care or leaving care.

Sources and methods

People share a wide range of information with us about their needs, outcomes and experiences. We analyse this data to help us learn and improve. We make sure people are comfortable with us using their information in this way by using a [Support Agreement](#) and a [Privacy Policy](#). These documents outline how we use the data we gather.

This report draws together analysis from a wide range of qualitative and quantitative data sources including:

The results of a questionnaire about people's life experiences and demographics

We analysed 46 responses to our Equal Opportunities questionnaire which is called 'About You', which we received between April 2023 and January 2024. The questionnaire comprises 12 optional and anonymous questions about the demographics and life experiences of the people we support. The responses represented 22% of the total number of people who registered with Future Pathways over the corresponding period.

Information about where people registered with us live

We analysed the postcodes of 403 people living in Scotland who registered with us between January and December 2023, using the SIMD tool. We chose only to analyse the addresses of people living in Scotland (which is where the vast majority of people registered with us live) because the SIMD tool is only applicable to Scottish postcodes.

Information about people who have accessed Future Pathways support over a long period

In Q3 2023, support coordination teams identified 94 people (11% of people currently accessing Future Pathways) who had been accessing support at Future Pathways for an extended period of time. Support Coordinators included a brief note about their understanding of the reasons the person had accessed long term support in a caseload review document. These notes were thematically analysed.

The results of a survey about gaps in Delivery Partner services available

We analysed 128 responses to a Support Coordinator survey completed in Q2 of 2023 about gaps experienced in Delivery Partner provision. We received responses from 69% (n=24) of the support coordination team.

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Sources and methods (continued)

Existing research

We reviewed a range of studies about the prevalence and impacts of childhood abuse and neglect to ground our findings in a wider context and compare our learning with existing research. A full list of the research we reviewed is available in the bibliography of this report.

Information about the risks people have in their lives

When a person begins support with Future Pathways, they co-create a risk and safety plan alongside their Support Coordinator.⁽⁶⁾ This document outlines the risks experienced by the person and identifies measures that can be taken to promote the person's safety and wellbeing. We analysed 15 risk and safety plans where the person had identified areas of 'high risk' in their life. This sample represents 28% of the number of people with risk and safety plans where 'high risk' was identified.

Feedback from a staff focus group

We analysed the key themes from a focus group discussion attended by three Practice Learning Managers and five Support Coordinators from across all support coordination teams. The prompts used at the focus group can be found in the Appendix of this report.

Feedback received from people registered with us

We analysed the key themes of the feedback we received between January 2023 and January 2024 from people registered with us. This includes feedback provided through complaints, feedback forms, and social media as well as many other channels.

Enquiries about our waitlist

We analysed 20 enquiries we received about our waitlist and drew out the key themes of people's enquiries.

6 Supporting the wellbeing and safety of people registered with us is important to Future Pathways. For this reason, we co-create a risk and safety plan with each person to outline the risks the person may experience and how these can be mitigated. While people differ in how they assess risk in their lives, this conversation is important to discuss how risks can be managed and how the person can be supported to overcome any barriers to progressing their outcomes.

Discussion of data analysis

We have taken steps to ensure a high level of confidence in the findings we present in this report. We have taken a mixed methods approach, applying thematic analysis, literature review and quantitative data analysis techniques to a wide range of data sources drawn from across the service. We also looked at data gathered from across the full service. For example, we included representatives of each of the five support coordination teams in our staff focus group. This enabled us to triangulate our findings and build a holistic picture through this evaluation.

However, there were also some limitations to our data analysis which have impacted our analysis. For example, because of the volume of people registered with us, it was not possible to analyse each individual's experience of accessing support or having multiple needs. We therefore took a sampling approach to some data sources. While efforts were made to ensure samples were as representative as possible, some of the data sources we looked at were not representative of some of the people accessing Future Pathways. For example, while feedback rates are high for people accessing support, we do not receive as much feedback from people waiting for support or from existing services. Therefore, while the feedback we analysed may be representative of the experiences of people who access our support, they may not accurately reflect the experiences of people waiting for support. Since this evaluation was completed, we have taken measures to create more opportunities for people on our waitlist and existing services to give us feedback.

We also note that there are many reasons why people accessing our support may choose not to share their data with us, which are discussed in more detail throughout this report. For example, our About You form is optional, and some people choose not to respond to the form or not to respond to all the questions in the form. This may be because of the social stigma associated with some of the questions we ask in the form, such as questions about life experiences including homelessness and addiction challenges. People may also choose not to answer because there are different understandings about how these experiences are defined. People may also understandably feel at that point that they do not yet trust Future Pathways with information about their personal characteristics. We take steps to mitigate these barriers. For example, we send people the About You form after the person has accessed support for at least six months so that people have time to build a relationship with their Support Coordinator. However, it is likely that some life experiences are under-reported in this evaluation as a result.

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Discussion of data analysis (continued)

Finally, through our Quality Framework and some of the samples we analysed for this report, we have previously identified some data quality and consistency issues related to our recording of risk and safety planning information. For example, we found that, at one point during this evaluation, this information was recorded in different places. Since this evaluation, we set up a working group which has implemented several measures to improve how we have and record risk and safety planning conversations with people we support. We have noted significant improvements in our risk and safety planning through our more recent Quality Framework reports. However, it should be noted that the previous data quality issues identified may mean that we have under-represented the prevalence of high risk experienced by people we support in this report.



The prevalence of multiple unmet needs



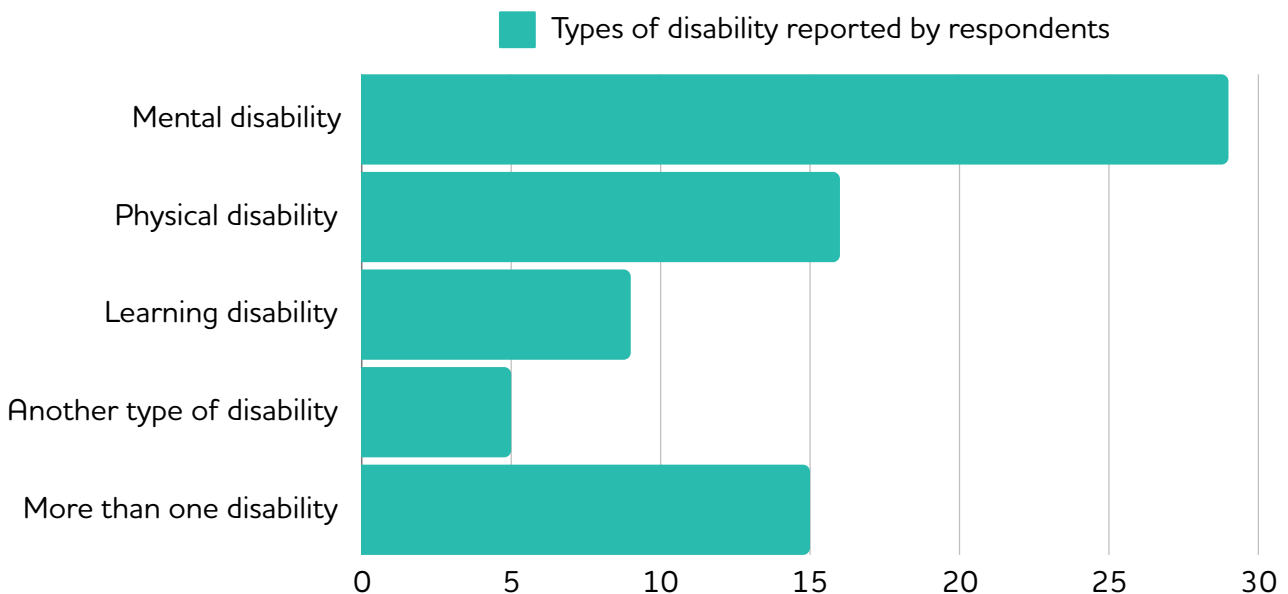
The prevalence of multiple unmet needs: summary findings

