

## REPORT OF THE GOVERNANCE AND RESOURCES SCRUTINY COMMISSION

### Delivering Public Services - Whole Place, Whole System Approach

Governance and Resources Scrutiny Commission – 11<sup>th</sup> November 2015  
Cabinet - TBC  
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#### Classification

**Public**

#### Enclosures

**Appendices**  
BDRC Report  
Frontline Staff Feedback

## 1. FOREWORD

This report is intended to help the London Borough of Hackney deal with two fundamental challenges: first, a radically reduced resource base, and second complex social challenges that require a very different approach from the council, other public agencies and the wider community.

It is a report of two halves. The first half focuses on the broad question of how we in Hackney can manage huge reductions in public expenditure imposed by the government, while also trying to improve the lives of our local residents. During the course of this review we spoke to a range of experts about how we can rise to this challenge. Our conclusions are that the council and its partners need to take a 'whole place' approach to dealing with complex (and therefore costly) areas of social need. This should be characterised by:

- Looking at problems holistically and breaking down organisational silos in order to tackle them, which in practice can mean common outcomes and accountability, much greater information sharing and if appropriate organisational integration;
- Starting from the citizen's point of view: understanding their concerns and designing the mix of service provision around their goals and aspirations;
- A bias towards early intervention to prevent need becoming severe and acute;
- Co-production: services should work with people rather than simply delivering interventions to them.

The Commission wants Hackney Council to embrace this vision for redesigning services as we believe it is the best way to achieve the outcomes we want for our residents at a time of radically reduced funding.

The second part of the report takes the form of a 'deep dive' into one complex social problem in the borough that has remained stubbornly persistent over the last thirty years: several thousand residents who have mental health problems and who have been unemployed for more than two years.

We commissioned in depth interviews with a sample of residents to understand the challenges they face. We also spoke to service providers and commissioners to understand their views. Our aim was to see how we could re-design local services to better support our residents in some cases find work, but also lead more fulfilling lives more generally. To achieve this would be a good thing in itself, but it would also reap social and financial benefits as well. We make a range of recommendations as to how the council and other agencies such as JCP and the work programme providers can better support people who have mental health problems and have found themselves unemployed for a long period. Perhaps most importantly we call on these agencies to pilot a new model of support for this group, based around the principles we set out above: integration, personalisation, early intervention and co-production.

Like the rest of the country Hackney faces huge social challenges while at the same time having to deal with them in a context of austerity. However, the message from this report is one of hope: we have found that there are ways to better serve our residents and improve people's lives, while also saving money. We now want to work with all relevant organisations in the borough to grasp this prize.



**Cllr Rick Muir**

Chair- Governance and Resources Scrutiny Commission

**CONTENTS**

1. INTRODUCTION .....3

2. SUMMARY, RECOMMENDATIONS AND OUTCOMES .....5

3. FINANCIAL COMMENTS.....11

4. LEGAL COMMENTS .....11

5. FINDINGS .....15

6. CONCLUSION.....54

7. CONTRIBUTORS, MEETINGS AND SITE VISITS .....56

8. MEMBERS OF THE SCRUTINY COMMISSION .....57

9. BIBLIOGRAPHY .....57

10. GLOSSARY .....59

## 1. INTRODUCTION

### Overview of the review

This report starts with the recognition that Hackney faces two major challenges in the years ahead: we need to tackle complex social challenges that require a new approach to service provision, and we have to do so in a context of radically reduced resource. The Governance and Resources Scrutiny Commission has spent the last year and more considering how these two challenges can be met.

- 1.1 Our review came in two halves: first we explored how in general these challenges can be met, and second, we undertook a 'deep dive' to look at one complex social problem in particular: the large number of our residents who have mental health problems and who have been out of work for more than two years.
- 1.2 The Commission believe that in general the way to meet the challenge of 1) less money and 2) rising and more complex demand on our services, is to take a 'whole place' approach. The most entrenched and costly social problems we face require a more connected and holistic approach than that taken so far. Problems such as mental illness, homelessness, anti-social behaviour and support for an elderly population require public services to be more 'joined up' both in terms of the outcomes they seek to achieve and the forms of provision they deploy. They require solutions that are built around people and places rather than around traditional bureaucratic silos. This means four things: connecting up around the citizen; understanding the citizen's goals and aspirations and designing responses from there; taking action earlier before problems become more severe; and finally achieving what we want to achieve with people rather than simply delivering service *to* them.
- 1.3 The Commission undertook a deep dive into the problem of long term unemployment linked to mental illness. We concluded that a radically new approach is needed to support people facing these challenges. This must be based on the principles set out above: connecting up services around the person, properly understanding what they want to achieve; intervening early; and encouraging the full participation of citizens in achieving the outcomes we want. We call on the council and its partners to pilot a new model of employment support for this group, based on these principles.

## 2. Key questions and methodology

- 2.1 For the first phase of this review looked at the more general question of reforming services in a context of changing, and in some areas, rising demand and reduced funding. We wanted to answer the following question:
  - How can Hackney's public services continue to improve people's lives with less money around?
  - Are there merits in a 'whole place' approach to achieving the outcomes we want, which works across traditional organisational silos?

- What lessons can we learn from where such approaches have been tried elsewhere?
- 2.2 The Commission spoke to a wide range of experts on public service reform and looked at a range of different examples of ‘whole place’ approaches to change. We spoke to John Atkinson, Sue Goss, (previous leaders of Total Place programme) Early Intervention Foundation, LankellyChase Foundation, London Borough of Lambeth, and went on a site visit to London Borough of Lewisham to view their Community Budget pilot in operation.
- 2.3 For the second phase, the Commission looked at areas of high need and high spend and took advice from senior officers as to where it should focus. The Commission decided to carry out ‘deep dive’ exercise looking at long term unemployment, linked to mental illness.
- 2.4 The core questions phase two of the review set out to answer were:
- Are the principles developed from phase one of our review relevant to the challenge of improving the lives of those unemployed residents with mental health problems?
  - What are the barriers to work and wider social participation for those residents themselves?
  - How could services be redesigned to better help these residents meet their goals and aspirations?
- 2.5 This review drew on evidence from previous scrutiny reviews ‘Tackling worklessness’; ‘Impact of welfare reform and housing benefit’; and more recently Anxiety and Depression in working age adults; and programmes such as Total Place, Troubled Families and Community Budgets. This review will feed into the Council’s cross cutting work programme on Employment and Opportunities.
- 2.6 Initial evidence sessions highlighted the importance of the service user voice to help identify why the system was not working. For this review we carried out qualitative research and conducted 24 in-depth interviews with people who have been: long term unemployed in Hackney for 2 years or more; between the ages of 33-57; with and without a mental health illness. The individuals were recruited through organisations who worked with the long term unemployed in Hackney.

## 2. SUMMARY, RECOMMENDATIONS AND OUTCOMES

### Summary

- 2.1 This report is intended to help the London Borough of Hackney deal with two fundamental challenges: first, big cuts in public expenditure and second more complex social challenges that require a very different approach from the council, other public agencies and the wider community.
- 2.2 It is a report of two halves. The first half focuses on the general question of how we in Hackney can manage huge reductions in public expenditure imposed by the government, while also trying to improve the lives of our local residents. The second half takes an in-depth look at one major challenge we face as a borough: the large number of residents who have mental health problems and who have been out of work for more than two years.
- 2.3 The first phase of the review found that if we are to both deal with the challenges of austerity and the more complex social challenges we face we need to take a radically different approach to commissioning and providing public services. On the basis of the evidence presented to it, the Commission advocates taking a 'whole place' approach to tackling entrenched and costly social problems. This is characterised by four things:
- breaking down silo working and organisational barriers to look holistically at the challenges facing people and places, which means shared outcomes, greater sharing of information and where appropriate organisational integration;
  - designing services around the person: understanding the citizen's aspirations and designing services around them rather than expecting people to fit into pre-defined programmes;
  - focusing upstream on prevention so that problems can be dealt with before they become acute and costly;
  - embracing co-production, so that services are not simply delivered to people but involve them as an empowered participant throughout.
- 2.4 The second phase of the review took an in depth look at the challenge of the large number of Hackney's residents who have been unemployed for more than two years and who have mental health problems. We sought to understand whether the 'whole place' principles set out above could help this group in some cases get into work but also lead more fulfilling lives more generally. After carrying out 24 in depth interviews with unemployed residents who face mental health problems, we concluded that a 'whole place approach' has great potential for this group. We therefore make a number of recommendations aimed at developing a new model of support.

### Recommendations

- 2.5 The Commission makes the following recommendations, the findings for which are presented in Section 5 of the report:

***Recommendation One - the whole place approach***

Hackney faces the challenge of dealing with more complex and rising areas of demand on its public services, while also facing major cuts in government funding. We need to radically re-think how our public services are provided in this context.

**Recommendation 1**

**The Commission recommends the Council and its partners conduct ‘whole place and whole system’ reviews for service changes adopting the principles in the order outlined in the report.**

- a. Identify all service providers in the system and bringing them to the table to discuss changes to the service provision holistically. This should include statutory and commissioned provider so all parties can understand how the service provision currently operates.
- b. Identifying the root cause of demand to be able to shift spending, action and support from late (crisis) to prevention (reducing the demand for specialist and expensive support services).
- c. Identify the point for early intervention to provide access, to support as early as possible in the pathway. Making support available at the point of need (timely and effective support) and not at crisis e.g. for an individual to remain in work to manage their condition and find a resolution.
- d. Starting with the service user not the services themselves: understand the person’s aspiration and their journey through the system
- e. Making all services providers across the system jointly accountable for achieving the outcomes
- f. Commissioning for progression. Having outcomes that enable a person to develop their journey and achieve their goals
- g. Implement co-production and co-design in the organisation’s commissioning cycle and service redesigns, so that services are designed through a partnership between service users and frontline staff
- h. Consider how professional roles and disciplines might be deployed in different ways to achieve better outcomes;
- i. Build trust between organisation and staff and the staff and citizens to enable greater innovation and flexibility at the frontline;
- j. Champion the value of sharing information across public services and beyond;
- k. Develop joint analysis to inform the Council’s policies and enable services to reduce demand. Ensure the data being collected includes information about outputs and the quality of the service and how the service user interact with the service. Build up community insight on the characteristics of the people using the services to identify who uses it more and their specific needs. Capturing service user experience to help the organisation understand demand and where it manifests.

**We recommend the Budget Scrutiny Task Groups refer to the ‘whole place, whole system’ approach in their budget scrutiny work for phase 2.**

***Recommendation Two - pilot a new model of support for unemployed residents with mental health problems***

Hackney has a persistently large number of residents who are out of work due to reasons of mental ill health. These numbers have remained unchanged for decades. The current fragmented patchwork of provision has not worked. It is time to try something new.

We found that too often residents' experience of service provision is that it is fragmented, it is insufficiently personalised and support is not provided early enough to avoid problems becoming more and more severe. Therefore, we recommend that the council apply the principles set out in Recommendation One to pilot a new model of support for those who have been unemployed for more than two years and have mental health problems. Once this pilot has been tested it should be evaluated to see if it could be the basis for a different model of employment support for this group.

<b>Recommendation 2</b>
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<b>The Commission recommends the service redesign principles outlined in the report are used in service areas of high need and high spend such as mental health, disabled working age adults and homelessness.</b>
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***Recommendation Three - appoint an information sharing champion***

To transform services and outcomes, particularly for those people who present the greatest risks and create the biggest demands, information needs to be shared across agencies to a much greater degree than at present. To do this effectively service providers need to tackle cultural and organisational barriers to sharing information.

The default assumption for local public services should be to bring all existing data together and analyse how they can use the information effectively to cross-check information provided by service users to ensure it is correct, or share information to establish a better understanding of the service users' needs and the underlying causes.

<b>Recommendation 3</b>
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<b>The Commission recommends the Council has an information sharing 'champion' to encourage the development of integrated systems/processes and promotes joint analysis across the whole system for service change.</b>
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***Recommendation Four - encourage employers to give people a chance and lead by example***

The long term unemployed often struggle to secure work because employers perceived them to have been out of the labour market too long and to therefore constitute too much of a risk to take on. Helping people into work cannot be just about education and training, but we must also realise demand among employers.

If progress is to be made in this area, public sector employers must be seen to set an example. As one of the largest employers in the Borough the Council has a role in ensuring employers have access to information. The Commission would like the Council to provide support for employers to enable them to employ people who are long term unemployed.

**Recommendation 4**

- a. We recommend the Council works with local employers to encourage them to employ people who have been long term unemployed. We recommend the Council provides access to information or support and advice for employers and looks at what incentives could be offered to employers.**
- b. The Commission recommends the Council leads by example as an employer with a programme that provides volunteering or employment opportunities for people who are long term unemployed and people who have experienced an episode of mental illness.**
- c. The Commission requests information from JCP about how they ensure work programme providers develop employer networks and forge relationships with employers to secure access to a range of job from entry level job to specialist jobs.**

***Recommendation Five - support progression and reach out to different settings***

The review has shown it is not about one destination but the journey for the individual as well as the need for ongoing support for people with mental health. The key to moving people on may be to start with the place where they have a positive experience, where they have built relationships to support their journey. Services also need to understand what appropriate intervention is needed and when; as well as identify the trigger points for prevention services and the appropriate point at which to provide intervention. The Commission believes services need to factor in ongoing support to ensure the person has transitioned into employment.

**Recommendation 5**

**The Commission recommends the Council and JCP work with commissioned organisations to bring moving on support services out to the setting where the individual has a positive experience; to enable discussions**

about progressing their journey.
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***Recommendation Six - changes to the way the workforce is deployed and managed***

The biggest shift being driven by austerity is developing a different relationship with citizens: *'we won't have the money so we will have to focus on the enabling and facilitating, enabling the rest of community to do it.'*

As public sector services become smaller more skills will be needed not just professional skills but facilitators, good questioners and coaches. We need to provide existing and future staff with the opportunities to develop their skills, and work effectively across different organisations, to provide that holistic support at the initial contact.

Public services can only be more responsive to the needs of service users if employees on the front line are trusted to innovate and empowered to act with more autonomy. This requires a fundamental culture change away from traditional command and control models of leadership to one in which leadership is distributed across organisations'. However the need for accountability will be a challenge when changing the culture of how a system and organisation operates.

There is a need for integration not just collaboration. The challenge now is breaking down silos to have integrated services/teams in localities with shared systems and processes. The system needs people with the ability to provide in-depth personal support and build relationships with people. Changing the system requires a shift in mind-set for the professionals and the organisation. This may mean cultural and structural change.

Early intervention is everybody's business and delivering effective early intervention will require thinking about the role of the wider workforce and having an understanding of the total costs across the system / sector. To make better use of core public sector workforce through involving them in identifying need and providing basic information to help keep people out of expensive specialist services.

It's recognised that accountability is needed at some level, but a more mature relationship with risk and trust in the system is required. Changing the system and being successful with the change will depend on the skills of the frontline staff and their ability to build relationships, identify need and provide the appropriate support or opportunity at the point of need. Essentially we need to give front line officers the tools to address need at the first point of contact.

<b>Recommendation 6</b>
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| <p><b>a. The Commission recommends the Council (including commissioned organisations) and JCP (including work programme providers) explore how frontline staff can work holistically with service users to address need at the first point of contact.</b></p> <p><b>b. The Commission recommends the Council and DWP's Jobcentre Plus to explore conducting a randomised whole system pilot to build up evidence of service delivery models across a whole place that will effect</b></p> |
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- change for the long term unemployed to get back into employment.
- c. The Commission recommends the Council and its partners identify a place that has many of the profiles that fall into high need and high spend and do a place based pilot. A place based pilot will enable the Council to build an evidence base for whole place, whole system service delivery models.
  - d. The Commission recommends the Council takes an iterative approach to service change, trying out new ideas on a small scale and properly evaluated their impact.

### **3. FINANCIAL COMMENTS**

- 3.1. As set out in this report, this review was initiated in order that the Commission take a longer term view of the Council's financial position and ways of delivering services across the public sector that would look to ensure that reducing resource could be used more efficiently. This was taken forward via the "deep-dive" into the specific issue of long term unemployed people with mental health issues.
- 3.2. The recommendations in this report look to agencies across the sector to work together to deliver services in a way that will improve the experience of the end user whilst moving to a preventative model dealing with the cause of issue and thereby reducing demand for more expensive reactive support further down the line. This is going to be key as we move forward with significantly less resource.
- 3.3. Whilst the recommendations look to agencies and organisations to work together to deliver more joint up service, we need to recognise the budgetary issues this in itself can cause. It needs to be recognised that changing practice in one organisation and closer working might result in physical savings elsewhere. There needs to be some discussion amongst all parties regarding how these savings could be equitably "shared" in order that all can reap reward of an improved overall service for the end user at ultimately lower cost.
- 3.4. It will be extremely important in moving forward with these recommendations that the financial impact of different working relationships is fully understood and taken account of, particularly if the move to work more co-operatively with other parts of the public sector are successful. It will be vital that in "breaking down the silos", that the financial aspects of this are dealt with in an equitable manner, not putting the Council's own financial stability at risk.
- 3.5. It is clear that there could be real opportunity for the Council to work with other organisations to deliver better outcomes for service users by encompassing this "whole place" approach whilst making more efficient use of the reducing resources available.