We do not have one measure to establish the prevalence of unmet basic needs among the people we support. We drew on a wide range of sources – such as data about people’s disabilities and health conditions and where people we support live – to estimate the prevalence. We found that a substantial minority of between 10% and 20% of the people we support experience multiple unmet needs. Our findings mirror existing research about the inequalities experienced by people with multiple adverse childhood experiences, such as in-care abuse and neglect.

It is likely that the true prevalence is under-represented in our analysis. This may be because we do not know the prevalence of multiple unmet needs amongst the people on our waitlist. There may also be stigma associated with some unmet needs, which may deter people from telling us about them. And data quality issues with our risk and safety planning information may mean we have under-estimated the volume of people we support experiencing high risk in areas of their life. Nonetheless, it appears as though people accessing Future Pathways are more likely to experience unmet needs in comparison with the general population.

Health conditions and disabilities

There are many complex links between being disabled or having a health condition, and the experience of childhood abuse because health conditions may be directly or indirectly related to the abuse they experienced. For example, some people may have been more vulnerable to abuse as a child due to a pre-existing disability or health condition and the treatment this may have required. For others, they may have become disabled or developed a health condition in adult life. In this wider context it is understandable that many people accessing Future Pathways are disabled or have a health condition. 91% (n=42) of people who responded to our About You form told us that they have at least one form of disability or health condition.⁽⁷⁾ As you can see in this graphic, many people shared that they live with more than one.



People we support experience a wide range of health conditions. We asked people about the nature of their disability or health condition, and most respondents with a disability or health condition (69%, n=29) told us that this was related to their mental health. An example of this may be experiencing depression, anxiety or complex Post Traumatic Stress Disorder. Many respondents (38%, n=16) reported that their disability or health condition was related to their physical health, for example being blind, deaf, or having mobility issues. And almost a quarter of respondents (21%, n=9) reported that they have a condition which affects their ability to learn and process knowledge or skills, such as dyslexia. Some people (12%, n=5) told us that they experienced a different kind of disability. And notably, over a third of people who responded to the form (36%, n=15) shared that they manage more than one type of disability.

⁷ Some respondents did not respond or said 'no' to a question about whether they had a disability or health condition, but indicated in later responses that they do consider themselves to be disabled. These respondents are included in this figure.

Health conditions and disabilities (continued)

People accessing Future Pathways also appear to be significantly more likely to face barriers related to being disabled or having a health condition than the general population of Scotland. In the 2011 census, 19.6% of people in Scotland said their daily activities were limited by a disability or health condition. In contrast, 71% (n=30) people who completed our About You form who had a disability or health condition told us that it affected their everyday life 'often' or 'a lot of the time'. For example, it might make it difficult to carry out personal care independently, or it may affect their relationships with their support network.

In addition, many (81%, n=34) told us that being disabled or having a health condition meant that they faced barriers when accessing other services, for example because it was difficult to use public transport to access support. For most respondents (59%, n=20) these barriers to accessing services affected them 'often' or 'all the time'. Being disabled or having a health condition does not necessarily mean a person experiences unmet needs, but here we can see that most of the respondents with disabilities or health conditions experience difficulties in their daily life because of it. This may indicate that they experience unmet support needs in relation to their disability or health condition.

Our findings align with existing research about the impacts of adverse childhood experiences which indicates that experiencing multiple childhood adversities, such as childhood abuse or neglect, can contribute to poor physical and mental health and be life limiting. Adults aged 16 to 59 with a long-term illness or disability are significantly more likely to have experienced childhood abuse than those who are not disabled. The research we reviewed found that 32% of participants who had a long-term illness or who were disabled reported that they had experienced abuse as a child. In contrast, 17% of participants who did not have a long-term illness and were not disabled had experienced childhood abuse (ONS, 2016). Existing research also indicates that people who experienced childhood abuse are more likely to have behaviours such as smoking and consuming alcohol at potentially harmful levels which can contribute to health conditions (Scottish Health Survey, 2019, ONS, 2016).

Challenging life experiences

Many people we support face challenging life experiences such as homelessness, addiction issues and criminal convictions which can be related to unmet basic needs. Just over half of respondents to our About You form (52%, n=24) told us that they have experienced challenges with addiction.⁽⁸⁾ Many people (n=10) were experiencing addiction challenges at the time of completing the form. In addition, most respondents (78%, n=36) had experienced homelessness at some point in their lives.⁽⁹⁾ Some people (11%, n=4) were experiencing homelessness at the time of completing the form. In addition, 37% (n=17) of respondents shared that they had been convicted of a crime at some point in their lives. Similarly, in our staff focus group, participants estimated that around one in ten of the people they support face multiple unmet needs and challenges currently, although this could be higher for some teams and individual Support Coordinators.

It is difficult to compare the prevalence of these challenging life experiences among people accessing Future Pathways with their prevalence in the wider population because these experiences are measured and considered in different ways. However, we note that the proportion of people who have experienced (and are currently experiencing) homelessness, addiction and criminal convictions is relatively high. It was notable that most people who responded to the About You form had experienced homelessness, addiction challenges, and/or criminal conviction and that for a substantial minority of people these experiences were current.

In addition, there appears to be a relationship between the challenges that people accessing our support face. Almost all respondents who had been convicted of a crime, also shared that they had past or current experience of addiction challenges and homelessness in their life. They were also more likely to have a disability or health condition which affected them 'often' in their everyday life. That some people we support experience multiple, overlapping adverse experiences suggests a high likelihood that some people we support have had, or currently have, multiple unmet needs.

Our findings correspond with wider research about the links between adverse childhood experiences and adult experiences of homelessness, addiction and criminal conviction. Many factors intersect to contribute to the likelihood of these life experiences, and research indicates that childhood abuse is one of the factors that can contribute to people being convicted of offences as adults (Meadows, 2011). For example, children who experience abuse or neglect are more likely than others in their age group to engage in offending behaviours. According to one study, people who had experienced four or more adverse childhood experiences were 20 times more likely to have been in prison at some point in their lives compared to those who had no experience of ACEs (Public Health Wales, 2015).

8 In the form, we define 'addiction' as doing, taking, or using something to the point that it may be harmful. Addiction does not only mean using drugs, alcohol, smoking, and gambling. It is possible to be addicted to many different things.

9 In the form, we define 'homelessness' as having no secure place where you are entitled to live, or no place where you are reasonably able to stay.

Challenging life experiences (continued)

While ACEs, such as childhood abuse, are not determining factors, these experiences are linked to many life experiences – such as addiction, poor educational attainment, and mental health difficulties – which can increase people’s risk of being convicted of a crime.

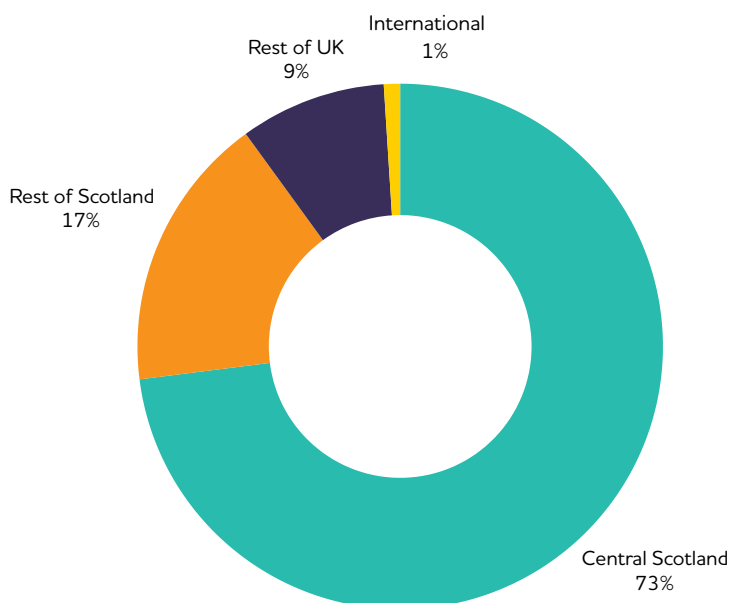
In addition, the links between care experience, criminal conviction, addiction challenges and ill health are explored in existing literature. For example, in Scottish prisons it is estimated that 34% of young offenders and 30% of female prisoners were in care as a child (Broderick, McCoard, & Carnie, 2013). The links between criminal conviction and ill health are also well established. The prevalence of both physical and mental illness is disproportionately high in prison populations when compared to the general population (Gillies, Knifton, & Dougall, 2012) and a comprehensive study found that up to 90% of people in prison in the UK had mental health difficulties (Singleton et al., 1998). Finally, there are some links between addiction and criminal convictions for various crimes (MacLeod et al., 2009). Like our own findings, this research shows that these experiences are often connected. The interrelation between these challenges may contribute to unmet basic needs across multiple areas of a person’s life.

Where people live

Many people accessing Future Pathways live in areas of multiple deprivation, where they are more likely to have limited access to opportunities and support.⁽¹⁰⁾ We analysed the postcodes of people accessing Future Pathways using the Scottish Index of Multiple Deprivation, and we found that 44% (n=179) people in our sample lived in a postcode area that was among the 20% most deprived areas of Scotland. 28% (n=114) lived in a postcode area that was among the 10% most deprived areas of Scotland. And 15% (n=60) lived in a postcode area that was within the 5% most deprived areas of Scotland.

Not all people experiencing multiple unmet needs live in areas of high multiple deprivation, and not everyone in a 'deprived area' experiences unmet need. However, in areas of multiple deprivation, employment and education attainment rates may be lower, and there may be fewer services related to health or social support. Crime may be higher in areas which are defined as deprived, and people may be more likely to experience housing challenges. The prevalence of people we support living in areas of multiple deprivation therefore indicates that they may be more likely to experience needs that are difficult to address within their local communities.

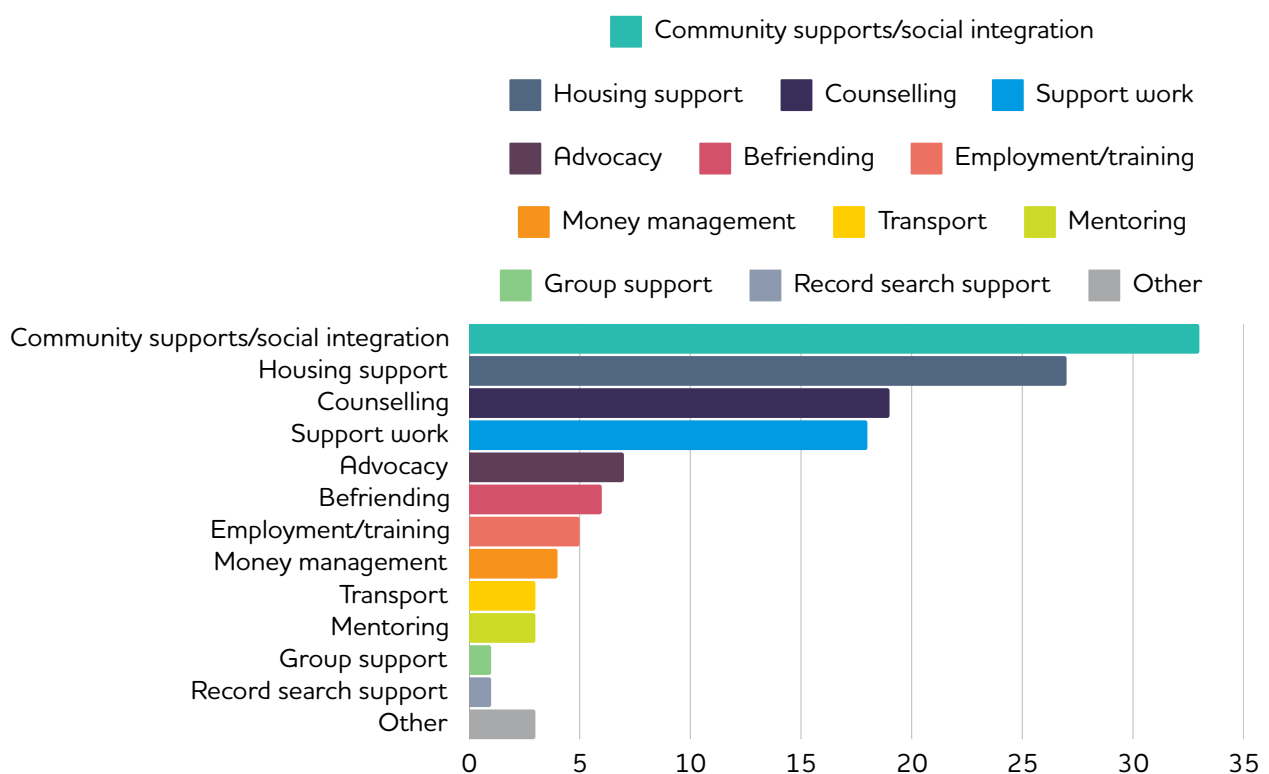
Indeed, even with Future Pathways' support, many people may struggle to access the support they need. In Q2 of 2023/4, support coordination team members at Future Pathways completed a survey about gaps in the types of services provided by our existing network of Delivery Partners. Most respondents (73%) told us that more support was needed in Central Scotland, particularly in Glasgow and the surrounding council areas. When these results are compared with the Scottish Index of Multiple Deprivation, we can see that these areas – Glasgow City, West Dunbartonshire, North Ayrshire, and Inverclyde – contain the highest number of postcodes which experience high levels of multiple deprivation (SIMD, 2020).