### **4. LEGAL COMMENTS**

- 4.1. This report has been drafted following the work done by the Governance and Resources Scrutiny Commission to see how due to the severe reductions to budgets as a result of central government austerity measures the council can review service provision, to explore the merits of taking a 'whole place, whole system' approach to public service redesign, in the face of increasing demand and reduced resources.
- 4.2. A number of specific evidence gathering exercises have been undertaken as well as evidence having been drawn from previous scrutiny reviews in particular: 'Tackling worklessness'; 'Impact of welfare reform and housing

benefit'; and more recently Anxiety and Depression in working age adults; and programmes such as Total Place, Troubled Families and Community Budgets.

- 4.3. The recommendations themselves evolve around the Welfare Reform Act 2012. The Act puts into law what has been one of the governments flagships bills, which ministers have claimed marks the biggest overhaul of the benefits system since the 1940s. It replaces a large number of different types of benefit with a single benefit with the aim of making the system fairer, easier to enforce, and one that encourages people to work. It is being implemented in stages over the next five years. One of the aims of welfare reform is to simplify a complex array of benefits available to people who are unemployed, disabled, unable to work, with childcare responsibilities or who are on low incomes.
- 4.4. The Social Security (Information-sharing in relation to Welfare Services) etc Regulation 2012 sets out the purposes for which the Secretary of State may supply relevant information to a qualifying person in order to determine their eligibility for a particular benefit or grant. The 2012 regulations also set out the purposes for which relevant information can be held (for example, to determine homelessness applications and in relation to involvement in the troubled families programme). The Regulations prescribe the purposes where information can be shared in accordance with section 131 of the Welfare Reform Act. Previously, the Department for Works and Pension (DWP) could share social security data with local authorities for the purpose of administering housing benefit and council tax benefit, but there was no "legal gateway" which meant that information could not normally be shared without the individual's consent. Now data sharing of benefit departments such as the DWP and Housing Benefits sections is extended to include other services that charge for services, such as supporting people, care and residential care services. It will also extend to other welfare services: such as the local schemes that replace the Social Fund and schemes that are linked to receipt of benefit such as the blue badge scheme, discretionary housing payments. Data sharing can also be between the DWP and councils providing support services for young people such as skills and training. This is connected with the "tell us once" scheme where, for example, registrars are able to share birth data with the DWP. People applying for prescribed services will do so knowing that some of their data will be obtained from DWP or shared with the local authority. Data can only be supplied to local authorities where it is in accordance with the provisions in this new legislation. Section 132 of the Welfare Reform Act 2012 Act makes it a criminal offence to unlawfully disclose information supplied under section 131.
- 4.5. The Care Act 2014 introduced a single, national threshold to accessing care and support across England. The Care Act made changes to Section 117 of the Mental Health Act 1983 by Section 75 of the Care Act 2014 and for the first time provided a definition of what comprises "after care services".
- 4.6. Troubled Families are characterised by there being no adult in the family, children not being in school and family members being involved in crime and anti-social behaviour. These families always have other long-standing

problems such as domestic violence, relationship breakdown, mental and physical health problems and isolation which can lead to their children repeating the cycle of disadvantage and makes it incredibly hard for families to start unravelling their problems. As part of the Troubled Families programme, the Government has put in resources to incentivise and encourage local authorities and their partners to grasp the nettle; to develop new ways of working with families, which focus on lasting change, recognising that these approaches are likely to incur costs but that they will result in a shift in the way we work with families in the future – reducing costs and improving outcomes.

- 4.7. 'Personalisation' is the term used for an approach to personal care and support in relation to adult social care which treats people as autonomous individuals and responds to their personal needs and wishes. Central to this vision is the principle that when people need ongoing support, they do not cease to be citizens or members of their local community. The support they use should therefore help them to retain or regain their roles and the benefits of community membership, including living in their own homes, maintaining or gaining employment and making a positive contribution. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy, to enable them to make good decisions about the support they need. The Integrated Personal Commissioning (IPC) programme, starting from April 2015, will bring together health and social care funding around individuals, enabling them to direct how it is used for the first time. This represents a step change in ambition for actively involving people, carers and families as partners in their care.
- 4.8. Data sharing is a common part of modern governance and the delivery of public services. Public bodies collect large amounts of data from individuals and other organisations in the exercise of their various functions and share these data with other public bodies. Due to reported obstacles to effective data sharing the Law Commission undertook a consultation in order to decide whether there are inappropriate legal or other hurdles to the transfer of information between public bodies and, potentially, between public bodies and private bodies engaged in public service delivery. In July 2014 the Law Commission published its report with an analysis of the responses to the Law Commission's Scoping Consultation Paper, *Data Sharing Between Public Bodies*. The report made 3 principled recommendations: 1) The Law Commission recommended that a full law reform project should be carried out in order to create a principled and clear legal structure for data sharing, which will meet the needs of society. These needs include efficient and effective government, the delivery of public services and the protection of privacy. Data sharing law must also accord with emerging European law and cope with technological advances. The project should include work to map, modernise, simplify and clarify the statutory provisions that permit and control data sharing and review the common law. 2) The scope of the review should extend beyond data sharing between public bodies to the disclosure of information between public bodies and other organisations carrying out public functions. 3) The project should be conducted on a tripartite basis by the Law

Commission of England and Wales, together with the Scottish Law Commission and the Northern Ireland Law Commission.

- 4.9. The Information Commissioner's Code of Practice for Data Sharing is a statutory code issued by the Information Commissioner after being approved by the Secretary of State and laid before Parliament. The code explains how the Data Protection Act applies to the sharing of personal data. It provides practical advice to all organisations, whether public, private or third sector, that share personal data and covers systematic data sharing arrangements as well as ad hoc or one off requests to share personal data. Adopting the good practice recommendations in the code will help organisations to collect and share personal data in a way that complies with the law, is fair, transparent and in line with the rights and expectations of the people whose data is being shared.
- 4.10. The Cities and Local Government Devolution Bill 2015-16 forms part of the Government's policy of devolving the powers and budgets of public bodies to local authorities and combined authorities. The wider policy priorities of both the Government and local areas extend beyond the Bill itself, which is largely technical in nature. A government briefing note accompanying the Queen's speech said the Bill was intended to boost growth and to increase productivity and efficiency in local government. In a speech by Chancellor George Osborne he announced that government would legislate to "pave the way for ... cities ... to take a greater control and responsibility over all the key things that make a city work, from transport and housing to skills, and key public services like health and social care".
- 4.11. There are no immediate legal implications arising out of this report and its recommendations.

## 5. FINDINGS

### 5.1 Phase one: why we need a 'whole place' approach

- 5.1.1 Local government is facing unprecedented challenges associated with service delivery; reduced finances; managing staff; engaging citizens; forming new partnerships; changing demand and demographics and rapidly evolving technologies.
- 5.1.2 To set local government expenditure and income in context, local government accounts for 24% of the UK public sector's expenditure. In England, local authorities' total expenditure was £154bn in 2012-13 compared with £162bn in 2011-12 and £172bn in 2010-11.<sup>1</sup> To date it is estimated local authorities in England have lost 27% of their spending power since 2010.
- 5.1.3 Despite this councils have managed to set balanced, legal budgets by delivering the required savings each year. Local Authorities have attempted to shelter front-line services by loading savings onto 'back-office' functions and making other kinds of efficiency saving. They have also embarked on redesigning services in ways that not only makes savings; are forming new collaborations and service models that have the potential to be more efficient and effective.
- 5.1.4 Local government is under pressure to maintain services and cope with increasing demand. Councils deliver a range of services but in the face of funding cuts and expenditure pressures each year, councils have continued to balance their budgets and fulfil their statutory obligations. Most council services are mandatory. This means that the council must do them because they are under a duty to do so by law. Some of the mandatory functions are tightly controlled by central government, other mandatory services (e.g. the library function) have some discretion over the level and type of service provided. There are also some council services and functions which are discretionary. These are services a council can choose to provide but does not have to, they range from large economic regeneration projects - to promote growth and community cohesion - to the removal of wasp nests.
- 5.1.5 Councils work with their communities to determine and deliver local priorities. Council services, are either provided directly or commissioned from outside organisations. Services can be delivered in partnership with local partners, including charities, businesses and other public service providers like the Police and the NHS. The table below provides a summary of the main services and responsibilities of local authorities in London.<sup>2</sup>

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<sup>1</sup>Local Government Financial Statistics England No.24 2014  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/316772/LGFS24\\_web\\_edition.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/316772/LGFS24_web_edition.pdf)

<sup>2</sup> (Adapted from the Department for Communities and Local Government, 'Local Government Financial Statistics England No. 22 2012', pps.16-17.)



Principal service Includes	
Children's services	<ul style="list-style-type: none"> <li>• schools – nursery, primary, secondary and special (but not academies or free schools)</li> <li>• pre-school education</li> <li>• youth, adult and family and community education</li> <li>• children's and families' services – including welfare, fostering and adoption and child protection               <ul style="list-style-type: none"> <li>• children's public health from age five onwards</li> </ul> </li> <li>• youth centres</li> </ul>
Highways, roads and transport	<ul style="list-style-type: none"> <li>• highways – non-trunk roads and bridges roads and bridges</li> <li>• street lighting transport</li> <li>• traffic management and road safety</li> <li>• public transport – discounted travel schemes and local transport co-ordination</li> <li>• some airports, harbours and toll facilities</li> </ul>
Adult Services	<ul style="list-style-type: none"> <li>• services for older people including nursing, home, residential and day care and meals</li> <li>• services for people with a physical disability, learning disability or mental health need</li> <li>• asylum seekers</li> <li>• supported employment</li> </ul>
Housing	<ul style="list-style-type: none"> <li>• social housing</li> <li>• housing benefit and welfare services</li> <li>• homelessness</li> <li>• housing strategy</li> </ul>
Cultural services	<ul style="list-style-type: none"> <li>• culture and heritage, including museums and galleries services</li> <li>• recreation and sport, including leisure centres and sports facilities</li> <li>• open spaces – parks, playgrounds and allotments</li> <li>• tourism – visitor information, marketing and tourism development</li> <li>• libraries and information services</li> </ul>
Environmental services	<ul style="list-style-type: none"> <li>• cemetery, cremation and mortuary services</li> <li>• community safety – including consumer protection, coastal protection and trading standards</li> </ul>

	<ul style="list-style-type: none"> <li>• environmental health – including food safety, pollution and pest control, public toilets</li> <li>• licensing – including alcohol, public entertainment, taxis</li> <li>• agricultural and fisheries services</li> <li>• waste collection and disposal, recycling and street cleaning</li> </ul>
Planning and development	<ul style="list-style-type: none"> <li>• building and development control development</li> <li>• planning policy – including conservation and listed buildings</li> <li>• economic investment and regeneration</li> <li>• environmental initiatives</li> </ul>
Protective services	<ul style="list-style-type: none"> <li>• community safety services • fire and rescue services • court services such as coroners</li> </ul>
Public health	<ul style="list-style-type: none"> <li>• a wide range of mandated public health services, including weighing and measuring children, sexual health, drug and alcohol treatment, and NHS health check programme</li> <li>• advice and information to the NHS</li> <li>• other health improvement measures</li> </ul>
Central and other services	<ul style="list-style-type: none"> <li>• local tax collection – council tax and business rates other services (business rates set centrally)</li> <li>• registration of births, deaths and marriages</li> <li>• election administration – local and national, including registration of electors</li> <li>• emergency planning</li> <li>• local land charges and property searches</li> </ul>

## 5.2 Whole Place, Whole System Approach

5.2.1 An ageing population, welfare reform and an increasing demand for social care services means local government is facing an uncertain future and funding gaps so large that there will barely be enough resource to provide basic statutory services. There is pressure to reduce high costs, high need and complex dependency cases for public sector services.

5.2.2 No agency by itself can drive the change needed to address this. The traditional approach to public services, in which individual agencies focus on just one element of a complex problem, for which they are accountable to Government departments, is simply not working. Approaches which ignore the complexity of individuals' lives as well as local community circumstances and instead deliver one-size-fits-all solutions are failing to meet local need.

- 5.2.3 A different approach is needed because there is less money, changing demand and demographics and technological advancement.

**Less money** – following cuts to a large number of public services during the past five years, we note the government is committed to continuing the pace of deficit reduction during this Parliament. Based on existing plans to return the public finances to balance in 2018/19, day-to-day spending on public services as a share of national income is expected to fall to its lowest level since 1948.

**Changing demands and demographics** – medical and health advances, combined with wider, social change means that people are living much longer and, increasingly spending a smaller proportion of their life in work. We know that health related problems such as diabetes, obesity and mental illness are growing sources of long term pressures. The persistence of more complex social problems entrenched in a relatively small number of people will exacerbate pressures on services.

**Technology** – digital channels are transforming almost all aspects of life, including everything from banking to how we interact day-to-day with friends and family. These changes have raised public expectations and changed behaviour about the way services are accessed and consumed. People now expect more personalised, joined up and convenient ways to access the services they require.

- 5.2.4 The rising demand, changing demographics and increasingly stretched finances mean that the choice for local authorities and public service providers is stark. Rather than simply salami-slicing budgets or managing decline, councils must fundamentally rethink the way they deliver services and use public money. Public sector services must change the way they work, or face the possibility of service retrenchment, increasing irrelevance and perpetual crisis management.
- 5.2.5 Public service transformation itself cannot deliver the scale of public funding reductions required. But it does have a pivotal role to play and, without transformation, deep cuts in funding will feed directly through to deep cuts in services. This review shows that change needs to go beyond the council and will require the breakdown of silo working.
- 5.2.6 Independent analysis for the Local Government Association has suggested significant net savings are achievable if ‘whole place’ approaches to the integration of public services are adopted nationally.<sup>3</sup> More importantly, this approach indicates radically improved outcomes for people – helping to overcome societal challenges that have persisted for many decades.
- 5.2.7 To date public sector service redesign has ended up adding or changing parts of the system. What is needed now is a systematic review of the whole place and whole system. Taking a ‘whole place’ approach will be critical to breaking down organisational barriers and shifting emphasis and funding towards integrated solutions rather than single-agency, costly interventions. Fundamental to this success is being able to bring partners to the table who

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<sup>3</sup> Ernst and Young for the LGA Whole Place Community Budgets: A review of the potential for aggregation

have the authority in decision making and agreement. Taking this approach will help to look at the changes required for staff, residents, organisation culture and service provision.

- 5.2.8 Where responses are not joined up early enough this can result in costly interventions and ultimately poorer outcomes for people. For some people, contact with multiple public services is a regular part of life or a feature of their lives at a particular stage. LankellyChase Foundation reported 'what people with multiple difficulties need is a multi-agency response that is centred around the individual'.
- 5.2.9 The Government recognises that joining up local services to remove duplication in the system and prevent problems before they happen is vital to the reform of public sector services. There have been several pilots aimed at this such as Total Place, Community Budgets and Troubled Families.
- 5.2.10 Prior to Total Place pilots existing attempts to change public services were incremental and made changes to specific parts of the system. Total Place enabled service providers to start thinking in a different way about collaborative working to make the system better. This new way of thinking led to the development of the Troubled Families model and Community Budgets. The Neighbourhood Community Budget evaluation emphasised the need to work towards breaking down silo-based working, and for services to be designed, around the needs of the community or neighbourhood.
- 5.2.11 Our discussion with experts during the evidence sessions of this review highlighted this process was a journey and should not be an audit. The Commission was advised to be led by the evidence, because this was likely to identify the service area(s) that needed changing. There was also great emphasis placed on hearing the views of service users' to identify how and why the system was not working.
- 5.2.12 We learned the process of system change has not end point but is about changing how things are done. There should be thinking about the different skills and knowledge needed for the journey of change. Learning is critical and the target set at the start may change as the journey of change progresses. The elements of system change are:
- Learning
  - Culture change
  - Using a range of different approaches
  - Not applying one size fits all.
- 5.2.13 Even though the case for change is strong a number of barriers exist to conducting this type of change these are:
- Understanding the total costs across the system to make the case for early intervention
  - The ability to pool local budgets and share information - for local service providers to change the whole system they need to be incentivised to work better through public service reform. Better sharing of information across the system to keep people out of and progressing into expensive specialist services.

- Breaking down silos to have integrated services/teams in localities with shared systems and processes. This is a call for genuine service integration; not partnership working or co-ordination of services across the whole system
- Accountability and a different use of power – evidence suggests a need for shared leadership.
- Shifting the mind-set of professionals and the organisation to view residents as assets to get the changes implemented to meet the needs of the service users
- Being able to involve people in the process of co-designing, co-commissioning and co-delivering to get improved outcomes. Talking to them to identify their desired outcome. The stories of the service user will help to understand the nuances of how they use the service or what they find useful or important
- Taking the approach of learning and understanding there are risks with unknown outcomes but the need to manage those risks.

5.2.14 The Commission believes whole place, whole system thinking will be crucial to managing future demand. This approach is about scaling up isolated service based practice and embedding a culture shift across public organisations. Interviewees in the RSA report *Managing Demand Building Future Public Services* pointed out where public managers are able to look across a 'whole place' and commission service preventively, the biggest gains could be found.

5.2.15 Moreover, the recent report of the *Service Transformation Challenge Panel (2014)* gives prominence to the need to develop new, 'person-centred', holistic approaches to service provision, particularly for people with multiple and complex needs.

5.2.16 Taking this approach means it does not focus on achieving saving for one particular organisation but the key aim is to make the system better, accessible and to meet the needs of service users for improved outcomes. Changing the system by taking a whole place, whole system approach will lead to a change in culture in the system rather than just a change in methodology or delivery of the service.

5.2.17 Austerity has catalysed council's efforts to find more efficient ways of working and encouraged new forms of partnership, particularly with health services. But it has also fragmented services and created barriers to collaboration due to the scarcity of resources and the strain on basic services.

5.2.18 During the review the Commission spoke to a range of stakeholders about their approach to conducting a whole place, whole system redesign and the principles they would recommend when embarking on this type of review. This is what our key witnesses said:

*Total Place*

The Total Place initiatives set a new direction for local public services and local authorities. These pilots demonstrated that through bold local leadership and better collaborative working, it would be possible to deliver services which meet people's needs, improve outcomes and deliver better value for money. The Total Place approach – putting the citizen at the heart of service design - helped to open the door for local partnerships to discover what could be done to improve the system and to push forward innovative ideas and solutions to change the way services are delivered. It looked at new ways of co-operation, at local level and a new relationship between the local area and Whitehall.

John Atkinson and Sue Goss implementers of Total Place advised political support for change was crucial and it was imperative to be clear from the start the outcome to be achieved.

The Total Place pilots conducted a money mapping exercise in a bid to establish the exact spend of a services in the whole system locally, they found doing a forensic audit of the money flow required significant resources and did not help to achieve the desired change. Nevertheless, it was not a completely useless exercise because it did help to highlight the percentage of the total funding each service providers was in control of, as well as show up if there were parts of the system that were counter intuitive to the desired outcomes for service users.

The biggest lever for change was conducting a deep dive exercise which started with hearing the stories of the service user. This enabled services to understand the nuances of how service users used the service and what they found useful or important. This proved to be most valuable to the pilots than the mapping of total spend.

They explained to take the work of the pilots further would be to implement co-production and service redesign. True co-production would require a cultural shift for an organisation and professionals. The professional would need to give up their expertise and sit in a room with people who have various opinions. Co-design was pushing the boundary further, following this process through would mean all the views were taken seriously and used to design the service.

The purpose of doing this type of work was to understand what changes were required for staff, residents, users and organisations. They pointed out it was important to have the correct staff with the right skills.

The biggest challenge the pilots encountered was implementation of the changes to meet the needs of the service users.

*LankellyChase Foundation*

LankellyChase Foundation is an organisation that funds projects and uses the findings from the projects to bring about change that will transform the quality of life, of people, who face severe and multiple disadvantage. Their focus is particularly on the persistent clustering of social harms such as homelessness, substance misuse, mental and physical illness, extreme poverty, and violence and abuse.

LankellyChase Foundation take the findings from research projects to influence policy and decision makers to inform system change.

LankellyChase Foundation projects have shown the process of system change is not about reaching an end point but changing how things are done. System change is a journey that requires a learning approach. Learning is critical and when embarking on this journey it should be noted the target identified at the outset may change as the journey of change progresses. There was also indications that the system would require shared leadership resulting in a different use of power.

LankellyChase Foundation expressed the importance of service providers and commissioners building an evidence base which informs them about the problems, the barriers and the needs of the people.

LankellyChase Foundation recognised the importance of achieving some quick wins but disagreed with having a key worker. In their view a key worker was not always the answer because it can prohibit the organisations within the system from changing. They wanted organisations to think about the different skills and knowledge needed for the journey of change. The process of system change is about:

- Learning
- Culture change
- Using a range of different approaches
- Not applying one size fits all.

*London Borough of Lambeth*

Lambeth Council is one of the pioneers of the co-operative approach to local government. The Council set out its vision for a co-operative way of working in the final report *Co-operative Council Commission*. This report laid out a series of recommendations for rebalancing the relationship between citizens and the Council, putting residents at the heart of council services and giving them a more direct role in influencing, delivering and co-producing public services.

In our discussion with Lambeth (co-author of RSA report *Managing Demand - Building Future Public Services*) they found a small number of council's building collaborative approaches however these were within borough boundaries. There were no examples of councils taking the whole place, whole system approach and building collaborative strategies based on local circumstances to influence behaviour; addressing need outside of the service lens; and reconfiguring service delivery mechanisms through understanding how demand manifests across a whole place and whole system.

The report highlighted a different approach was required between the citizen and state relationship. Therefore system change would mean going beyond partnership working; to start with the people and work backwards. In some cases this may mean new relationships and collaborating across agencies and sectors because the drivers for demand are often the same across the system. Evaluations in Lambeth has shown that citizens are willing and ready to work with the Council however the council has to create the right opportunities to get people engaged.

In order to put co-operative thinking into practice, a number of 'early adopter' projects were implemented so the Council could understand how working more closely with citizens would work in practice. Some were projects were successful and some unsuccessful. These projects helped Lambeth to see that changing the behaviour in the system is a challenge. To change the system requires a shift in mind-set for the professional and the organisation. It required a change to the cultural of the organisation and may even require structural changes to the organisation too.

Lambeth Council decided to embark on this change and has changed their focus to 'cooperative commissioning' as its core operating model. Lambeth Council has put its citizens at the heart of the commissioning cycle and is looking beyond costs and value for money to put greater emphasis on the social costs and benefits of different ways to run services. Changing a big organisation is a big task and the need for accountability when changing the culture of an organisation can bring some tension as the organisation transitions. The key to implementing this change in Lambeth was strong local political support.

Fundamentally services need to start closer to the community to



understand their needs and the drivers for demand because changing behaviour is often critical. People understand their problem and are part of the solution therefore residents should be viewed as assets and supported to get involved in the service redesign. Organisations need to get better at involving people in the process of co-designing, co-commissioning and co-delivering to get improved outcomes.

### *Early Intervention Foundation*

Early Intervention Foundation (EIF) is an independent organisation set up to champion and support the effective use of early intervention to tackle the root causes of social problems for children from conception to early adulthood. The Early Intervention Foundation was established in 2013 and has 3 main functions: to assess the evidence; advise commissioners on how to apply the evidence; advocate for early intervention. The focus of their work has been on children and families.

EIF explained providing effective early intervention in a local area requires commitment across the relevant partners in a place. To change a whole system local public services need to be incentivised to work better together and have the ability to pool local budgets and share information. Integration not collaboration is the requirement and the challenge will be breaking down working silos to achieve integrated services/teams in localities with shared systems and processes.

The call is for genuine service integration; not partnership working or co-ordination of services. Through this way of working early intervention can be used to:

- Tackle the root causes of social problems
- Improve life chances, breaking the intergenerational cycle of disadvantage – persistent societal challenges
- Reduce the cost of failure to the taxpayer.

Early intervention is important to all providers in the system and to deliver effective early Intervention you need to understand total costs across the system / sector, whilst also thinking about the role of the wider workforce.

Early intervention requires careful commissioning, high quality implementation and effective systems to identify individuals with needs.

EIF highlighted an organisation should make better use of the core public sector workforce through involving them in identifying need and providing basic information to help keep people out of expensive specialist services. Essentially giving front line officers the tools to address the need first time.

EIF advised the key elements of an effective early intervention strategy to reduce demand are:

- Using evidence and data about where the real need is
- Breaking down silos - integrated services/teams in localities with shared systems/processes
- Evidence based interventions that meet local priorities
- A focus on frontline practice – permissive environments in which professionals have the flexibility and scope to deliver what's needed and make real change
- Using the reach and contacts of wider services
- Building community capacity to solve their own problems.

Although a strategy is key being able to evidence the change or impact of change is now imperative to realising improved outcomes.

*London Borough of Hackney Chief Executive Projects and Programme Delivery*

London Borough of Hackney's corporate Projects, Programmes and Policy teams support the council directorates to deliver service reviews and lead on big change programmes within the Council. They are leading on the Council's Cross Cutting Programmes outlined in the Council's Corporate Plan for 2015-2018.

Projects and Programmes told us from experience they are developing the following principles for service transformation reviews:

- Taking a whole system approach
- Looking from the outside in
- Looking at culture and trust (residents and staff)
- Understanding where demand manifests – root cause
- Prevention and investment
- Experimentation – conducting experimental change e.g. pilots.
- Aiming for a perfect service to 'get it right first time' and if you do not achieve it, make continuous improvements to get there.

In their view the key to change management is approaching the review from the bottom up; hearing the suggestions for change from the frontline staff up to management. They are using this approach to establish where the demand is in the system and identify to what extent there is failure to meet demand in the system.

*London Borough of Lewisham*

Community budget pilots have been introduced to improve services and outcomes for vulnerable groups, particularly those with complex needs. The Commission went to visit the Tri-Borough Community Budget Pilot of Lambeth, Lewisham and Southwark Council. This pilot is aimed at ensuring residents with complex needs get the right intervention at the right time from Universal Credit (UC) application through to employment.

The Commission visited London Borough of Lewisham to view the pilot set up because their pilot closely resembled the service user cohort we were looking at in our deep dive. The pilot is operational and the Commission wanted to find out about the joint approach they have set up. The pilot works in partnership with JCP and referrals are made once a UC application has been made and the individual meets the service criteria.

The vision for this pilot is to break through the silos residents can get caught in and to provide a service that was flexible to meet the fluctuating needs in an individual's life. A key driver for the Tri-Borough collaboration was the need to work with JCP's national work programme (they believed this could not be achieved on an individual borough basis) and access employment opportunities in neighbouring Boroughs with a growing local economies. This pilot shares the Section 106 opportunities giving residents the opportunity to cross borough boundaries. The changes in the labour skills market has led to this pilot working closely with JCP because the UC front end became their primary referral route into the pilot. Using this front end enabled JCP to be involved but they have implemented a key worker role. The key worker role they feel is hugely important to support the people referred who often have high need (low level mental health) but varying employment skills and ability. Their key focus is on removing the barriers to employment and success is measured on the progress journey of the individual.

5.2.19 The Commission encountered scepticism about the ability to get a large Government department like the Department of Works and Pension (DWP) involved in 'whole place' style approaches to local system changes. It was highlighted achieving changes to local DWP services, in most cases, was reliant on an innovative manager. London Borough of Lewisham explained they managed to get DWP engaged with their Community Budget pilot and they believe this was due to the large geographical area (Tri-borough).

5.2.20 Employment is central to improving the financial resilience of the population and current welfare to work service provision (such as via the Work Programme) is not meeting the needs of the most vulnerable and this cohort is likely to be significantly impacted by the welfare reform changes once fully implemented.

5.2.21 To look at how services can work better together we need to adopt a 'whole place' approach. This means:

- breaking down silo working and organisational barriers to look holistically at the challenges facing people and places;
- sharing information across public service silos and using that data to understand the causes of the biggest social problems we face;
- understanding the citizen and their aspirations rather than looking at them simply as a single service user;
- focusing upstream on prevention so that problems can be dealt with before they become acute and costly;
- putting in place shared outcomes and objectives that all the key players are accountable for achieving together;
- embracing co-production, so that services are not simply delivered to people but involve them as an empowered participant throughout.

### **Recommendation 1**

**The Commission recommends the Council and its partners conduct ‘whole place and whole system’ reviews for service changes adopting the principles in the order outlined in the report.**

- a. Identify all service providers in the system and bringing them to the table to discuss changes to the service provision holistically. This should include statutory and commissioned provider so all parties can understand how the service provision currently operates.
- b. Identifying the root cause of demand to be able to shift spending, action and support from late (crisis) to prevention (reducing the demand for specialist and expensive support services).
- c. Identify the point for early intervention to provide access, to support as early as possible in the pathway. Making support available at the point of need (timely and effective support) and not at crisis e.g. for an individual to remain in work to manage their condition and find a resolution.
- d. Starting with the service user not the services themselves: understand the person’s aspiration and their journey through the system
- e. Making all services providers across the system jointly accountable for achieving the outcomes
- f. Commissioning for progression. Having outcomes that enable a person to develop their journey and achieve their goals
- g. Implement co-production and co-design in the organisation’s commissioning cycle and service redesigns, so that services are designed through a partnership between service users and frontline staff
- h. Consider how professional roles and disciplines might be deployed in different ways to achieve better outcomes;
- i. Build trust between organisation and staff and the staff and citizens to enable greater innovation and flexibility at the frontline;
- j. Champion the value of sharing information across public services and beyond;
- k. Develop joint analysis to inform the Council’s policies and enable services to reduce demand. Ensure the data being collected includes information about outputs and the quality of the service and how the service user

interact with the service. Build up community insight on the characteristics of the people using the services to identify who uses it more and their specific needs. Capturing service user experience to help the organisation understand demand and where it manifests.

**We recommend the Budget Scrutiny Task Groups refer to the ‘whole place, whole system’ approach in their budget scrutiny work for phase 2.**

### 5.3 Principles for Service Redesign

5.3.1 It has been said that the current approach to service change and redesign by public sector services is not working and will not deliver the scale of savings needed or meet the future needs of service users unless they start to look across the whole system and aim to manage future demand.

5.3.2 The Commission embarked on this review to identify a set of principles we believe will result in more efficient and effective services for citizens during a time of increasing demand and diminishing resources.

5.3.3 The principles and approach outlined in this report will seem familiar, but for the Commission the steps and order in which these principles are applied will play a key role in successfully implementing whole place change across the system. After reviewing the information the Commission recommends for service redesign locally the principles and order below are followed:

#### Principle 1 - All Partners to the Table

5.3.4 It is well rehearsed that the scale of efficiency and saving required cannot be achieved by a single agency. Certain social needs cannot be met by any one department, service or provider and, service users require the collaborative endeavour of a range of service providers, with a unifying purpose which supports individuals in a way that supports their lives, not existing services. To drive forward the changes will require the collective resources of all partners in the system.

5.3.5 After speaking to service providers in Hackney the Commission sensed there was a real desire to work collaboratively to achieve the efficiency and improved outcomes for their local population. However the Commission is of the view critical to this success is bringing key service providers in the system to the table who have the authority in decision making and agreement.

5.3.6 Although many of the barriers to effective partnership working –different budget, reporting and accountability systems, ring-fenced funding etc – are well-rehearsed; close collaboration and alignment of the work of different agencies is necessary, to reduce duplication and enable services to be made available at the point of need for the service user not the organisation.

5.3.7 If a big part of managing demand involves re-shaping citizen-state relationships, evidence is suggesting the state-to-state relationships should be considered too. This will require breaking down the silo working of organisations and adopting a different approach to shift emphasis and funding towards integrated solutions rather than single-agency, costly interventions.

5.3.8 Fundamentally now all parties need to work out what is required to remove duplication of support, secrecy, wasted resources and static and unresponsive services. We encourage service providers to work out, how they can work collectively to reduce demand in the system. The Commission recommends:

- Identifying all service providers in the system and bringing them to the table to discuss changes to the service provision holistically. This should include statutory and commissioned provider so all parties can understand how the service provision currently operates.

Principle 2 - Demand management - Prevention and Early Intervention

5.3.9 There is growing interest in changing the culture of public services from reaction to early intervention, addressing root causes rather than symptoms, with the aim of avoiding poor outcomes and high costs later on. Investing in prevention is fundamental to shifting from a model of reactive to proactive services.

5.3.10 Prevention entails using all public resources to prevent harm rather than coping with acute needs and problems that could have been avoided. Prevention services are aimed at preventing harm before it occurs and usually focus on whole populations and systems.

5.3.11 Early intervention entails making access to support and services at the point of need or as early as possible. The aim being to mitigate the effects of harm that has already happened and focus on groups and other things considered at risk or vulnerable.

5.3.12 The theoretical financial case for savings predicts that the level of savings that are possible increases as interventions move from short to longer term, and from small, bespoke projects towards whole system change.

5.3.13 Research shows that future demand for public sector services will not only outstrip current supply, but is likely to overwhelm public agencies with a set of needs that do not correspond to the service models of today. Managing future demand will be about scaling up isolated, service-based practice and embedding a culture shift across public organisations. At the same time as building up high levels of trust between service provider and service user - developing a two way relationship to effect long term behaviour change.

5.3.14 EIF highlighted effective early intervention in a local area requires commitment across the relevant partners in a place. LankellyChase Foundation reported their research showed the support provided is time limited and not available as and when a person needs it.

5.3.15 Public agencies need to look outwards, creating the methods to generate deeper insight into the needs, wants and aspirations of citizens. Changing behaviour is critical and residents need to be viewed as assets and supported to get involved in the service redesign. Therefore the default assumption for local public services should be for outcome-focused collaboration around the holistic needs of citizens (thus the root causes of demand).

5.3.16 The Commission recommends:

- Identifying the root cause of demand to be able to shift spending, action and support from late (crisis) to prevention (reducing the demand for specialist and expensive support services).

- Move away from reacting and meeting demand to providing support at the point of need.
- Identify the point for early intervention to provide access, to support as early as possible in the pathway. Making support available at the point of need (timely and effective support) and not at crisis e.g. for an individual to remain in work to manage their condition and find a resolution.