10 Previously, we focused on looking at the proportion of people registered with us living in rural areas due to the relative lack of services in these areas. However, by looking more closely at people's postcode information, we can see that the data presents a more complex picture.

Where people live

Support Coordinators also identified that some types of services were hard to access on behalf of people accessing our support. The types of support which were cited most frequently by respondents as being difficult to access were community support or support to combat social isolation (26%, n=33). In addition, 22% (n=28) fed back that more housing support, such as support with managing a tenancy, was needed. Another common response (16%, n=20) was that counselling, particularly in-person counselling rather than telephone or online counselling, was needed by people we support. Additionally, 15% (n=19) people reported that there was unmet need for support work, including support with attending appointments, making purchases, and preparing meals. Similarly, in our focus group, participants reflected that they often supported people with unmet needs across a 'trio' of areas in the person's life. This trio of unmet needs comprised of mental health, housing and social care needs. As such, we can see that many people accessing our support are at risk of facing unmet needs across multiple areas of life.



Safety and wellbeing

This section of the report refers to suicidality and self-harm which may be triggering to some readers. These topics are not referenced in any other sections of this report.

Supporting the wellbeing and safety of people registered with us is a crucial aspect of our service as our aim is that people accessing Future Pathways can live full, healthy and independent lives. For this reason, at the start of support we co-create a risk and safety plan with each person. During risk and safety planning conversations, we reflect on 11 areas of risk that could affect support. These include physical wellbeing, medical conditions, mobility, mental health and wellbeing, risks of harm to self, vulnerability to abuse by others, harmful use of substances, risk of homelessness, financial risks, risk of violence, criminal convictions or legal proceedings. People can differ in how they assess risk in their lives and so this conversation helps us identify any risks the person is experiencing, and how risks can be mitigated so that we can support the person to address barriers to progressing their outcomes.

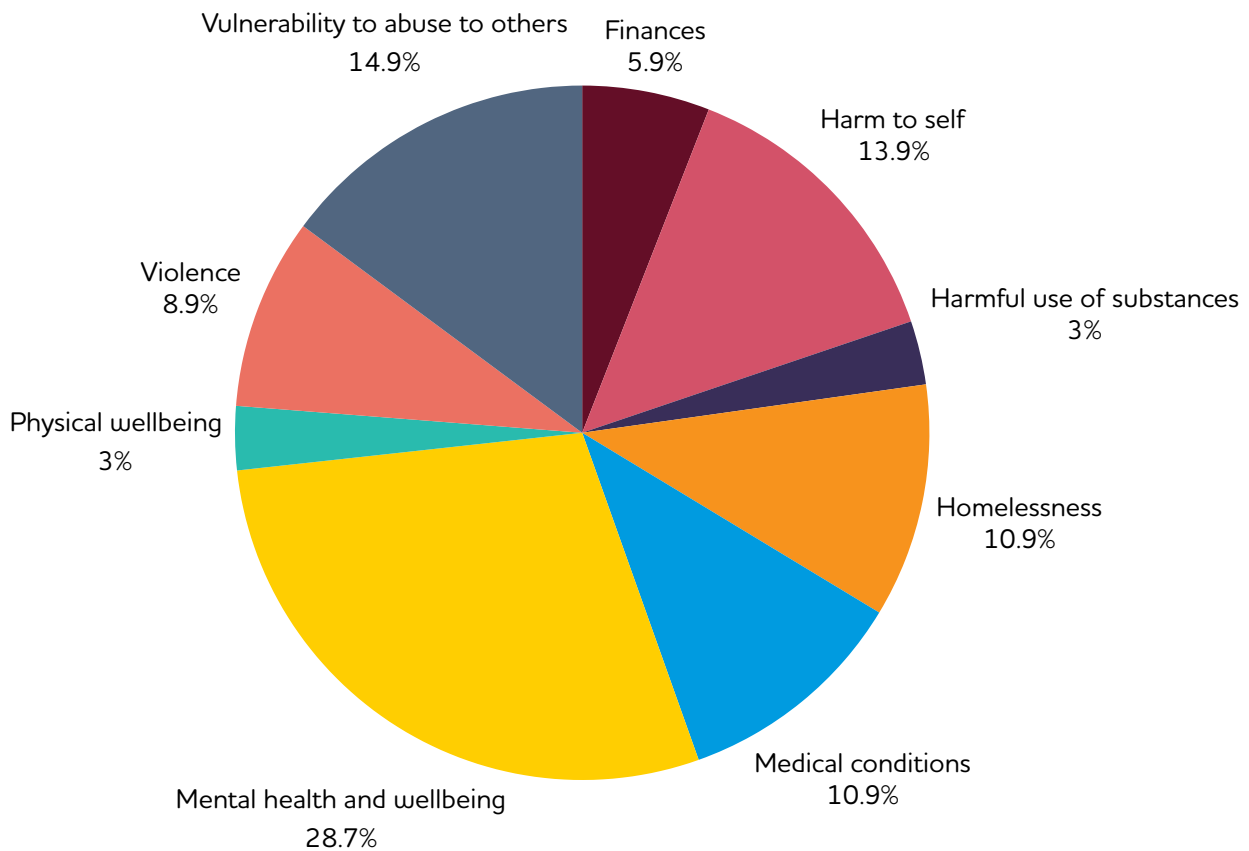
Overall, we estimated that at least 8.5% (n=75) of people we support experience a high level of risk in relation to at least one area of their lives. Having a risk and safety plan in place is not in itself an indicator that a person has unmet physiological or safety needs, because it may be that supports are currently in place to mitigate the risk the person is experiencing. So, we analysed the content of a sample of risk and safety plans to understand more about the kinds of risks and protective factors that people identify at the beginning of their journey with Future Pathways. From this analysis, we found that, in some instances the risks identified were linked to unmet needs that the person was experiencing.

Firstly, we found that often when areas of high risk are identified in risk and safety plans, people are experiencing risk across more than one area of their life. We looked at a sample of 15 risk and safety plans where the person had identified high risk in at least one area of their life. Over two thirds of these (n=10) identified more than one area of high risk.. On average, when people identified high level risks in their lives, risks were experienced in two to three different areas of their lives. In some instances, as many as seven out of the 11 areas we discuss with people were identified as areas where the person experienced high levels of risk. This supports what we learned from responses to About You form that challenges across different areas of the person's life often interrelate.