### Principle 3 - Co-production

- 5.3.17 Repeatedly we heard during our evidence session about the importance of starting with the community to understand their needs and the drivers for demand. It was pointed out, the people who use services are in a unique position to articulate their needs and to help design and deliver appropriate support to meet these needs. Currently the system looks at each need individually rather than seeing the whole person. There is a growing evidence-base that the involvement of citizens and/or service users in the commissioning, design and delivery of services can lead to better, more effective services by creating better alignment between user need and provision.
- 5.3.18 To achieve the desired aim of long term transformative change in public services it will mean truly engaging and enrolling the community in the design and delivery of services. This type of change to the system goes beyond partnership working; it means starting with the people and working backwards. In some cases this may mean new relationships and collaborating across agencies and sectors.
- 5.3.19 True co-production and service redesign requires a cultural shift for an organisation. Professionals would be required to give up their expertise and sit in a room with people who have various opinions. Co-design means following through and taking all the views seriously to design the service.
- 5.3.20 LankellyChase Foundation reported their research showed, a person with multiple disadvantages - depending on where a person sits in the system - could experience an overlay of different factors. Their multiple disadvantages often meant they received the least support and were more likely to be subject to punitive and/or coercive interventions. Their analysis showed that people in contact with more than one system were less likely to have good short term outcomes from the support programmes. Resulting in attempts to address these issues, having failed because the services and systems are so firmly entrenched. Also, as a result of being continually failed, the groups' behaviour can result in further exclusion and being labelled as "hard to help".
- 5.3.21 London Borough of Lambeth talked about how they have invested in co-production. To start this they entered into a dialogue with the community about how they could manage assets and commenced building an evidence base on how they could manage assets with less resources. Lambeth Council believe co-production will bring new solutions and the Council has a role to facilitate and enable that change. When thinking about service design, they believe it is important to start with people, families, communities and relationships, rather than the service and professional silos.
- 5.3.22 The Commission is of the view co-production will be the most effective method to achieving improved outcomes and inform the commissioning of the most

appropriate support services. We highlight that this must go beyond engaging people in the traditional ways e.g. consultation after service design. It means involving local residents / service users from the start of the service redesign to help to articulate the solutions to their problems, aspirations, outcomes and inform the quality characteristics of the service.

5.3.23 The Commission recommends:

- Starting with the service user not the services themselves
- Developing services in partnership with service users and frontline staff
- When dealing with complex needs, start by understanding the service user journey and how they access services
- Acquire an understanding of the service user's aspirations.

Principle 4 Commissioning for outcomes that matter to the individual

5.3.24 It has been stated that outcomes cannot be provided for people; people must be active in achieving outcomes for themselves with the support of others.

5.3.25 Central Government and Local Authorities are recognising that new and more strategic approaches to commissioning are vital for ensuring the long-term sustainability of public services and driving better outcomes for citizens. In the public sector, strategic commissioning is more common place however, a range of commissioning models are starting to emerge.

5.3.26 Councils are exploring new ways of meeting the needs and aspirations of their residents. Although many councils have moved towards the 'strategic commissioning' approach – focusing on commissioning for outcomes (such as improved economic well-being and quality of life) rather than outputs and balancing cost with social value - some councils are exploring alternative approaches such as the co-operative commissioning. Lambeth Council have implemented outcome based commissioning using the co-operative approach. We heard about Lambeth Council's new approach to commissioning, which they see as the way to unlock innovation, whilst meeting local resident needs.

5.3.27 Co-operative commissioning is an approach that puts citizens and outcomes at the centre of commissioning and creates stronger relationships between key stakeholders. It looks beyond cost and 'value for money' to put greater emphasis on the social costs and the benefits of different ways to run services.

5.3.28 Co-operative approaches to commissioning are distinctive and in some cases going a lot further than most councils' using the 'strategic commissioning' approach. The unique features of co-operative commissioning are:

- Prioritising social value, not just cost
- Putting citizens and co-production at the centre of commissioning
- Thinking beyond service structures and investing in outcomes
- Co-operative commissioning offers a solution to reactive mutualisation. Rather than spinning out services as an ad hoc response to fiscal and management objectives, co-operative commissioning can help ensure evidence and input from service users, citizens and staff, drive decisions to consider spinning out a service.
- Managing the mutualisation process is key. Mutualisation can offer real value – but the process needs to be skilfully managed. In the right setting public service mutual can unlock the creative potential of services and



generate social and economic benefits for communities. However, the spinning-out process itself can be extremely challenging and difficult.

- 5.3.29 The New Economic Foundation has recommended working collaboratively with local people and providers to maximise the value created by public spending across the social, environmental and economic sector. NEF worked with several authorities to test different ways of commissioning that involved a greater focus on well-being and prevention, and that provide a stronger role for the people intended to benefit from the service in the commissioning process itself. NEF's recommended approach is based on commissioning for outcomes and emphasises the role of co-production in the design and delivery.
- 5.3.30 Despite the many challenges that discourage leaders in the public sector from working together more collaboratively partnership working across the public sector will become even more important as a means of designing services which fit local need and creates efficiencies. To enable successful local partnerships to achieve system change requires putting the user experience of the whole system first, and taking joint accountability for service quality and outcomes.
- 5.3.31 LankellyChase Foundation flagged if organisations want a different dialogue with people they have to find a better way of working with them and having the right commissioners, public values, and principles. Their research showed outputs and outcomes from funders made services focus on the people who seem to be the easiest to help. They recognise that accountability is needed at some level but a more mature relationship with risk and trust in the system was required.
- 5.3.32 The emergence of London devolution discussions are encouraging because devolution would give public service providers the flexibility and freedom in a locality to commission outcomes to meet population needs. The Commission is of the view service providers locally should develop joint outcomes and we endorse the role of co-production in the design and delivery of a service.
- 5.3.33 The Commission recommends local commissioning to involve:
- Making all services providers across the system jointly accountable for achieving the outcomes
  - Working collaboratively with local people and providers to maximise the value created by public spending across the sector
  - Commissioning for progression. Having outcomes that enable a person to develop their journey and achieve their goals.

Principle 5 Culture Change – system and organisations

- 5.3.34 New methods of delivery and infrastructure are required - the current status quo of operation is not sustainable long term – and in the delivery of service the voluntary and private sector will become key to delivering better services through investment and new delivery models.
- 5.3.35 Adopting more flexible, organic structures could challenge traditional professions and services. Organisations need to explore how to marry different traditions and disciplines in a way that respects them but doesn't lead to citizens being pushed from pillar to post. *'Public services can only be more*

*responsive to the needs of service users if employees on the front line are trusted to innovate and empowered to act with more autonomy. This requires a fundamental culture change away from traditional command and control models of leadership to one in which leadership is distributed across organisations'.*

- 5.3.36 The move towards more commissioning rather than delivery makes serving a place even more important. The 21<sup>st</sup> Century Public Servant research suggests service to place should be the fundamental role of councils. Although public servants need to have a vision of place this is challenging if they are trained to view the world through the perspective of services rather than the place: *'We need to get people to look after the place rather than just meet their professional responsibilities. People need to get out of their professional silos and work with voluntary groups, people in the area, do their best for the neighbourhood regardless of their professional role.'*
- 5.3.37 We recognise that quick wins are important to build confidence - Lambeth Council used prototype projects to get things moving in communities, whilst changing the Council's culture and structure.
- 5.3.38 We learned about Lambeth's journey of culture change for their organisation. To begin this process Lambeth Council established 40 early adopter projects in 2011. The projects helped the Council to understand how community networks operated. Some projects were successful at embedding the new thinking and some were not. In 2012 the Council embarked on a system change focused on changing their internal operations and thinking to develop co-operative commissioning. The Council split the organisation into two (commissioning and delivery) and abandoned service departments for 'clusters' concentrating on outcomes creating a flexible organisation.
- 5.3.39 Changing the culture of the organisation was challenging and has involved changing the mind set of staff, developing new skills and strong political support from local politicians. This process has included changing staff job descriptions in a radical way to challenge the traditional ways of thinking for staff and to change their behaviour. The key driver to progress with change for Lambeth Council has been the strong political support and clear narrative from the local politicians.
- 5.3.40 There is no defined end point and no master plan, but a call for leadership to promote shared endeavour across the whole system. Organisations will need to be receptive to the learning that comes from exposure to other ways of working - it is a learning process and a way of thinking and working. Success as we heard will depend on frontline staff having the skills to identify need and the ability to build relationships, to provide appropriate support or opportunity at the point of need.
- 5.3.41 The Commission recommends:
- Implement co-production and co-design in the organisation's commissioning cycle and service redesigns
  - Consider how professional roles and disciplines might be deployed in different ways to achieve better outcomes;
  - Build trust between organisation and staff and the staff and citizens to enable greater innovation and flexibility at the frontline;

Principle 6 Information sharing and measuring impact

*Information Sharing*

- 5.3.42 Sharing information and data across agencies can act as a powerful driver to improve service outcomes. The issue of sharing data is a recognised challenge and we noted in our evidence sessions that some early intervention projects overcome this obstacle and some continue to struggle with this issue.
- 5.3.43 Service providers hold information about the clients they serve. It is often the case that people interacting with a number of services have to repeat their story to different providers. This is often exacerbated by the fact that providers do not cross-check information to ensure it is correct, or share information to establish a better understanding of their client's needs and the underlying causes. This is particularly the case when different agencies provide tailored services to individuals with multiple and complex needs.
- 5.3.44 We are aware that initiatives like the Troubled Families Programme and the integration of Health and Social Care rely on much better sharing of case-level information in order to identify, assess and target the right intervention at the right time. EIF highlighted a pilot in Lancashire that managed to identify the root cause behind frequent callers to emergency services, by bringing all the information (from various service providers) that already exists together. The point is the system may not need to collect new data but use existing data more effectively across the whole system.
- 5.3.45 Much more needs to be done to shift attitudes so that sharing becomes the default position. When we questioned service providers about information sharing they advised there is a legal requirement to state if they share information and why and that the ability to share information is dependent on the individual. During the review the Commission experienced the complexities around information sharing between organisations. Options need to be explored about how the barriers to sharing information can be overcome for example having the information travel with the service user in the form of a 'passport' so it can be transferred from organisation to another.
- 5.3.46 It has been reported some major barriers to this progressing are:
- A lack of leadership about the importance of information sharing;
  - A lack of public awareness about the benefits;
  - Different and often incompatible information management systems;
  - Uncertain interpretation of the Data Protection Act, compounded by conflicting guidance issued to different organisations about what can and cannot be shared; and conflicting approaches about how information can be safely shared.
- 5.3.47 To use existing data more effectively service providers need to tackle cultural and organisational barriers to better information sharing.

*Measuring impact*

- 5.3.48 It was highlighted that for models, systems and programmes being developed they need to be tested for impact. EIF reported reflection and evaluation are essential components but they are rarely applied consistently to fully evaluate the sustainability of discrete project claim.

5.3.49 When embarking on a whole place, whole system change we should remember the journey is experimental - the outcome is unknown. Although there is limited evidence to demonstrate what models work; this is not a reason to do nothing. Council's still need to move forward and try different options.

5.3.50 EIF suggested mapping in house and commissioned provision to consider the strength of the evidence, to ascertain what is known about its effectiveness and fit with local priorities. EIF confirmed for early intervention projects they were focusing on the evaluation of impact. This work was showing that projects delivering effective early intervention did not always evidence change or impact.

5.3.51 Evaluation of the impact of projects and pilots is essential to understanding if the outcomes are sustainable and addressing local need to ensure the savings and improved outcomes are being delivered.

5.3.52 The Commission recommends:

- Champion the value of sharing information
- Develop joint analysis to inform the Council's policies and enable services to reduce demand. Ensure the data being collected includes information about outputs and the quality of the service and how the service user interact with the service
- Build up community insight on the characteristics of the people using the services to identify who uses it more and their specific needs. Capturing service user experience to help the organisation understand demand and where it manifests.

#### 5.4 **Phase two: deep dive looking at long term unemployment and mental health**

5.4.1 Austerity is part of a wider political and policy agenda, which has bestowed both opportunities and challenges to local government. Negatives in the sense of diminishing resources and positives in the possibility of devolution that could give greater flexibility over spend and the provision of services.

5.4.2 Aspects of the wider agenda include:

*Public service reform* – a long standing agenda for shared ambition to find ways of working that are smarter, more integrated and collaborative. This includes finding ways to pool budgets and data between agencies. Such ambitions have underpinned a variety of service redesigns as well as driving the continuing search for innovative models of service delivery.

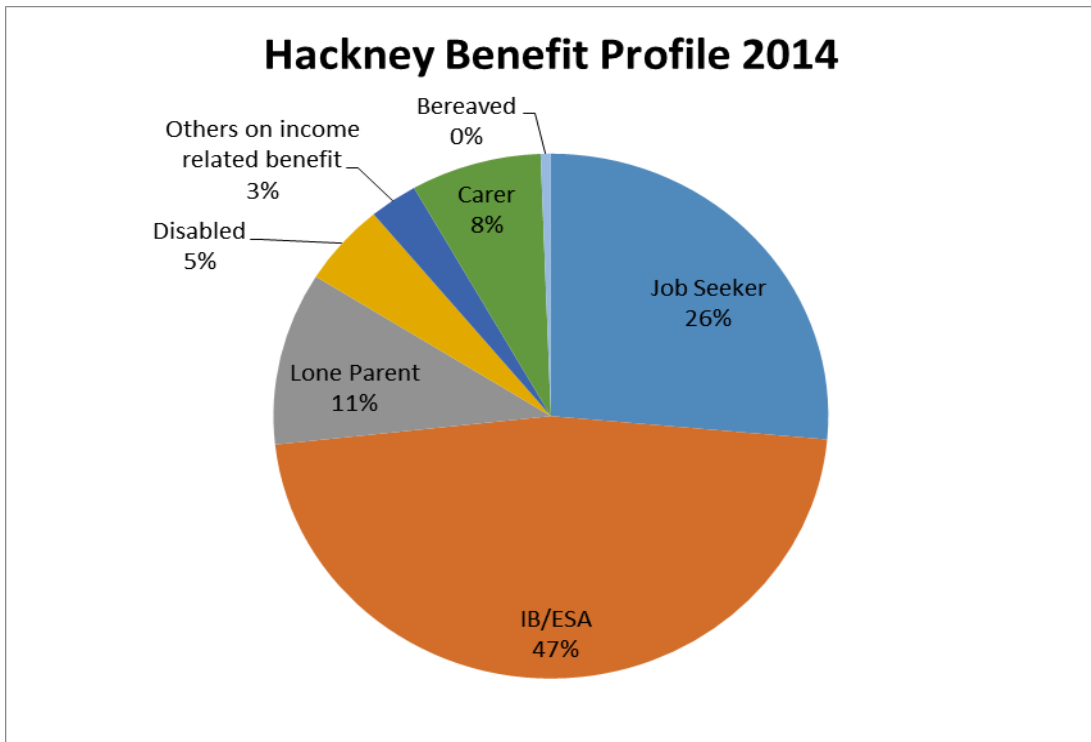
*Devolving more powers to local government* – currently this is responsibility and flexibility. Local authorities have been given greater financial freedoms through reductions in the ring-fencing of funding streams from central government. Systems of central performance monitoring have been removed or scaled back.

*Reform of the welfare system* to 'make work pay' as well as reducing the cost of welfare to public spending.

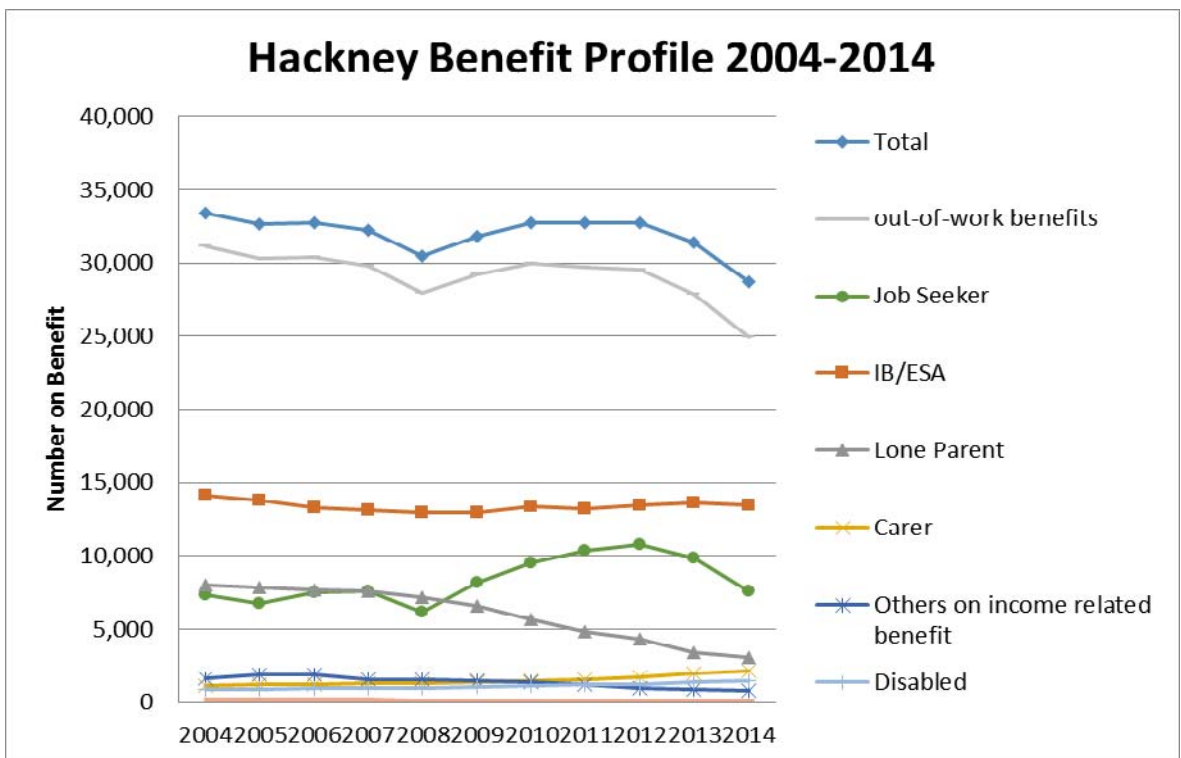
- 5.4.3 To make a change across the system the Commission was informed a deep dive would provide the information needed to design services that meet service users' needs.
- 5.4.4 The service area selected should be one that would deliver the most impact (although it may be difficult to manage). In addition it was important to identify quick wins to demonstrate the learning and assess the impact of the change and sustainable outcomes during the evaluation stage.
- 5.4.5 The Commission decided to look at areas of high need and spend to conduct a deep dive. In tandem the Commission would consider the principles required to carry out a service redesign across a whole place and whole system. This led to the Commission exploring service areas of high need and high spend. The area chosen was long term unemployment with mental health.
- 5.4.6 In Hackney approximately 27,000 people are in receipt of welfare benefit, of this 13,400 are long term unemployed. This figure is higher than the national and London average. Approximately half of this group experience mental health problems and existing programmes for support into work for this group have not impacted on the local unemployment level in the last decade. The reasons for claiming, falls into the following categories:
- 6,420 48% is for Mental and Behavioural Health
  - 1,820 14% is for Musculoskeletal.
  - The remainder cover a range of conditions including injury, poisoning, nervous system, circulatory and symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified.
- 5.4.7 The levels have been relatively static over the decade with an average of 13,400 claimants every year. Incapacity Benefit (IB) /Employment Support Allowance (ESA) has reduced by 5% over the decade (or a total of 660 residents). 57% of benefit claimants have been on benefit for 5 years or more (up 6%). The majority of claimants are aged between 45-64 years old. The gender split for this cohort was 60% male and 40% female in 2004 and now the gender split has become more even 54% male and 46% female. The number of women in the IB/ESA cohort began to increase in 2010. <sup>4</sup>

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<sup>4</sup> [London Borough of Hackney Local Economic Assessment](#)



5.4.8 Overall the graph below shows a decreasing trend for the numbers claiming benefit, which has seen a 14% reduction since 2004 or 4,650 less residents claiming benefit than a decade ago.



- 5.4.9 The Governments objective for implementing welfare reform is to promote work and personal responsibility to make work pay; reduce welfare dependency and reduce the cost of the welfare budget. The largest category claiming welfare support is people with mental ill health and behavioural health. Welfare reform is expected to have a significant impact on this group. The changes to date have led to reassessment of claims and it is widely known that the work programme assessment favours physical disability and not mental health.
- 5.4.10 Potentially when the reassessment for incapacity benefit is complete and the changes to disability living allowance are implemented, this is expected to have a significant impact on Hackney's residents. Our research found that 7 of the research participants had completed a work capability assessment. Of these, 3 had been placed into a support group, and 3 had been placed into a work related activity group. Those placed in support groups were receiving Employment and Support Allowance.
- 5.4.11 Evidence suggests that people who experience mental ill health accessing the work programme do so quite chaotically, resulting in some drop out from the programme. The economic downturn in 2008 and changes in the labour market means it is even harder for this group to enter into employment, coupled with employers not always treating them as employable.
- 5.4.12 The Governance and Resources Scrutiny Commission (G&R) was convinced they needed to start with the service users' voice and not with service providers. We noted that Total Place and Community Budget pilots that came up with new service delivery models carried out a deep dive exercise to build their evidence base. G&R commissioned qualitative research to talk to Hackney residents who were long term unemployed.
- 5.4.13 In tandem to the qualitative research the Commission talked to service providers to find out about the current services provision and support available for the long term unemployed with mental health.

## 5.5 Support Services

- 5.5.1 There is a mixture of statutory and commissioned service provision to support local residents who are long term unemployed with and without a mental ill health.
- 5.5.2 The type and level of support received varies if the individual has a mental illness. In Hackney the main budget holders for support services are:
- London Borough of Hackney Adult Social Care
  - London Borough of Hackney Public Health
  - East London NHS Foundation Trust (ELFT)
  - City and Hackney Clinical Commissioning Group (CCG)
  - Ways into Work (WiW)
  - Jobcentre Plus (JCP).
- 5.5.3 **London Borough of Hackney Adult Social Care** - The ASC service provision is a mixture of in-house and commissioned services. Service providers accessing these support services have reached the threshold for support services from ASC.

Adult Social Care commission two employment support services they are:

- **Lee House** - an employment and training service for people with a mental illness
- **Hackney Recruitment Partnership** (also known as Hackney One Team) - supports people with learning disabilities.

5.5.4 **Public Health** – The Public Health team work to tackle wider health issues like obesity and sedentary lifestyles, to cut the numbers of people smoking and to reduce the burden of long-term conditions. Local Public Health services are also responsible for monitoring and contracting sexual health and substance misuse services and the NHS Health check programme - which identifies risk factors for ill health in those of middle years - and tackling obesity, particularly in children.

PH work closely with ASC and the CCG. PH provide funding support for prevention services too. Organisations providing this support are to fill gaps in service provision.

5.5.5 **East London NHS Foundation Trust - East London NHS Foundation Trust** provide mental health and community mental health services. This covers a wide range of community and inpatient services to children, young people, adults of working age, older adults as well as forensic services to the City of London, Hackney, Newham and Tower Hamlets.

ASC, ELFT and PH commission services jointly and/or in partnership.

5.5.6 **City and Hackney Clinical Commissioning Group (CCG)** - The CCG is responsible for the planning and buying of local NHS healthcare across the borough to meet the needs of the local population; ensuring effective accessible healthcare for all. The CCG is led by local GPs and made up of 43 GP practices who commission local healthcare services in the city and LBH. The CCG has a duty to ensure the pathways for referral from primary care services are sufficient and meet the local population needs. The CCG work closely with statutory service providers in the borough and the Public Health team in the Council to ensure they are referring residents to services available. The CCG refer to 2 mental health employment support services Lee House and Hackney Community College Vocational Co-ordinators.

5.5.7 **Ways into Work** - Ways into Work is an employment programme to support unemployed Hackney residents into jobs, apprenticeships and training. The programme provides intensive, holistic 1-2-1 support for residents and works closely with local businesses to help ring-fence local jobs for local people.

The WiW team provide a non-statutory services which means they apply for funding to support the service provision. This means their funding can come with restrictions such as dictating the client group they must target or work with.

WiW offer employers a single point of contact and deliver training programmes in consultation with businesses. The programme works with a range of partners to deliver training programmes to ensure local people have the relevant skills and qualifications to take advantage of job opportunities in key growth sectors in the Borough.



- 5.5.8 **Jobcentre Plus** – JCP is a government-funded employment agency and social security office. JCP's role is to help people of working age find employment in the UK. It was formed when the Employment Service merged with the Benefits Agency and was renamed Jobcentre Plus in 2002. It is a part of the Department for Work and Pensions (DWP). In the past, JCP would help people who were currently in employment, as well as the unemployed. Now they only provide assistance to those who are unemployed and claiming benefits.
- 5.5.9 There are a number of organisations (by the voluntary sector) in the borough that deliver both targeted and preventive employment support services. Some of these organisations are commissioned by LBH, PH, or CCG and some are not. The pathways of support offered by these organisations are: pre-employment, training, work experience, paid employment and in-employment support for people with mental health issues.
- 5.5.10 A scrutiny review by our colleagues in HiH identified that the support services for people with depression and anxiety was recently transformed. Lower level community-based mental health services were, provided via a number of small contracts with a range of local voluntary sector organisations. LBH Adult Social Care developed a new model of support for working age adults with mental health. The new model is called the *Integrated Mental Health Network* (IMHN). It provides integrated support, signpost services and is designed to ensure that every person who needs help for a mental health problem is given a coordinated plan for their care.
- 5.5.11 The IMHN will be accessed via a 'single entry process' but with multiple access points from the various network members. The IMHN comprises two time-limited service components:
- Mental Wellbeing and Prevention (provision for up to 1 yr.)
  - Recovery and Social Inclusion (provision for up to 2 yrs.)
- 5.5.12 The aim of this new network is to bring the voluntary sector organisations together (commissioned and not commissioned) to work in a co-ordinated way to improve mental health and wellbeing. The range of activities provided by this network include job club, work skills, employment and education and building confidence. The key aim of this new service model is to help people recover and move on.

## 5.6 Budget and performance information

- 5.6.1 Understanding the cost flow of funding for the whole system is useful but if not acquired it is not a show stopper. EIF advised to make the case for early intervention the cost of services should be known. This would enable service providers to look across the whole system and see where the saving would materialize from early intervention or service redesign across the whole system.
- 5.6.2 We asked all the main service providers listed above to provide the cost / budget details for the service and the number of people referred and supported into employment.

5.6.3 The Table below gives some indication of the high level costs/spend associated with local service provision for the long term unemployed with mental health.

Service provider	Number of people accessing/referred	Number of people supported into employment	Cost / budget for service £
Adult Social Care Lee House Hackney One Team (2012/13)	136 141	80 28	£517,185 £296,063
Ways into Work (2010-2014)	8300	700 (439 26 weeks and 261 for 52 weeks)	£1,400,000
Hackney Community College Vocation Co- ordinators			£80,000
Benefit Advisors (based in community Mental Health Team and Inpatient Services)			(FTE in inpatient services) 40,000 CMHT Project cost 45,000

- ASC advised known to LBH there are 760 residents with a learning disability and 2520 residents with a mental health illness.
- WIW advised between April-September 2014, the WiW programme registered and assisted 878 clients, with 449 supported into a job, 132 entering an apprenticeship role and 99 attending accredited training. There are 100 companies signed up to the WIW programme.

5.6.4 Universal services and access to unemployment support services are delivered by DWP. JCP deliver the local services of the national work programme commissioned by DWP. This is the first point of call for people out of work to acquire a source of income. JCP informed us they were unable to provide local information about local spend or budget for the national work programme. Budget information is provided from DWP directly to each work programme provider for the borough.

5.6.5 For this review we were unable to obtain specific local data in relation to the national work programme. The national figures published by DWP relate to large geographical areas in this instances they are presented for East London. It is not unusual to experience challenges when trying to obtain data from partner organisations. Although obtaining specific local data can be a challenge particularly with DWP we were told there may be some ability to effect change in areas of spend within DWP's national work programme but this would be reliant on an innovative local partnership.

- 5.6.6 The London Borough of Lewisham Community Budget pilot works in partnership with JCP to support people with complex needs into work from Universal Credit application to employment. Referrals are made once a UC application has been made and the individual meets the support service criteria. LB Lewisham are convinced JCP have engaged with this pilot because of the large geographical area (Tri-borough).
- 5.6.7 Theoretically financial savings are expected to come from the provision of service, at the point of need (before crisis point). However, being able to demonstrate the financial savings becomes difficult if the full costs or budget for the service(s) are not fully understood.

## 5.7 Research Findings

- 5.7.1 The cohort we were focusing are a vulnerable group that may have or recently recovered from a mental illness. Therefore it was decided the most sensitive way to carry out this research would be to conduct one to one interviews with participants. Research participants were recruited from various support agencies in the Borough. The views captured in this research may not be reflective of the views held by individuals who are not in contact with support organisations. *(The full report is in appendix 1 of this report)*
- 5.7.2 To understand how local residents' use and access unemployment support services the Commission carried out a deep dive review to look at long term unemployment and mental health.
- 5.7.3 The Governance and Resources Scrutiny Commission (G&R) commissioned qualitative research to engage with people who are long term unemployed, with a mental health disorder. This research was commissioned to understand the triggers, barriers and interaction with services. For this deep dive emphasis was placed on hearing the service user voice to understand the customers' journey. The objective being to give the Commission an understanding of:
- The service user experience of services and their knowledge of where to go to get support and access services
  - The triggers, barriers and interaction with services for the long term unemployed with mental ill health
  - Service user's experience of services and support from statutory and non-statutory service providers. To assess the effectiveness of current service provision
  - The service user journey and to see the point at which they access support services
  - What the cohort sees as successful outcomes for them and what support they may require to achieve these outcomes.
- 5.7.4 BDRC carried out 24 in-depth interviews with people with and without mental ill health that were unemployed for 2 years or more. The reason for selecting 2 years or more was because the individual should have triggered accessing the JCP work programme or other forms of support services locally.
- 5.7.5 The research participants ranged in age from 33-57 years. All the participants were in receipt of either JSA or ESA (with mental health issues) or ESA (with other health issues). For those participants with a mental illness they often

had more than one condition for example depression and schizophrenia. *(Full details of the types of conditions can be found in appendix 1 of this report).* For those receiving ESA for other health conditions these included Cancer, Ankylosing spondylitis and one person had a combination of conditions.

- 5.7.6 The interview respondents were pretty evenly spread across gender groups with 14 male and 10 female. As indicated in the table below just over half of the respondents lived in Council rented accommodation. This presents an opportunity for the Council to access those individuals through a place based pilot.
- 5.7.7 The table below shows the tenure of the research participant's accommodation.

Council Rented	14
Housing Association	7
Private Landlord	2
Part ownership	1

- 5.7.8 While everyone we spoke to had very unique experiences and reasons for their current unemployment. Many had taken part in short courses in the past year, for most who were not mentally ill, these were short courses that the Job Centre had referred them onto – usually to improve their CV or interview skills. Those taking part in full time courses were all recovering from mental illnesses.
- 5.7.9 We found that the sample did divide into four distinct segments in terms of current needs i.e. the level of support needed to find employment.

**Unemployed and feel little more can be done (Segment 4) – highest need**

This segment tends to be older and in receipt of JSA. Some of them may be signed off on ESA. They are a bit more jaded with the system and tend to feel their age is a barrier to them finding any work in the future. They are worn out by being unemployed and are close to giving up.

**Unemployed and want training and support (Segment 3)**

Although not exclusively so, this group tend to be at the younger end of the age range. They are in receipt of JSA. They are more confident and determined to gain employment. They are usually fairly confident in themselves and most likely to ask for help if needed, pushing the JCP to see what is available for them in terms of training courses and other opportunities, but they tend to feel that currently the support or training they need isn't available.

### **Mental health condition and looking for work (Segment 2)**

This segment has suffered a mental illness but are now coming out the other side and starting to get their lives back on track. Although mental health problems persist, there is a desire to get on with their life and try to find employment. This group tend to be getting support in terms of looking and applying for roles as they have good support from current agencies, but may need further support in terms of what to tell employers and finding part time positions to ease themselves back into work.

### **Mental health condition and not ready for work (Segment 1) – lowest need.**

This group is not ready to work yet or not at all. This segment is still in the process of receiving therapy and do not feel they will be ready to start working again for the foreseeable future (or ever). Their goal is to keep busy and active to keep their mental health issues at bay. While this group do need a lot of support to progress them along their recovery journey, they are generally already getting the support they need and tend to feel well looked after by the agencies they are in contact with as part of their health recovery.

- 5.7.10 We asked residents how they accessed support service to understand if they were referred or sign posted to support. Those with mental health issues almost automatically had a support network around them (*'team of people around me'*) to support with rehabilitation through to getting back to work. This seemed to mostly stem from health agencies (hospitals or GP) focused on a health recovery where referrals are made to other agencies. From here individuals have the opportunity to speak to other people about their experiences and referrals to other agencies came by word of mouth.
- 5.7.11 For those without mental health issues, accessing support is part of a formal process. The JCP is their first port of call to apply for benefits. Once individuals have met the criteria for their income from the JCP, they are then required to attend and search for jobs and receive some statutory training as and when required. After being with the JCP for a period, they can then be referred to other agencies, locally this is organisations such as Renaisi or Shaw Trust, for more intensive job searching. There seems little opportunity to find out about other support organisations so this information either comes from word of mouth talking to other unemployed people or from their own searches. Support for these individuals is time limited (usually 2 years) before they are referred back to JCP.
- 5.7.12 Although the cause of unemployment differed the research uncovered the main causes for unemployment were:
- Being made redundant and after being out of work a mental health issue emerged
  - They left a job to pursue another career and again, a mental health issue emerged
  - A mental health issue brought about them losing their jobs.
- 5.7.13 The review highlighted that on average work programme providers were allocate 2 years or less to work with individuals to get them back into employment after being out of employment for at least 12 months (following an episode of illness or long term unemployment). The support time provided to

service users was highlighted by LankellyChase Foundation as not long enough. In our discussions with frontline staff they highlighted the time it takes to support an individual with a mental illness back to full employment can take as long as 6 years.

5.7.14 The Shaw Trust are piloting a new service provision call Health and Wellbeing Hubs. One pilot hub is based in Hackney. This means unofficially clients can still access the service provision they used on the work programme because they are a local resident. Shaw Trust confirmed some clients - who continued to access the Hub's services after they completed the work programme period - did secure employment. A demonstration again that the time period for support service may not be sufficient to see a client through to a sustainable change in their life. This the Commission considers is an area service providers need to review.