In the sample we looked at, people identified different areas of their life where they experienced high risk, but we noticed some patterns in our analysis. The areas of life which were most frequently identified as presenting high risk to the person were mental health and wellbeing, harm to self and vulnerability to abuse from others. These areas of life where high risk is most often identified may pertain to unmet basic needs, such as a need for health and social care support.

continued >

Safety and wellbeing (continued)



However, for the reasons outlined in the Discussion of Data Analysis section of this report, this is likely an under-representation of the true prevalence of high risk experienced by people registered with us. This estimate does not include people who are registered with Future Pathways who have not yet started support, and we have evidence which indicates that many people waiting for our support also experience multiple unmet needs. In Q3 of 2023/4, we evaluated the enquiries we received about our waitlist. We looked at 20 enquires that had been made about our waitlist from people waiting for our support. Enquiries ranged from queries about when support would begin to updates to people's contact information. We wanted to learn more about the impact of our waitlist and how we could improve how we manage the waitlist. Almost half of the enquiries we analysed (n=9) referred to a change or intensification of the person's needs or personal circumstances, for example setbacks in addiction issues, mental health issues, involvement with the Scottish Child Abuse Inquiry, and difficulties accessing healthcare, social work and housing support.

Safety and wellbeing (continued)

Our findings align with existing research which indicates that people with lived experience of childhood abuse are more likely to experience mental health conditions including suicidality, which present risks to the person. Indeed, research shows that there is a strong dose–response relationship between ACEs and mental health conditions such as anxiety, depression, post-traumatic stress disorder (PTSD), self-harm, and suicidality. According to one study, people with four or more ACEs were over four times more likely to have experienced depressed mood in the past year and were 12 times more likely to have ever attempted suicide than those who had not experienced as many ACEs in their lives (Felitti et al, 1998).

Existing research also indicates that people with lived experience of abuse or neglect are more likely to experience further abuse later in life. A report found that 36% of those who experienced childhood abuse by a family member were abused by a partner as an adult (ONS, 2016). This report also showed that adults who had witnessed domestic abuse as a child in their home were more likely to experience abuse by a partner as an adult. And 31% of adults who experienced childhood abuse reported sexual assault as an adult, compared with 7% of those who did not experience childhood abuse. Other research corroborates this with one study showing that people with at least four ACEs were 14 times more likely than those with no ACEs to have experienced violence in the last year (Public Health Wales, 2015).



Barriers to support



Barriers to support: summary findings

We identified six barriers that can affect people's access to support at Future Pathways and other services:

1. There can be communication challenges that hinder support being put in place for unmet needs. For example, limited communication between services can place a burden of responsibility on the person seeking support, and this can cause people to withdraw from services.
2. It can be difficult to facilitate outcome focused support with people with multiple unmet needs, in part because maintaining consistent contact between the service and the person can be challenging.
3. Some people have difficulty trusting services, especially statutory services, due to their previous experiences of abuse and neglect or of being let down by services. In some instances, this is exacerbated by the inflexibility of support offered.
4. It can be difficult for people to understand and navigate the boundaries between different services. This can cause confusion about where they can access the right support for their needs. This requires Support Coordinators to balance the person's need for support with the risk that in future support is sought solely through Future Pathways.
5. It can be difficult for us to obtain, manage and update the consent to share information of people with multiple unmet needs. This may be because some people feel, understandably, uncomfortable with their data being shared between services. This can delay or otherwise hinder access to the right support.
6. Many people experience extensive waits for support across many services, including our own. This can cause distress, frustration and disappointment, particularly when people's circumstances change, or their needs intensify while waiting for support.

Communication

Challenges when communicating with statutory services, and limited communication between statutory services can present barriers to putting support in place to address unmet needs. Participants in our staff focus group shared examples of being repeatedly signposted between statutory services or departments within a service to put support in place for a person accessing Future Pathways. They also discussed the lack of proactive follow through when support needs were identified. For example, one participant described supporting someone in hospital who required a key safe to be installed at their home before being discharged.⁽¹¹⁾ Having this installed would mean that care workers could access the house without requiring the person, who had limited mobility, to open the door. However, after returning home, this was not followed up by the relevant services until the Support Coordinator pursued this on the person's behalf.

Focus group participants felt that the limited communication between and within services placed a burden of responsibility on the person seeking support. Participants emphasised that this could involve a significant time commitment from the person seeking support, who may also be experiencing mental health challenges and/or unpredictable life circumstances. This also presented a challenge for Support Coordinators when communicating with services on behalf of people registered with Future Pathways. Participants shared that they did not always feel they had the authority to challenge statutory services or insist they were included in decision making meetings even when this was the expressed wish of the person accessing support. Participants described the pressure that people accessing our support feel to “stay on the radar” of services to avoid their needs being overlooked. Concern about their needs being ignored or dismissed is likely be particularly present and impactful for people with lived experience of in-care abuse and neglect who have childhood experiences of their needs being overlooked, deprioritised or ignored.

Participants reflected that communication issues could cause people to feel unable to engage with the very services which are intended to address their needs. Sometimes this was related to practical considerations, such as not having enough phone credit to remain on hold with a service long enough to discuss the support needed. But most often, this was related to the emotional impacts of the experience of seeking support. For example, confusion about where support could be accessed (this was especially impactful when people were accessing multiple services simultaneously), and distress caused by repeatedly sharing their lived experience with multiple professionals in order to access the support needed.

continued >

11 A key safe is a small secure safe, affixed to an external door where a house key can be safely stored.

Communication

The emotional and practical repercussions of seeking access to support could deter people from persevering in their engagement with services. Participants strongly felt that better communication within and between services would contribute to people being able to access the joined-up support that would help them meet their needs.



“Because services don’t coincide, nobody holds a holistic view of the person.”
(Focus group participant)

Outcome focused support

We also found that Support Coordinators can find it difficult to facilitate outcome focused support when people were experiencing multiple unmet basic needs. Given the immediacy of people's unmet needs, it can be understandably challenging to focus support on longer term, less urgent changes the person would like to see in their lives. You can read more about this in the About Future Pathways section where we describe how the theory of Maslow's hierarchy of needs informs the service's approach to support.