5.7.15 We asked our research participants to highlight the barriers to finding employment. The main barriers to employment summarised in the research were:

- **Lower paying roles:** there was a fear of looking for or accepting lower paying roles as individuals perceived they would be worse off than they currently are on the benefits they receive. This was more of an issue for those in private rented accommodation where there was more risk of rents spiralling.
- **Costs associated with looking for work:** The main issue was paying for training courses as opposed to the smaller ticket items such as clothes for an interview and travel expenses. Many respondents mentioned career aspirations that involved training that would come at a cost and they would like to receive financial support for.
- **Perceptions of feeling marginalised:** There were several examples of this:
  - Age issues where some felt they were perceived as 'too old' to be employed. Also that support appeared more available for younger people (18-24 year olds)
  - Observationally, those with mental health issues have a greater support network than those without. Support includes health-related agencies as well as agencies offering other forms of rehabilitation.
  - There is more pressure on those in receipt of JSA (Job Seekers Allowance) compared to IB (Incapacity Benefit) or ESA (Employment and Support Allowance) to look for work. However, those with mental health issues may be better to have a 'halfway house' where they are encouraged to look for work.

5.7.16 We presented this information to frontline staff and asked them about the barriers to employment for this cohort. The frontline staff added a few more barriers to the list above (full details of the discussion with frontline staff is in appendix 2):

- There is insufficient information available to help a person move on from services like Core Arts
- Service users fear benefit sanctioning and instability
- The aspiration of social care services is to secure welfare benefits, housing and get the service user stable on their medication

- The clients care co-ordinator may not encourage the person to progress especially if they have tried and failed at some point. They are reluctant to encourage the person to try again, instead they are encouraged to remain stagnant
- There is a lack of part time and volunteering roles so that people can progress and move on
- Gaps in CVs – How to explain this to employers particularly for people who have had a mental illness
- Having access to support and the right advice. There is limited information on money advice, better off calculation and learning budgeting skills as they transition from benefits to work
- Employers receive funding for an apprentice aged between 18-24, but they do not receive any financial assistance for an apprentices aged 25 years and over
- There is a lack of unpaid opportunities and employment opportunities in the borough or provided by the Council for this cohort
- There is no handover of information about the person or their support needs prior to their arrival to intensive job search support services
- JCP do not provide information about the person after they leave intensive support services. Therefore work programme providers are unable to confirm if a person progressed into employment after accessing their support service.

5.7.17 We heard research participant express frustration with the system, more so those who are long term unemployed without a health condition. Their frustration lied with the support provision being largely generic and being aimed at young people under 25 years old. The biggest frustration was with the national work programme particularly for segment 3 and 4 (no mental health issues) who appeared less supported by agencies involved in helping people into employment.

5.7.18 JCP's support was viewed as a generic approach to job seeking support with assistance provided for CV writing and interview preparation. There was little opportunity to speak to advisers, although there was some praise for individuals working at JCP.

5.7.19 The issue of sanctioning made individuals feel wary of JCP. The main criticism we noted related to access to specific types of training, but often the training offered was too generic, too simple or inappropriate for their skillset. Many commented on being made to apply for jobs they were not qualified to do. Referral to work programme providers did not improve the experience for clients, the computers were perceived as slow and help and support was limited.

5.7.20 The work programme provider Renaisi was perceived as being target driven. In our discussion with work programme provider Renaisi they explained they engaged with a range of long term JSA or ESA claimants. Renaisi highlighted prior to the claimant's arrival there was no handover of information about the person or their support needs. This work programme provider has advisors working with on average 60 clients at any one time and in some locations this ratio could be higher. Although they recognise the need to support a person

holistically their focus for support and key deliverable for the programme related to the client securing employment.

- 5.7.21 The longer people are out of work the harder it becomes for them to get back into employment. Perceived appropriate work opportunities appear limited, with individuals experiencing few and inappropriate jobs for their skill or ability level. When helping unemployed people find work, this would be better achieved if appropriate employers could be found.
- 5.7.22 In relation to the job seeking methods used. Many of those in receipt of JSA mentioned applying for numerous jobs each week. There appeared to be an emphasis on quantity over quality in relation to job applications with applicants applying for jobs they had little chance of getting. This suggests the methods used are a numbers game, where the more CVs sent out and job applications completed will eventually lead to 'striking lucky' with gaining employment. Perhaps a more quality-based approach is needed to focus on appropriate jobs which are more likely to result in a positive outcome.
- 5.7.23 WiW advised they provide a service that supports local residents and employers (in the growth industries) to ensure appropriate job match. WiW deliver their service in connection with a number of RSLs and VCS organisation and reported the clear difference between WiW and JCP was their relationship with employers. The research participants did not indicate they were aware of this service particularly for those without a mental illness.
- 5.7.24 Addressing systematic long term unemployment became more challenging as unemployment rose resulting in the increased competition for jobs, thus favouring those with skills, qualifications and a positive track record of employment. Therefore people who were recently in employment are more likely to be re-employed than those out of work for over a year. The system appears to be organised in a way that is contradictory to how people find employment. Normally people build up their skill sets through volunteering when seeking employment.
- 5.7.25 What appears to be missing in the system is quality jobs and having agencies that provided access to employers to help clients secure employment. Alongside this, there needs to be access to jobs too. For instance, an agency building relationships with employers who are willing (perhaps as part of their corporate social responsibility approaches) to employ people who have been out of work long term or have experienced mental illness. The agencies involved in helping long term unemployed people find employment would ideally have personnel who have employer networks or can forge relationships with employers. There is also needs to be a better range of jobs available from entry to specialist. The Commission sensed that many of the jobs on offer were low paid or low skill which was the one of the key barriers to employment the research participants highlighted. Perhaps a more quality-based approach is needed to focus on appropriate jobs which are more likely to result in a positive outcome.
- 5.7.26 If progress is to be made in this area, public sector employers must be seen to set an example. As one of the largest employers in the Borough the Council has a role in ensuring employers have access to information. The Commission would like the Council to provide support for employers and



incentivise them to employ people who are long term unemployed. E.g. employers to get support to help support an individual who they employ that has been long term unemployed and/or had an episode of mental ill health.

- 5.7.27 Knowing where to go for help and advice appears limited. It is important there is clear signposting and navigation for individuals towards appropriate support. The work programme alone will not solve it.
- 5.7.28 Based on the findings from this research, the Commission is of the view the Council and its partners should test a new model of support for this group, based potentially around a key worker model dedicated to a particular geographical area.

**Recommendation 2**

**The Commission recommends the service redesign principles outlined in the report are used in service areas of high need and high spend such as mental health, disabled working age adults and homelessness.**

- 5.7.29 To transform services and outcomes, particularly for those people who present the greatest risks and create the biggest demands, there needs to be changes in the statutory basis for sharing information. To do this effectively service providers need to tackle cultural and organisational barriers to sharing information.
- 5.7.30 The default assumption for local public services should be to bring all existing data together and analyse how they can use the information effectively to cross-check information provided by service users to ensure it is correct, or share information to establish a better understanding of the service users' needs and the underlying causes.
- 5.7.31 To enable successful local partnerships is putting the users' experience of the whole system first, and taking joint accountability for service quality and outcomes. Working out what is needed to bring the different services together to work collectively to reduce demand in the system.

**Recommendation 3**

**The Commission recommends the Council has an information sharing 'champion' to encourage the development of integrated systems/processes and promotes joint analysis across the whole system for service change.**

<b>Recommendation 4</b>
<p><b>a. We recommend the Council works with local employers to encourage them to employ people who have been long term unemployed. We recommend the Council provides access to information or support and advice for employers and looks at what incentives could be offered to employers.</b></p> <p><b>b. The Commission recommends the Council leads by example as an employer with a programme that provides volunteering or employment opportunities for people who are long term unemployed and people who have experienced an episode of mental illness.</b></p> <p><b>c. The Commission requests information from JCP about how they ensure work programme providers develop employer networks and forge relationships with employers to secure access to a range of job from entry level job to specialist jobs.</b></p>



5.7.32 The research report identifies several cohorts with differing needs according to where they are on the ladder towards gaining employment. Some are very much job ready and others are a long way off of working. For those looking for work, being out of work for too long had had a negative impact and caused self-confidence issues, therefore escaping unemployment becomes even more difficult.

5.7.33 The experience of the long term unemployed with mental or health condition were more positive about the advice, support and information they received from the support organisations they interacted with (Peter Bedford, Core Arts, Mind and Hackney Community College). This group was provided with access to non-generic course or further education and volunteering opportunities. The approach of case worker or individually tailored support and advice worked well and was provided by the organisations listed above. These clients developed a trusting relationship with their support workers and the environment was perceived as providing a positive experience leading clients to be open to making further steps in their recovery.

5.7.34 The challenge frontline staff pointed out for people with mental ill health was insufficient information or services available to help a person move on. For service providers like Core Arts (who worked with people with severe and enduring mental health) and HCC Mental Health Case Workers (who worked with people from low to severe mental health) they reported that the fear of benefit sanctioning and instability curtailed this group's aspirations and journey. They found that clients were not encouraged to move on especially if that individual failed at some point. Their clients had usually been through the DWP process and were at a place where they were stable (housing and medication) and comfortable therefore they too wished to remain at their current place and not continue their journey.

- 5.7.35 The ability to progress and move on was picked up as an issues. Frontline staff in VCS organisations are of the view, health professionals and social workers were reluctant to encourage a person to continue their journey beyond a certain point of stability.
- 5.7.36 Around half of all respondents across all segments had undertaken some form of volunteer work. Volunteer work was also mentioned by many research participants as a desirable goal. It was also recognised as something important to do to feel valued. For those with mental ill health, this tended to be via the agencies they were in touch with as part of their rehabilitation (for example Peter Bedford, Core Arts and Hackney Community College). However there was no progression onto other volunteering roles or job opportunities. The frontline staff cited this was due to the lack of part-time and volunteering roles in the Borough (in the local job market or through the Council). The frontline staff pointed out they need placements and volunteering roles that would support the individual's recovery journey. These should be interesting and most importantly not affect their benefits before they have worked up a plan to transition.
- 5.7.37 Adult Social Care informed their support services were holistic but out of date. A review of ASC employment support services concluded the service should work more with employment services like WiW and, redesign an employment pathway that builds on the success of other services rather than replicate it. It should offer a specialist target service for residents who are long term unemployed regardless of the type of disability. ASC believed their social workers were proactive but the challenge was getting service users into sustainable employment.
- 5.7.38 In addition ASC made changes to lower level community-based mental health support services, this resulted in it being re-commissioned to bring voluntary organisations together to work in a co-ordinated way, to improve mental health and wellbeing; to make more effective use of resources and to support both the Council's own 'Promoting Independence' and its 'Personalisation' agendas.
- 5.7.39 For the majority of unemployed people, getting a job is their end goal. This particularly applied to segment 3 who are continuously searching for jobs. Segment 2 and 4 also wanted to find employment, but appreciated that it might be more difficult because of their skill sets (segment 4) or there were some limitations because of their mental health (segment 2). Segment 1 realistically knew they could not work. For segments 1 and 2, occupying time with activities was very important, as it helped to keep their mental health stable. To this end social interaction was important for the majority.
- 5.7.40 Personalised support appears to be a more successful route forward. Many respondents' experienced a generic type of support to look for and prepare for employment. If personalised support is provided the support should be in the form of helping individuals find appropriate job vacancies, advice and help in getting the right type of training. The success with support workers comes from those that are trusted therefore they would need to be knowledgeable and empathetic towards individuals.

- 5.7.41 The structure of support for people should focus on the place not the person and end to end support is required not just to the point of getting a job. The place where unemployed people can access this support may also need to be considered - a trusting environment. The right approach to continuing a person journey may be to take the moving on support out to the place where the individual has a positive experience to enable those discussions.
- 5.7.42 Appropriate Interventions are necessary too, for example, people who are in receipt of restorative help may eventually be ready to move up to a next stage, perhaps vocational training for work if the intervention is appropriate and well timed. As such, waiting too long to offer appropriate support or intervention can be harder for the individual as well as the agency involved in helping the person into employment.
- 5.7.43 The review has shown it is not about one destination but the journey for the individual as well as the need for ongoing support for people with mental health. The key to moving people on may be to start with the place where they have a positive experience, where they have built relationships to support their journey. Services also need to understand what appropriate intervention is needed and when; as well as identify the trigger points for prevention services and the appropriate point at which to provide intervention.
- 5.7.44 The research showed a need for ongoing support for people with mental health. The Commission believes services need to factor in ongoing support to ensure the person has transitioned to into employment.

**Recommendation 5**

**The Commission recommends the Council and JCP work with commissioned organisations to bring moving on support services out to the setting where the individual has a positive experience; to enable discussions about progressing their journey.**

- 5.7.45 A number of comments were made about staff and the skill sets required to support the long term unemployed. We recognise that if staff do not have the tools or flexibility in the system to meet a person's needs they are likely to become desensitised to the person in front of them or their circumstances. Research for the 21<sup>st</sup> Century Public Servant highlighted officers would prefer to work co-productively or in partnership with citizens. Being able to relate humanly to each other, in the way they deliver services and in the way they assess people for services too. *'Individuals need the power to resolve a resident's problem – We need a mechanism to identify those things they want to change and come together to work on them.'*
- 5.7.46 The biggest shift being driven by austerity is developing a different relationship with citizens: *'we won't have the money so we will have to focus on the enabling and facilitating, enabling the rest of community to do it.'* One clear finding from the research was, the widespread calls for whole person approaches to care and support which necessitates working practices in which staff are also able to be 'whole people'. If workers can crack this more human way of engaging with people it will enable citizens to be treated more holistically – as a whole person rather than a set of conditions or needs.

- 5.7.47 As public sector services become smaller more skills will be needed not just professional skills but facilitators, good questioners and coaches. We need to provide existing and future staff with the opportunities to develop their skills, and work effectively across different organisations, to provide that holistic support at the initial contact.
- 5.7.48 They system may need a key worker so we explored the idea of a 'key worker' role - a key worker who is a person with empathy and knowledge about where to navigate people, a person working inside the system or a trusted professional. This was met with mixed views.
- 5.7.49 EIF confirmed for complex cases key workers were part of the model. It was noted people have key workers because of the different levels of need. The reason for this is to have a person who can build relationships, challenge and navigate the system to help the family. LankellyChase Foundation advised although a key worker may be necessary having a key worker is not the answer because it can prohibit an organisation from changing.
- 5.7.50 Public services can only be more responsive to the needs of service users if employees on the front line are trusted to innovate and empowered to act with more autonomy. This requires a fundamental culture change away from traditional command and control models of leadership to one in which leadership is distributed across organisations'. However the need for accountability will be a challenge when changing the culture of how a system and organisation operates.
- 5.7.51 There is a need for integration not collaboration. The challenge now is breaking down silos to have integrated services/teams in localities with shared systems and processes. The system needs people with the ability to provide in-depth personal support and build relationships with people. Changing the system requires a shift in mind-set for the professionals and the organisation. This may mean cultural and structural change.
- 5.7.52 Early intervention is everybody's business and delivering effective early intervention will require thinking about the role of the wider workforce and having an understanding of the total costs across the system / sector. To make better use of core public sector workforce through involving them in identifying need and providing basic information to help keep people out of expensive specialist services.
- 5.7.53 The default assumption for local public services should be for outcome-focused collaboration around the holistic needs of citizens (thus the root causes of demand).
- 5.7.54 It's recognised that accountability is needed at some level, but a more mature relationship with risk and trust in the system is required. Changing the system and being successful with the change will depend on the skills of the frontline staff and their ability to build relationships, identify need and provide the appropriate support or opportunity at the point of need. Essentially we need to give front line officers the tools to address need at the first point of contact.
- 5.7.55 Many of the challenges experienced by the long term unemployed require a holistic approach from a range of services. Our research has shown the long term unemployed (particularly those with health conditions) need support from a range of service providers alongside the Work Programme. This support

needs to cover soft skill development through to active job seeking. It is unlikely the Work Programme will be able to achieve innovation and local experiments alone. This report makes the case for local innovative service delivery to complement the national Work Programme. We encourage the Council and JCP to draw on national and local experience of what is successful to support the long term unemployed into sustainable employment. We encourage the council and local providers to take an iterative approach to service change, trying out new ideas on a small scale and properly evaluating their impact to avoid perverse incentives and unintended consequences.

**Recommendation 6**

- a. The Commission recommends the Council (including commissioned organisations) and JCP (including work programme providers) explore how frontline staff can work holistically with service users to address need at the first point of contact.**
- b. The Commission recommends the Council and DWP's Jobcentre Plus to explore conducting a randomised whole system pilot to build up evidence of service delivery models across a whole place that will effect change for the long term unemployed to get back into employment.**
- c. The Commission recommends the Council and its partners identify a place that has many of the profiles that fall into high need and high spend and do a place based pilot. A 'place based pilot' will enable the Council to build an evidence base for whole place, whole system service delivery models.**
- d. The Commission recommends the Council takes an iterative approach to service change, trying out new ideas on a small scale and properly evaluated their impact.**

## 6. CONCLUSION

- 6.1 There are complex societal challenges that have not been solved for decades. In Hackney some of the persistent issues relate to mental health, disabled working age adults and homelessness.
- 6.2 The National Audit Office published its study, *The impact of funding reductions on local authorities*, in November 2014. This shows an overall picture of real-terms reductions in spending power. Although the main cuts are triggered by grant reduction, the NAO report points out that the semi-frozen state of council tax means a real-term reductions in that source of income, while income from fees and charges have also fallen in real terms over this period too.
- 6.3 Public service reform has been on the agenda for some time, but the scale and pace of change has been slow. The pace is urgent now and the scale of change required needs to go beyond public sector's traditional efficiency based approaches to savings and service reductions.
- 6.4 The Commission is calling for genuine service integration not just partnership working or co-ordination / collaboration of services. The challenge will be breaking down silos and to have integrated services/teams in localities with shared systems and processes. We believe the scale of savings required will not come from traditional collaboration or multi-agency working. As it is recognised that it's not sustainable to keep paying multiple professionals to sit in the same room and talk to each other. A shift to deliver really integrated public service is required.
- 6.5 The Commission believes what is needed now is a system based approach and not repeated cycles of organisational restructures and our evidence suggests this should take the form of a 'whole place, whole system' review. Taking the whole place, whole system approach means building collaborative strategies based in local circumstances to influence behaviour; addressing need outside of the service lens; and reconfiguring service delivery through understanding how demand manifests across a 'whole place' and 'whole system'. This process will be iterative and experimental. We recognise there may not be a defined end point or master plan, but that the process will involve learning and changing the way professionals in their current organisational silos think and work across the system. This means starting with the people and working backwards. In some cases this may mean new relationships and collaborating across agencies and sectors.
- 6.6 The new landscape will include services beyond the Council itself and require fundamentally different organisational cultures and behaviours. In the delivery of services the voluntary and private sector will become key to helping the public sector deliver services. Long term will see success as the development of joint working and budgets across the whole system with public, private and voluntary sector organisations.
- 6.7 Investing in prevention and early intervention will be fundamental to shifting from a model of reactive to proactive services.

- 6.8 Public service leadership will need to promote shared endeavour across the whole system rather than merely enabling others to do things. The need for accountability is a challenge because we recognise that except the Council the majority of public sector providers are accountable to central government department and have limited local accountability. But barriers to this need to be removed and we see devolution as a possible solution. While local devolution and greater reliance on civic responsibility are welcomed by local government, without coherent central support and investment, such efforts can only ever be ad hoc, and risk leaving gaps in services through which the poorest and most disadvantaged in society will fall.
- 6.9 Employment is central to improving the financial resilience of the population and current welfare to work service provision (National Work Programme) is not meeting the needs of the most vulnerable and this cohort is likely to be significantly impacted by the welfare reform changes once fully implemented.
- 6.10 Access to employer networks is key to getting people into employment. We acknowledge the WiW team have a service model that forges networks with employers but this is not consistent and shared across the system to benefit local residents. Therefore could benefit from more joined up working across the system.
- 6.11 Overwhelmingly in all our evidence sessions we heard that local political support was crucial. It is important to be clear from the start of the outcomes to be achieved because transformative change requires political buy-in, and it is vital that local politicians lead a new conversation with citizens that is more collaborative. The commission hopes the Council and all local partners will be willing to come together and work with citizens and make strides to change the whole system for service redesigns.



## 7. CONTRIBUTORS, MEETINGS AND SITE VISITS

The review's dedicated webpage includes links to the terms of reference, findings, final report and Executive response (once agreed). This can be found at [here](#).

### Meetings of the Commission

The following people gave evidence at Commission meetings or attended to contribute to the discussion panels.

- 8<sup>th</sup> September 2014<sup>5</sup>      **John Atkinson**, Independent Consultant (previously the leader of the Total Place Programme)  
**Sue Goss**, OPM (provided system-leadership for Total Place and Community Budget programmes)
- 10<sup>th</sup> November 2014<sup>6</sup>      **Shawnee Keck**, Policy Advisor, London borough of Hackney  
**Joanna Sumner**, Assistant Chief Executive, Programme, Projects and Performance, London Borough of Hackney
- 19<sup>th</sup> January 2015<sup>7</sup>      **Gennette Laws**, Assistant Director Commissioning, London Borough of Hackney  
**Rob Blackstone**, Adult Social Care, London Borough of Hackney  
**Gareth Wall**, Public Health Manager, London Borough of Hackney  
**Stephen Hanshaw**, Borough Relationship Manager (Hackney), Department for Work and Pensions Jobcentre Plus  
**Amina Begum**, DWP Borough Relationship Manager (Tower Hamlets), Department for Work and Pensions Jobcentre Plus  
**Andrew Monk**, Programme Manager Ways into Work, London Borough of Hackney
- 16<sup>th</sup> March 2015<sup>8</sup>      **Alice Evans**, Director System Change, LankellyChase Foundation  
**Anna Randle**, Head of Strategy, London Borough of Lambeth

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<sup>5</sup> [G&R Meeting September 2014](#)

<sup>6</sup> [G&R Meeting November 2014](#)

<sup>7</sup> [G&R Meeting January 2015](#)

<sup>8</sup> [G&R Meeting March 2015](#)

19<sup>th</sup> June 2015<sup>9</sup>

**Donna Molloy**, Head of Implementation, Early Intervention Foundation.

### Site Visits

The Commission made the following site visits for this review.

20<sup>th</sup> January 2015 Site visit to London Borough of Lewisham to see the Tri-Borough 'Pathways to Employment' Community Budget Pilot located at The Green Man.

23<sup>rd</sup> July 2015 Frontline staff workshop to discuss BDRC research findings.

## 8. MEMBERS OF THE SCRUTINY COMMISSION

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Councillor Rebecca Rennison (Vice Chair)

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<sup>9</sup> [G&R Meeting June 2015](#)

- Service Transformation Challenge Panel (November 2014). Bolder, Braver and Better: why we need local deals to save public services
- [A. Randle and H. Kippin. Managing Demand Building Future Public Services: RSA](#)
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- J. Banerjee and S. Mimmagh (August 2015). Long Term Unemployed People in Hackney – The Customer Journey: BDRC Continental (appendix 1)
- [Health in Hackney Scrutiny Commission \(March 2015\). Preventing depression and anxiety in working age adults: London Borough of Hackney Health in Hackney Scrutiny Commission.](#)

## 10. GLOSSARY

Below is a list of abbreviations used within this report and their full title.

Abbreviation	Definition
ASC	Adult Social Care
CCG	Clinical Commissioning Group
DWP	Department of Work and Pension
EIF	Early Intervention foundation
ELFT	East London Foundation Trust
ESA	Employment Support Allowance
G&R	Governance and Resources Scrutiny Commission
HCC	Hackney Community College
HiH	Health in Hackney Scrutiny Commission
IB	Incapacity Benefit
IMHN	Integrated Mental Health Network
JCP	Jobcentre Plus
JSA	Job Seekers Allowance
LBH	London Borough of Hackney

LGA	Local Government Association
NEF	New Economic Foundation
NHS	National Health Service
PH	Public Health
RSL	Registered Social Landlord
UC	Universal Credit
VCS	Voluntary Community Sector
WiW	Ways into Work

# Long Term Unemployed People in Hackney - The Customer Journey

## Research Report



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# Contents

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	Page No.
1. Background and Objectives .....	2
1.1 Objectives of research .....	2
2. Summary and Recommendations .....	4
2.1 Summary .....	4
<b>2.2 Recommendations</b> .....	<b>7</b>
3. Research Method .....	9
4. Sample profile .....	10
5. Main Findings .....	14
5.1 Work history and capabilities .....	14
5.2 Respondent aspirations and needs .....	16
5.2.1 Aspirational employment needs .....	16
5.2.2 Further needs.....	18
5.3 Occupying Time – Activities and Volunteering .....	19
5.4 Barriers to employment.....	22
5.5 Limitations with lower paying job roles .....	22
5.6 Costs associated with the path to employment .....	23
5.7 Perceptions of feeling marginalised .....	24
5.8 Availability of appropriate support .....	25
5.9 Poor or misplaced advice.....	26
5.10 Types of opportunities available .....	27
5.11 Organisations in contact with.....	28
5.12 How unemployed people hear about organisations .....	35
5.13 How people search for jobs .....	35
6. Appendix 1: Recruitment Screener .....	36
7. Appendix 2 – Discussion Guide .....	40

# 1. Background and Objectives

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Of the 27,000 people on welfare benefits in Hackney, 14,000 are long term unemployed, higher than the national and London average. Half of these experience mental health problems. Any support these individuals receive is through adult social care, however many fall below this threshold and thus enter into employment programmes. Existing programmes for support into work have not impacted on unemployment levels. The single work programme assessment favours physical disability and not mental health. Typified by their behaviour, anyone in the employment programme do so quite chaotically, resulting in some drop out from the programme. Further to this, the economic downturn means it is even harder for this group to enter into employment, coupled with employers not always treating them as employable.

The London Borough of Hackney Governance and Resources Scrutiny Commission believes a radical rethink is needed as to how services operate. As part of this assessment qualitative research with the long term unemployed, linked to mental illness, was required to understand triggers and barriers and interaction with services. This is to understand views on the Council and its partners and the barriers they face to achieve the desired support and outcome.

Through the research with service users Members wished to:

- Get an understanding of the causes of long term unemployment connected to mental illness in Hackney
- Identify the barriers this group face to re-entering the labour market or engaging in education and wider social participation
- Assess the effectiveness of existing programmes locally that engage with this group.

## 1.1 Objectives of research

To enable service providers to design a service that supports the service users and meets their needs. Councillors wanted to start with the service users voice talking to Hackney's people about the problems they face, rather than services and their objectives.

The objective is to help to reduce duplication of support and services to the same individual by having services designed around earlier intervention or at the point of need, thus being more effective.

Councillors wished to find out about the:

- Service user experience of services and their knowledge of where to go to get support and access services
- The triggers, barriers and interaction with services for the long term unemployed linked to mental illness



- Service users experience of services and support from statutory and non-statutory service providers. To assess the effectiveness of current service provision
- An understanding of the service user journey and at what point they access support services
- An understanding of what the cohort sees as successful outcomes for them and what support they may require to achieve these outcomes.

We would like to thank the participating organisations and individuals who gave up their time to contribute towards the research process.

## 2. Summary and Recommendations

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### 2.1 Summary

#### Behavioural groups

Long term unemployed people included in the research fell into one of four behavioural groups:

##### **Unemployed and feel little more can be done (Segment 4) – highest need**

This segment tends to be older and in receipt of JSA. They are worn out by being unemployed and are close to giving up. They are the most at risk of floundering without sufficient support and encouragement to get back to work. Vocational training courses and volunteer roles may be most useful.

##### **Unemployed and want training and support (Segment 3)**

Although not exclusively so, this group tends to be younger. They are in receipt of JSA. They are more confident and determined to gain employment. This group are most likely to ask for help if needed, but the kind of help needed is often not available at the Job Centre. Signposting would be most useful for this group, towards free courses or training sessions, as well as work placements or volunteer positions which may lead to a paid role.

##### **Mental health condition and looking for work (Segment 2)**

Although mental health problems persist, there is a desire to get on with their life and try to find employment. This group tend to be getting support in terms of looking and applying for roles as they have good support from current agencies, but may need further support in terms of what to tell employers and finding part time positions to ease themselves back into work.

##### **Mental health condition and not ready for work (Segment 1) – lowest need**

This group is not ready to work yet or not at all. Their goal is to keep busy and active to keep their mental health issues at bay. While this group do need a lot of support to progress them along their recovery journey, they are generally already getting the support they need and tend to feel well looked after by the agencies they are in contact with as part of their health recovery.

#### Causes of unemployment

Amongst those with mental health difficulties, a range of individuals were interviewed whose causes of unemployment differed, this can be summarised as:

- Being made redundant and after being out of work a mental health issue emerged
- They left a job to pursue another career and again, a mental health issue emerged
- A mental health issue brought about them losing their jobs.

## Aspirational outcomes

For the majority of unemployed people, getting a job was an end goal. This particularly applied to segment 3 who live their lives searching for jobs. However, segment 2 and 4 also wanted to find employment, but appreciated that it might be more difficult because of a lack of skills (segment 4) or there were some limitations because of their mental health state (segment 2). Segment 1 realistically knew they couldn't work.

For segments 1 and 2, occupying time with activities was very important as it helped keep their mental health state under control. To this end social interaction was important for the majority.

Volunteer work was also mentioned by many as something desirable. Around half of all respondents across all segments had undertaken some form of volunteer work. For those with mental health issues, this tended to be via the agencies they were in touch with as part of their rehabilitation (for example Peter Bedford, Core Arts and Hackney Community College). It was also recognised as something important to do to feel valued.

Emotionally, all respondents wanted to feel better about themselves in that they wanted to feel less demoralised and more self-confident, either because they were out of work and/or because of their mental health state.

## Barriers to employment

Barriers to employment covered several areas:

- **Lower paying roles:** there was a fear of looking for or accepting lower paying roles as individuals perceived they would be worse off than they currently are on the benefits they receive. This was more of an issue for those in private rented accommodation where there was more risk of rents spiralling.
- **Costs associated with looking for work:** The main issue was paying for training courses as opposed to the smaller ticket items such as clothes for an interview and travel expenses. Many respondents mentioned career aspirations that involved training that would come at a cost and they would like to receive financial support for.
- **Perceptions of feeling marginalised:** There were several examples of this:
  - Age issues where some felt they were perceived as 'too old' to be employed. Also that support appeared more available for younger people (18-24 year olds)
  - Observationally, those with mental health issues have a greater support network than those without. Support includes health-related agencies as well as agencies offering other forms of rehabilitation.
  - There is more pressure on those in receipt of JSA (Job Seekers Allowance) compared to IB (Incapacity Benefit) or ESA (Employment and Support Allowance) to

look for work. However, those with mental health issues may be better to have a 'halfway house' where they are encouraged to look for work.

## Accessing support

Those with mental health issues almost automatically had a support network around them ('*team of people around me*') to support with rehabilitation through to getting back to work. This seemed to mostly stem from health agencies (hospitals or GP) where referrals are made to other agencies. From here individuals have the opportunity to speak to other people about their experiences and referrals to other agencies come by word of mouth.

For those without mental health issues, accessing support is part of a formal process. The Job Centre is the first port of call to apply for benefits. Once individuals are taken in by the Job Centre they are then required to attend to search for jobs and receive some statutory training as and when required. After being with the Job Centre for a period, then they can be referred to other agencies, such as Renasi, to continue job searching. There seems little opportunity to find out about other organisations so will either come from word of mouth talking to other unemployed people or found under their own searches.

## Programmes used and experiences

Respondents used a variety of agencies, but there were some mentioned more frequently than others, either because they are prevalent, or because respondents were recruited via these agencies.

- **The Job Centre:** This provides a generic approach to job seeking support with assistance provided for CV writing and interview preparation. There is little opportunity to speak to advisers, but there was some praise for individuals working at the Job Centre. The issue of sanctioning makes individuals feel wary of the Job Centre. A main criticism is that individuals would like to access specific types of training, but often it is too generic, too simple or inappropriate for their skillset.
- **Core Arts:** Is a widely praised support organisation offering a restorative environment through arts. All respondents who had interacted with Core Arts (be they artists or not) enjoyed the experience and it had improved their lives.
- **Renasi:** Job seekers are referred here from the Job Centre to extend job seeking activities. Experiences are neutral to negative. The computers are perceived as slow and help and support is limited. The organisation is perceived as being target driven.
- **Mind:** was used for therapy sessions and to access a case worker to apply for benefits. Reactions were relatively positive, but therapy seemed hit and miss which is probably attributable to nothing more than personality clashes.
- **Peter Bedford Housing:** Mental health issue users had very positive experiences where advice and support is offered as a tailored approach. People had accessed

therapy related woodworking as well as volunteer roles and support to gain work related licences.

- **Hackney Community College:** A very positive reaction was found for the College. They provide mental health case workers and a range of courses from cooking to more vocational computer skills to voluntary work.

## 2.2 Recommendations

Given the research findings the following recommendations are made which could improve support provided to long term unemployed people, particularly for segment 3 and 4 (no mental health issues) who appear less supported by agencies involved in helping people achieve employment.

**Personalised support** appears to be a more successful route forward. Many respondents' experience is they receive a generic type of support to look for and prepare for employment. Personalised support would be there to provide support in the form of helping individuals find appropriate job vacancies and provide advice and help in getting the right type of training. Support workers would have to be trusted therefore they would need to be knowledgeable and be empathetic towards individuals. The place where unemployed people can access this support may also need to be considered to provide a trusting environment.

**Appropriate intervention.** The report identifies several cohorts with differing needs according to where they are on the ladder towards gaining employment. Some are very much job ready and others are a long way off looking for work. Interventions appropriate to this cycle are necessary, for example, people who are in receipt of restorative help with Core Arts may eventually be ready to move up to a next stage, perhaps vocational training for work.

**Timely intervention.** As well as appropriate intervention, this also needs to be well timed. For those looking for work, being out of work for too long can have negative self-confidence issues, therefore escaping unemployment becomes even more difficult. As such, waiting too long to offer appropriate help can be harder for the individual as well as the agency involved in helping someone look for work.