Many Support Coordinators report facing this challenge. One of the sources we analysed in this evaluation was a caseload review document in which Support Coordinators across all teams had identified 94 people who had accessed our support for an extended period of time. Support Coordinators included a brief note about their understanding of the reasons the person had accessed long term support. Over half (60%, n=56) of the records in the caseload review document referred to difficulties with facilitating outcomes focused support including:

- Identifying outcomes within the remit of the service
- Planning outcomes-focused work
- Taking steps towards agreed outcomes
- Focusing conversations on outcomes
- Reviewing support

These challenges were often related to unmet basic needs the person was experiencing. In 28% (n=26) of these records, the person was experiencing volatile life circumstances such as changes in housing and relationship difficulties. Over a third (37%, n=35) of the records referred to people experiencing mental or physical health problems which affected their engagement with Future Pathways and/or with other services. And a quarter (n=9) of the records noted that the person was experiencing addiction challenges.⁽¹²⁾

Challenges with facilitating outcome focused support can also be related to difficulties maintaining consistent contact and positive relationships with people experiencing multiple unmet needs. This was a theme in the caseload review document. A quarter (n=23) of the records in the caseload review document referred to inconsistent contact with the person accessing support. Some (n=4) of these records noted that the person had previously experienced difficulties in their relationship with Future Pathways. In some instances, this involved the person changing Support Coordinator or making a complaint. Notably, all records referring to previous difficulties in the relationship also indicated that the person was at that time continuing to access Future Pathways support. This may indicate that relationship difficulties are generally overcome in such a way that people feel able to continue accessing Future Pathways. It may also be that people feel unable to access support elsewhere.


¹² A few records (n=4) referred to the impact that engaging with the Redress Scheme had on the person's ability to focus on other outcomes.

Trust and flexibility of support

Many people we support find it difficult to build trust with existing services, particularly statutory services. Over a third (36%, n=34) of records in the caseload review document referred to difficulties people faced when engaging with services. Most of these records (62%, n=21) specified that people found it difficult to engage with statutory services. Where reasons for this were noted, most often Support Coordinators noted that people felt mistrustful towards statutory services. Given that some people registered with us experienced abuse in statutory institutions, mistrust of and hesitancy to engage with statutory services, such as social work services, is understandable.(13)

In some instances, the mistrust people felt towards services may have been exacerbated by the service's approach to support. Focus group participants reflected that they encountered a limited understanding of the signs, symptoms and impacts of trauma from some services and professionals. They shared instances in which some services had labelled people in need of support as "problematic", "hostile" or "aggressive" without acknowledging the relationship between the person's behaviours and their past traumas. Participants in our staff focus group noted that taking a different approach to managing people's difficult behaviours may open opportunities for a different more effective relationship between the person and the service or professional. Participants also shared examples of services declining to provide the support the person felt was needed because they did not perceive the person as "meeting the threshold" for support. Participants felt that thresholds did not acknowledge the additional vulnerability to harm that the person was at risk of experiencing as a result of their past traumas.

Participants also shared examples of services operating within rigid limits which excluded people from accessing support. One example shared was of a person being unable to continue accessing support because they had missed a contact attempt from a statutory service. While it was acknowledged that these instances may indicate a need for further resourcing and training, participants reflected that these experiences could cause people to feel victimised by the very services intended to meet their needs. Given that many people with unmet needs must navigate unpredictable challenges in their daily lives, failing to tailor the approach of the service to the person by acknowledging the impact of trauma, could further entrench the mistrust that many people we support feel towards services, resulting in further disenfranchisement.

 **“When you ask for flexibility, you often get a ‘computer says no’ response.”**
(Focus group participant)

13 Future Pathways supports people who experienced abuse while in care settings including children's homes, foster care, boarding schools, young offenders' institutions and during long term stays in hospital. We do not ask people about their previous experiences of abuse in care institutions. We ask them if the service applies to them, but they are not required to disclose their experiences of abuse or neglect. For this reason, we do not know how many people experienced abuse in statutory institutions.

Navigating boundaries between services

People with unmet needs may also experience uncertainty about the different services in their life. Focus group participants reflected that the remit of and boundaries between different services could cause confusion and overwhelm, prompting people to withdraw from support. Support Coordinators emphasised the role they played in clarifying the roles of different types of support. For example, one participant described an instance of a person being supported to access occupational therapy through a statutory service but not fully understanding the support the Occupational Therapist would provide and what it did not include.

Confusion about different services' roles can contribute to the boundaries between services becoming blurred. Focus group participants shared that some people sought to have all support needs met by Future Pathways, either to avoid navigating the confusing landscape of statutory services or because Future Pathways was the only service they felt able to trust or access. In addition, in the caseload review document, some (n=6) records indicated that the person's expectations of Future Pathways' support did not align with our outcome-focused approach to support. For example, some (n=3) records referred to the person seeking informal emotional support, rather than the outcomes-focused support offered at Future Pathways. (14)

At times, this creates a conflict for Support Coordinators. Some described the difficulties of balancing the potential advantages of providing support beyond Future Pathways' remit alongside the risk that the person would decline support from external services, preferring to interact solely with Future Pathways. Participants expressed concern that this could be intensified by some existing services misunderstanding the remit of Future Pathways, and assuming that a person accessing Future Pathways would not need as much, or any, support from other services. In these instances, accessing support from Future Pathways could itself become a barrier to the person being able to access the right support from the appropriate service(s).

14 There are many reasons why perceptions or expectations of Future Pathways' support may not always align with the support the service offers. The remit of the service has evolved over time, in response to what we have learned from people with lived experience about what support is most impactful. For this reason, and others, support may not align with the expectations of everyone who accesses our support.

Consent to share information

In compliance with data protection legislation, Future Pathways does not share information about any individual registered with us without their explicit and informed consent, unless we are aware that the person is at immediate risk of harm or threat to life. Where consent to share information is present, this can help us to reduce the need for the person to repeat their personal details and experiences to multiple professionals, and it can enable Support Coordinators to advocate for the person's needs to be met by existing services on their behalf.

However, we find that it can be difficult to obtain and manage the consent to share information of people with multiple unmet needs. In the sample we looked at for this evaluation, only 18% of people accessing our support had consent to share information in place, although many more were in the process of discussing or reviewing consents which can take time for the reasons outlined below.

There may be many reasons why a person may not wish to give consent for us to share their information with the other services or people in their lives. For example, they may have had previous experiences as children in care settings or as adults of their information being shared without their consent or knowledge. These past experiences may understandably influence their decision to give or not give us consent to share their data now. We have some evidence to suggest that some people may feel uncomfortable with their data being shared by services. In the caseload review document, three records referred to people expressing discomfort about their data being shared. Participants in our focus group also reflected that some people did not give consent to share information because they preferred to keep their support separate.

Additionally, people's consent may change over time as their relationships with other services and people in their lives evolve. One focus group participant highlighted that in some instances consent to share could be changeable, with people withdrawing or altering their consents as their feelings or circumstances changed, for example if there was a breakdown in the relationship and/or trust between the person and the professional or service they were working with.

This can delay or hinder us from putting the right support in place for people with multiple unmet needs which could be met by existing services. Not having consent to share information means that we may not be able to liaise with other services or advocate for the person swiftly or smoothly. Focus group participants explained this meant they could not access information from other services which would enable them to effectively plan and enact support. For example, Support Coordinators described instances in which the person had not given consent for us to seek information from other services about their existing engagement with them.

continued >

Consent to share information (continued)

In these instances, Support Coordinators had attempted to arrange support from existing services without knowing the full picture of the person's existing support. This led to support being declined for reasons the person had not discussed with the Support Coordinator. Lack of consent to share could also present barriers because it required the person to share their information separately with the services in question. Given the challenges with communication with and between services, this could present a further barrier to support. Furthermore, if consent to share information is not present, we can miss opportunities to seek help from other services, professionals and other members of the person's support network when it is most needed by the person, meaning that unmet needs are not addressed effectively.⁽¹⁵⁾

continued >

¹⁵ Please note that even in circumstances where the consent to share is not present, we have a duty of care to share information with the relevant services when we are aware that the person is at immediate risk of harm or threat to life.

Waiting for support

Finally, people experience extensive waits for support across many services, including our own, which hinders access to the right support at the right time. Participants in our focus group emphasised that many people experience periods of waiting even when support coordination has begun because it can take some time to put the right support in place for people with multiple unmet needs. Our analysis of support planning and review conversations reflects this. At the time of this evaluation, we saw a consistent discrepancy between the number of people who planned to connect with existing services at the start of support and the number of people who discuss this type of support in review conversations. For example, in Q3 2023/4, 52% (n=13) of the support plans we analysed referred to accessing support from existing services, such as statutory housing and healthcare services. However, in sampled reviews, only 16% (n=4) referred to accessing support from existing services. Most (n=3) of these review conversations also referred to delays in accessing support from existing services. This suggests that, even with Future Pathways' support, many people face delays when engaging with existing services.

When people's circumstances change or their needs intensify while waiting for support, we have some evidence that this can contribute to a sense of urgency around accessing support to address unmet needs. Feedback we receive from people on our waitlist indicates that, while some people feel understanding of the reasons for the waitlist, many are frustrated, disappointed and distressed by the experience of waiting for support to begin. In Pathways to Change, we found that the voices of people on our waitlist are not represented fully in our evaluation, and we must do more to change this. That said, from the feedback we receive, it is clear that this experience can be deeply distressing and can cause people to feel forgotten, ignored, unheard and that the service does not care about them, emotions which may be closely associated with the experience of in care abuse and neglect.



Supporting people to have their needs met



Supporting people to have their needs met: summary findings

Developing trusting, flexible and consistent relationships with people we support can help them to address the barriers they face and have their needs met and these are crucial aspects of Future Pathways' approach. There is also some evidence that we take a relational approach to our work with existing services where this is possible, and this is something we want to learn more about in the future.

Our approach can support people to maintain a relationship with Future Pathways over time, which can itself be an important outcome for people with multiple unmet needs. It also means that people can access wide range of resources tailored to them and their outcomes, which over time can help them address their unmet needs.

Accessing Future Pathways flexibly and consistently over time can also help people feel more able to build relationships with other services where they can access further support to address their needs.

A relational approach to support

Building trust with people accessing support is a crucial aspect of Future Pathways' relational approach. In feedback we receive, people we support emphasise the importance of cultivating and maintaining trust when developing a relationship with Future Pathways. This is also evident in our analysis of risk and safety plans where areas of high risk were identified. In this sample, people reflected that feeling comfortable with their Support Coordinator; and their Support Coordinator being aware of the impacts of trauma (for example avoiding using triggering language) were important factors in promoting feelings of safety and wellbeing. Furthermore, in our focus group, participants highlighted the importance of hearing and believing people, treating people empathically and non-judgementally, and taking the time to build trust over time. Participants expressed that, for some people we support, this process can take many years.



“It’s about being there through the challenges and treating people like human beings”

(Focus group participant)

Adapting our support according to the needs and outcomes of the person is also an important part of our approach. In our latest impact report, Pathways to Change, we outline how we surface and plan for people’s personal outcomes and how we tailor support to each person. The analysis for the impact report showed that being flexible about what types of support we put in place and about how we approached processes and procedures helped people to engage with support. It showed that how we go about support is just as important as what the support is. In our focus group, participants also emphasised the importance of being flexible about how we engaged people in support even if this meant working in a way which may appear inefficient. For example, participants described continuing to attempt to call or email people even after several unsuccessful attempts to ensure that people continued to feel connected to the service, even during periods of difficulty.



“Many services expect the person to fit the service. But we meet people where they are. We fit the service around them.”

(Focus group participant)

We also take a relational approach to working alongside existing services where this is possible. In our focus group, participants reflected that it is rare for Support Coordinators to have relationships with key contacts in existing services, particularly in statutory services. But when these relationships are in place they can contribute significantly to people being able to address their unmet needs. Participants described working closely with existing services to help meet the unmet needs of people accessing support, for example, by advocating for a change in housing or for a social work assessment.

continued >

A relational approach to support (continued)

Participants also described examples of supporting their contacts in other services to recognise and consider the impact of trauma for the person accessing support for example by encouraging their contacts to consider how the person's experience of trauma could contribute to their behaviours. Indeed, participants felt that their role necessarily involved supporting people to access support from services and supporting services to work effectively with people registered with us.



“Part of our job is to support existing services to support the person accessing their service.”

(Focus group participant)

We could learn more about the nature and impact of our relationships with existing services and we want to learn more about this in our future evaluations.

Consistent access to Future Pathways support

At Future Pathways, we aim to offer a consistent relationship with our service for as long as the person feels support is needed. Our impact report, Pathways to Change, shows that most people sustain a relationship with Future Pathways over the longer term, but that maintaining consistent contact can be challenging, particularly when people are experiencing multiple unmet needs and challenging life circumstances. Participants in our focus group emphasised that “being there” throughout the challenges people with multiple unmet needs could experience, helped people to continue engaging with support and experience positive impacts of our support. Participants reflected that the relationships we developed with people helped cultivate a sense of stability and hope for people we support. They reflected that this could be particularly impactful for people with multiple unmet needs who may manage significant unpredictability in their lives in relation to their health, living circumstances and/or their relationships with people and services. Participants described themselves as an “anchor” for people we support or as a “thread” running through the different parts of the person’s life; someone who witnessed the vicissitudes of the person’s life and who was a source of support, reassurance and hope for the future.

Building a relationship with Future Pathways over time can itself be an important outcome for people with multiple unmet needs. Our previous impact evaluations have shown that many people experience significant impacts from accessing Future Pathways support. Our Pathways to Change impact report describes how our approach contributes people feeling safe, valued, understood and able to trust Future Pathways. In the context of their previous experiences with services, feeling this way in relation to a service is itself a significant outcome. Indeed, some participants in our focus group fed back that the relationship with Future Pathways was an important outcome, particularly for people who may have a limited support network around them.

Accessing Future Pathways support over time can also facilitate access to wide range of resources which can help people to have their needs met. The Pathways to Change impact report outlines the different kinds of support that Future Pathways facilitates access to. For example, in the last year, over half of people accessing support have accessed our Discretionary Fund to progress their outcomes. Almost a third of people accessing support in the last year accessed support from one or more of our Delivery Partners. And many people access support to connect with existing services, such as third sector and statutory services. Our analysis shows that accessing support to link with existing services can be very important for people with multiple unmet needs. In our sample of risk and safety plans where people identified areas of high risk, people often noted that having contact with existing services – such as the Police, housing and homelessness supports, NHS services, and social work – were important for promoting people’s sense of safety and wellbeing.

continued >

Consistent access to Future Pathways support (continued)

Our impact evaluation indicates that, for many people, Future Pathways support to access different resources and services helps them to take steps towards what matters most to them, and it can make life feel more purposeful, free, independent and better than it was before. As such, by accessing Future Pathways, people are supported to make changes in their lives and have their needs met, thereby addressing some of the inequalities they have experienced in their lives.

Facilitating access to other services

Accessing Future Pathways flexibly and consistently over time can also help people feel more able to build relationships with other services which can support with addressing unmet needs. In our focus group, participants described how developing a trusting relationship with Future Pathways could have ripple effects for the person, by helping to demonstrate that services would not necessarily “let them down”. One participant shared an example of developing a relationship with a person who, over time, became more comfortable accessing other services with Future Pathways’ support. The participant described the person’s trust growing over time and “gradually translating” to other services. Participants reflected that supporting people to name and discuss the difficulties they experienced when working with other services and helping them to reflect on what contributed to this could help people think and feel differently towards other services. Focus group participants expressed that this could be hugely impactful for people with multiple unmet needs but that articulating the impact of this experience was difficult because it affected both the tangible support that the person could now access, and, crucially, how the person feels about and experiences the support. Accessing Future Pathways relational support may therefore facilitate meaningful engagement with other services, enabling them to have their needs met and explore their goals beyond the remit of Future Pathways.

Reflections

You can read some examples of how Support Coordinators work with in partnership with existing services on our website [here](#).

Conclusion

Conclusion

It is not possible to determine the true scope and scale of unmet basic needs experienced by people accessing Future Pathways. However, through this evaluation, we learned that at least one in ten people we support experience multiple unmet needs and that in many cases these are associated with immediate and significant wellbeing challenges. This report demonstrates that people's unmet needs can be related to many different areas of their lives such as being disabled, living in an area where it is difficult to access support, and experiencing high levels of risk. And often people experience need across multiple areas of their life. As such, our findings contribute to the growing body of research about the diverse and long-lasting impacts of adverse childhood experiences, such as childhood abuse and neglect. It also indicates that some people we support experience enduring support needs which are not being met by existing services and which in some instances may be beyond the scope of Future Pathway' support.

We explored some of the barriers that people experience when seeking to access support at Future Pathways and at other services including challenges with engaging with a personal outcomes approach to support. The challenges we name in this report are by no means exhaustive, and we would benefit from learning more about how people accessing support experience and navigate them. Among other factors, we can see that clear communication, clarity about the remits of different services, and trusting relationships between services and people seeking support all contribute to being able to access the right support at the right time. We know that, at times, these factors are not present. And we know that, without these, the barriers people experience when seeking support can entrench the understandable mistrust that many people with lived experience feel towards services, embedding a cycle of seeking support, withdrawal and, ultimately, being unable to access support.

Themes of trust, flexibility and communication also run through our learning about how people can be supported to have their needs met. In the final part of this report, we share what we have learned about how trusting, flexible yet consistent relationships with people we support can contribute to significant, long-term impacts for people with multiple unmet needs. We describe how our relational approach contributes to people maintaining a relationship with the service over time, which can be itself a meaningful outcome for many. We also describe how our approach can support people to access resources which enable them to meet their needs and progress their outcomes. Finally, we share what we have learned about how building trust with one service can support people to gradually grow trust for other services which are best placed to meet their unmet needs.

continued >

Conclusion (continued)

The findings of this report resonate strongly with what we learned in Future Pathways' 2018 scoping report which showed that many people registering with the service at this early stage had limited access to other services or networks of personal support. This issue merits further evaluation, reflection and action, since we can see that in many instances effective communication and coordination between services is not present, and unmet basic needs persist. This evaluation prompts us to consider how Future Pathways could further contribute to supporting wider support services to apply a trauma informed approach in practice and to embed a more effective, sustainable approach which prioritises early intervention and reducing the consequences of the many inequalities experienced by people with lived experience.



Our next steps



Our next steps

This evaluation shows that people with multiple basic unmet needs can experience difficulties when engaging with an outcome focused approach to support. Previous evaluations have also highlighted a need for us to review our approach to outcomes conversations at Future Pathways including support planning and reviewing support. This is currently the focus of a working group which comprises of staff members from across the service. It is clear from this report that there is a need for us to develop an approach to outcomes conversations which creates opportunities for people to discuss their immediate needs, such as unmet basic needs, as well as their outcomes. A scaled approach to outcomes discussions which is accessible to people who may be in sporadic contact is needed and we should seek the input and feedback of people accessing support to ensure our new approach can be adapted to different people's preferences and needs. This finding must be considered as part of this working group project.

This report also refers to the potential impacts of our relationships with existing services, such as statutory and third sector services. In our most recent impact report, Pathways to Change, we identified that learning more about the impact of these relationships is an important next step. We are committed to developing our approach by learning more about and building on our relationships with other services. In January 2025, we will ask our partners in existing services to help us learn more about our relational approach and our collective impact by responding to a questionnaire about our work together. We look forward to sharing more about this project and what we learn from it.

We currently have clear guidance in place about gathering, managing and updating consent to share information. And it is a priority for us to improve and monitor this aspect of our support more closely going forward, including having conversations with people about why this is important and can benefit their support. We can see from this evaluation that not having this consent can present a barrier to putting effective support in place in a timely way. We must prioritise ongoing discussions about consent to share and what it means so that we have every opportunity to facilitate access to the right support when it is most needed.

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Further reading

Further reading

Stepping Stones: Future Pathways impact report 2016-2022

In this impact report, we shared what we have learned about our approach and impact since we launched in 2016 right up to 2022.

www.future-pathways.co.uk/stepping-stones

Pathways to Change: Future Pathways impact report 2023/24

In our most recent impact report, we shared our progress towards our service outcomes by drawing together data from across the service over the last financial year.

www.future-pathways.co.uk/pathways-to-change

Future Pathways Impact and Learning

It is important to us to show what we learn and the impact we make. We do this through our quarterly reports, our impact reports, and our further research (such as our Identity, Equality and Access report). You can find out more here:

www.future-pathways.co.uk/learning-and-impact/further-learning

Social Model of Disability

In this report, we describe disability using the social model of disability. You can find out more about this here:

www.sense.org.uk/about-us/the-social-model-of-disability



Appendix



Appendix

Appendix 1: Focus group prompts

During the focus group, participants reflected in small and large groups, on the following prompts:

- The kinds of supports which we observe can be most challenging for people with multiple support needs to engage with.
- What can hinder people with multiple physiological and safety needs from accessing support, or from being able to put support in place.
- The impacts of difficulties putting supports into place.
- How we navigate barriers to accessing support
- What works well about our approach when supporting people with multiple physiological and safety needs.