**Job seeking methods adopted.** Many of those in receipt of JSA mentioned applying for numerous jobs each week. This suggests the methods used are a numbers game, where the more CVs sent out and job applications completed will eventually lead to 'striking lucky' with gaining employment. Perhaps a more quality-based approach is needed to focus on appropriate jobs which are more likely to result in a positive outcome.

**Employer relations.** Perceived appropriate work opportunities appear limited, with individuals experiencing few and inappropriate jobs for their skill or ability level. When helping unemployed people find work, this would be better achieved if appropriate employers can be found. For instance, an agency building relationships with employers who are willing (perhaps as part of their corporate social responsibility approaches) to employ people who have been out of work long term or have experienced mental health difficulties. Therefore agencies involved in helping long term unemployed people find employment would ideally have personnel who have employer networks or can forge relationships with employers.

**Signposting to appropriate support agencies.** Particularly for those without mental health issues, knowing where to go for help and advice appears limited. Therefore it will be important that clear signposting and pushing individuals towards appropriate support will be necessary.

### 3. Research Method

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24 qualitative depth interviews were conducted with people who have been long term unemployed in Hackney aged between 33 and 57. For the purposes of this report, the definition of long term employment is people who have unemployed for at least 12 months.

Long term unemployed people were recruited via organisations who are in contact with these individuals in Hackney. Additionally, participating respondents were asked to recommend anyone within the cohort who would also be able to participate in research. It should be borne in mind that there is some bias to respondents as they will be in touch with at least one organisation, therefore those who have more limited contacted may not be represented. To date recruitment has largely been through:

- Renasi
- Core Arts
- Peter Bedford Housing
- Hackney Community College
- Shaw Trust

## 4. Sample profile

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Sample was recruited with a view to getting an understanding of the spectrum of different types of people who have been out of work for over two years. In particular, we noted differences between respondents depending on their age, as well as their mental health status. Despite varying stages of mental illness, all respondents we spoke to were able to meet us in coffee shops in Hackney (with most honouring their first appointment on time), and the majority came across well, able to answer all our questions and converse with us without difficulty. The exception was one respondent for whom English was a second language, who was hoping to shortly be able to do a course to improve his communication skills.

The age split between respondents interviewed was as follows

Aged 33-45	8
Aged 46-57	16

And the different types of support received were as follows

Job Seekers Allowance	9
Employment and Support Allowance (mental health issues)	12
Employment and Support Allowance (other health issues)	3

Those with mental health issues often had more than one condition (for example, depression and schizophrenia). Those we surveyed had the following conditions:

- Depression (including bipolar depression) – 5 respondents
- Schizophrenia – 4 respondents
- Personality disorder – 3 respondents
- Agoraphobia – 1 respondent
- Post-Traumatic Stress disorder – 1 respondent

Those receiving Employment and Support Allowance for other health issues included cancer, ankylosing spondylitis, and one person with a combination of difficulties including visual impairment, diabetes, high blood pressure, severe anaemia, arthritis and an inoperable cyst in abdomen.



In addition to these demographics, we also collected a range of other demographics about respondents.

Respondents' gender was split as follows

Male	14
Female	10

The majority of those we spoke to (19) lived alone. Two lived with family (mother and brother), and one lived with his daughter. One respondent lived with both her mother and her daughter.

Just over half of the respondents we spoke to lived in Council rented flats. Accommodation for all respondents is shown below.

Council Rented	14
Housing Association	7
Private Landlord	2
Part ownership	1

Many had taken part in short courses in the past year, for most who were not mentally ill, these were short courses that the Job Centre had referred them on – usually to improve their CV or interview skills. Those taking part in full time courses were all recovering from mental illnesses.

Education undertaken in the last year is shown below.

Short part time courses	10
Full time course	3
None	11

Seven of those we spoke to had completed a work capability assessment. Of these, three had been placed into a support group, and three had been placed into a work related activity group. Those placed in support groups were receiving Employment and Support Allowance at the time.

While everyone we spoke to had very unique experiences and reasons for their current unemployment, we found that the sample did divide into four distinct segments in terms of current needs i.e. the level of support needed to find employment. Throughout the report we will refer to these by their segment numbers as listed below.

### **Segment 1: Mental Health/not ready for work**

This segment is still in the process of receiving therapy and do not feel they will be ready to start working again for the foreseeable future (or ever). They are generally keeping busy with different sessions on a week by week basis (e.g. therapy sessions, yoga, swimming, art classes). They may still feel they would like to be 'normal' and fulfil a role in society, but they know they have a way to go along the recovery process before they can begin to think about getting back into any form of career.

### **Segment 2: Mental Health/looking for work**

This segment has suffered a mental breakdown but are now coming out the other side and starting to get their lives back on track. Their main needs are continued support while they get back on their feet, activities to keep them busy and establish a pattern that is more like a working week and training to ensure they have the skills to get back into a job. Most feel they may not be able to immediately work full time, so would need support while working part time to enable them to build back up to a full time job.

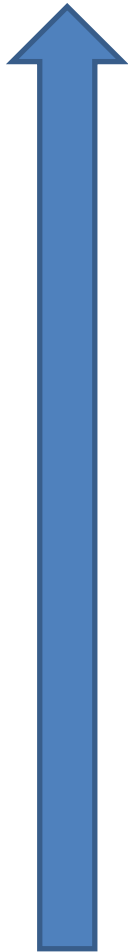
### **Segment 3: Unemployed/want training and support**

This segment tends to be the younger respondents on JSA. They are usually fairly confident in themselves and pushing the Job Centre to see what is available for them in terms of training courses and other opportunities, but they tend to feel that currently the support or training they need isn't available. They may not know where to look for other help that may be available and feel let down that training does not appear to be available for their age group. They are still doing all they can to look for jobs.

### **Segment 4: Unemployed/feel nothing more can be done**

This segment tends to be older respondents on JSA. They are a bit more jaded with the system and tend to feel their age is a barrier in them finding any work in the future. Some of them may be signed off on ESA. Those who are still looking for work seem to be doing so more out of habit or to satisfy the Job Centre requirements more than any real expectations of finding work. Often there is a desire to find employment, but a realisation that training (while desired) isn't really an option. Minimum wage issues are also mentioned most often by this segment – the fact that a minimum wage job would not be sufficient to enable them to pay their rent and bills.

Through looking at respondents by these four segments, we have established a spectrum of need for external help in finding employment.



**Maximum need – Segment 4** – this segment is most at risk of floundering without sufficient support and encouragement to get back to work. Often training courses (particularly IT skills) may be beneficial in boosting confidence and making CVs stand out. Volunteer roles may also be useful to aid workplace rehabilitation and plug gaps in CVs.

**High need: Segment 3** - This group are most likely to ask for help if needed, but the kind of help needed is often not available at the Job Centre. Signposting would be most useful for this group, towards free courses or training sessions, as well as work placements or volunteer positions which may lead to a paid role

**Lower need: Segment 2** – this group tend to be getting support in terms of looking and applying for roles, but may need further support in terms of what to tell employers and finding part time positions to ease themselves back into work

**Low need: Segment 1** – While this group do need a lot of support to progress them along their recovery journey, they are generally already getting the support they need and tend to feel well looked after

## 5. Main Findings

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### 5.1 Work history and capabilities

Most respondents had a work history ranging from professional office jobs through to low-skilled work such as painting and decorating and bar work. This applies to all segments with one or two exceptions in segment one, where a mental health issue emerged early on and throughout their adult life. For these people their extreme mental health issues meant they had very little work experience and would find it difficult to work currently.

**Case Study:** Segment 1. *Female 39 year old in receipt of ESA for 4 years following a major depressive episode. Lives alone, has a 13 year old daughter who lives with an ex-partner.* worked as a mechanic, but wanted to do something different and did a two year conservation course which involved volunteering. Mental health issues occurred whilst completing this course and she has not worked since.

**Case Study:** Segment 1. *Male, 49 years old in receipt of ESA with schizophrenia.* This male has not worked during his adult life. He knows it's unrealistic for him to work, but he'd like to have 'a bit of a job' to keep himself occupied and feeling useful. Although he dislikes gardening (he does it at home because his mum likes gardening) he would be happy to even do a bit of this. He now tries to occupy as much of his time as possible with courses at Hackney Community College and appears closely monitored by his 'health' team. His main occupation is to keep himself busy - if he's not busy 'I hear the voices in my head'.

Some younger respondents (mainly in segment three) had only limited experience working in supermarkets or other low skilled work while in education, but had still secured some low-skilled temporary work or voluntary work since leaving full time education for example, bar work, painting and decorating, voluntary work for Oxfam.

For those with mental health issues, the mental health issue was brought on through losing work, or the mental health issue had brought about unemployment:

For those who were 'healthy' before they left their job, they left their work for two main reasons:

- They were made redundant. This was blamed on the economic situation as well as their roles being squeezed due to work place changes such as greater automation. Although not evidenced through what respondents admitted, observationally there may have been mild or non-apparent mental health issues that impacted on their

redundancy. For some, a lack of work-related skills and up to date skills (particularly computer skills) hampered their ability to progress successfully to another job.

- They left work to pursue another career either prompted by voluntary redundancy or wanted to leave their current job to pursue other opportunities.

Subsequently for some respondents, mental health issues developed such as depression or more serious problems emerged.

**Case Study:** *Male aged 57 Segment 1 in receipt of ESA. Has a physical health issue (ankylosing spondylitis – a degenerative disease affecting limbs).*

He took voluntary redundancy from his job as a credit controller for Lloyds Bank in 2002. Following this he developed severe mental health issues and was hospitalised for 9 months as a result of this. He is using support organisations to occupy his time, but he isn't ready for work. He feels miles away from being 'normal'

**Case Study:** *Female aged 34, Segment 3. She is in receipt of JSA.*

She has been out of work for 5 years. She gave up her job as a bar manager in her late 20s (she had had enough of the later night culture and drinking after work). She spent 9 months living off savings while looking for work and then had to 'sign up' at the Job Centre. She would like to be an electrician (running a female only company to meet a gap in the market for people intimidated by male tradespeople) but cannot afford the training. She has also looked into being a security guard via Free to Learn, but the agency has now closed down. The advice she receives from the Job Centre is to stick with bar work rather than consider retraining. She spends most of her time going to the library to look for jobs online. She used to paint and draw but has little time for this now.

There were also some respondents who had to give up work because of the onset of a mental health issue which meant they could no longer work in their role or carry on their education.

**Case Study:** *53 year old male. He has depression and borderline personality disorder. He is in receipt of Employment and Support Allowance.*

Has not worked for several years, but he had many jobs over the years. His last job he worked in a bingo hall which he loved where he worked extremely hard and took on too much (covering for a 'lazy manager') until he eventually burnt out.

He has been 'ill' for a long time and appears to have learnt to manage his illness. He self admits he is unmotivated about looking for employment and will only do something if someone says 'you can do this' - when this happens, he puts 110% into whatever it is and throw himself into things and likes to keep busy.

He has a volunteer role in the housing association who provides his accommodation and also does volunteer woodworking.

**Case Study:** Segment 1. Female aged 47, in receipt of ESA. This female has not worked since 2009, her last job was working in a library in Chelsea. She developed agoraphobia and had to give up work as she couldn't travel. She keeps herself busy with her art works, but lacks confidence to do this professionally. She is very limited in what she can do because of her mental health issue.

## 5.2 Respondent aspirations and needs

### 5.2.1 Aspirational employment needs

There is a spectrum of employment aspirations from the long term unemployed and this is largely tied to their ability to work as opposed to their attitude towards working. It should be noted again that respondents were largely recruited via organisations working with unemployed people, therefore respondents were in contact with one or several organisations and therefore the interviewed sample may not reflect all long term unemployed people in Hackney, where some may only be in touch with the agencies they have to (for example the Job Centre to receive benefits).

The spectrum ranges from being in a satisfactory role through to desperately wanting to work and feeling productive. This relates to the segment analysis in section 4. An overview of each segment and their aspirations and barriers are summarised as follows:

- Segment 1 (mental health problems and largely unable to work), although their lives are the most severe and in an ideal world they would like to work and lead a 'normal' life, they accept that this 'ideal' life may be a long way off and they occupy their time with activities (as discussed in section 5.3). They appear relatively comfortable in their 'role' and whilst it might be more satisfying to be more productive, they have found a way to occupy themselves. This ranged from very active volunteering roles, such as public speaking through to taking part in activities which keep them busy such as participating in art (largely provided by Core Arts), taking part in computer courses, reception duties and participating in other activities such as cooking, woodworking via charitable

organisations or looking after the home. They feel well supported due to the agencies working around them.

- Segment 2 (mental health problems and looking for work). Despite their mental health issues, they would like to work, but for most there is a lack of a plan of action and a lack of confidence in getting a job and being able to hold it down alongside their mental health issue. They occupy their time with getting job related skills such as computing, reflecting their strive to be job ready. They often feel a part time role would be useful to ease them back into the workforce, and want to be able to prove to themselves that they are ready to work (e.g. by attending a full time course or volunteering) before having a full time job where they may be at risk of 'letting down' their employer
- Segment 3 Unemployed and want training and support. This group tend to be younger with more limited work experience. They have work aspirations and go about trying to achieve these through: thinking about and trying to do vocational training and volunteering. There are frustrations in doing so though. Training opportunities tend to be based on what is available to them and not necessarily what they want to do, i.e. they can receive free training via the Job Centre, but for many training for their ideal vocation is too costly and they are unable to get this funded. There is also some feeling that training courses tend to be aimed and for younger people (18-24s). Volunteering helps to keep them occupied and feel they are achieving something, but volunteering is limited because of the time they are required by the Job Centre each day to spend looking for and applying for jobs (five hours per day).

*"I went on an advanced computer course and they showed you how to turn the computer on. Why should I be wasting my time doing this They make some of these courses compulsory because they get extra money for doing this...the courses are cosmetic, they aren't actually useful"* male, aged 50, segment 3.

*I'd ideally like to train as an electrician and set-up my company with female tradespeople, but I can't afford the training, I'd love to be able to borrow the money and pay it back when I'm working...I've had job centre staff laugh in my face at the mention of a 34 year old retraining – the idea is I should just stick to being a bar manager"* Female, aged 34, segment 3.

- Segment 4 Unemployed and feel there is nothing more they can do. This segment is similar to segment 3, but tends to be older. Segment 4 is characterised by having fewer aspirations with work. They would like to work and feel the same as segment 3 in that they are frustrated and want to be earning a wage, but they don't experience the same aspirations in terms of training. They feel because of their age their chances of finding employment are more limited.

## 5.2.2 Further needs

In addition to employment related needs, unemployed people also had other needs associated with being out of work.

### Social interaction

As well as being occupied with activities to progress towards work, activities also go some way to fulfil the desire for social interaction. This appeared to apply across all segments and it was only exceptions where individuals did not seek social contact. This was either because of their mental health state (more severe schizophrenia for example) or because they didn't enjoy mixing with others *"I'm what you would call a loner"*.

These types of activities are mentally stimulating and avoid long periods of time spent on their own or down time, which can exacerbate a mental health issue (for segments 1 or 2) or make people feel 'down' (segments 3 or 4).

For those with mental health issues, when over 'the bad/worst spell' (e.g. when the mental health issue is managed more effectively over time), individuals found knowing there was a place to go to socialise when they were ready was important as this interaction helped people cope with day to day living with a mental health issue or to even allow them to start living in the outside world again.

Organisations offering assistance to long term unemployed or people with mental health issues provided opportunities to respondents to interact and socialise with others e.g. Core Arts (drawing and painting), Peter Bedford (woodwork), the Wellbeing Centre (yoga and swimming) or events and activities organised by hostels,. For those with mental health issues, it was a good opportunity to be able to talk to people in the same situation as them. However, these individuals also regularly mentioned that they would like the opportunity to talk and be with 'normal' people, but were not confident in finding it for themselves (several respondents said they enjoyed talking to moderators during the course of this research as they were 'normal' people).

A few unemployed people without mental health issues mentioned being inclined to avoid social situations because of the stigma of not having a job, this includes close family and friends as well as strangers. Many did have other friends who were unemployed who they spent time with during the day.



*“I hate [being unemployed], I feel ashamed, I avoid social situations because I know people will ask what I do”* Male aged 50, unemployed for six years, segment 3

*“Its not nice being out of work, people think you’re a benefits scrounger”* Male, aged 28, segment 3

### 5.3 Occupying Time – Activities and Volunteering

Unemployed people with mental health issues (segments 1 and 2) often mentioned being in touch with organisations who could provide them with **activities**, both vocational and/or leisure pursuits, to occupy their time. Leisure pursuits included cooking, gardening and pursuing arts interests. Vocational activities included computing, and woodworking. Organisations mentioned as offering activities and courses were:

- Hackney Community College with computing, cooking
- Peter Bedford Housing offering woodworking
- Core Arts offering painting and drawing *“I was awful at painting before, but now I find I can do it, it was therapeutic”* Male aged 46, segment 1
- Wellbeing Centre: yoga sessions, sewing, swimming, aromatherapy

*“It fills up my week, doing something, getting out of the flat...trying to get used to getting out of the flat”* Female aged 33, segment 1

These are discussed further in section 5.11.

A few unemployed people with mental health issues also mentioned pursuing their own interests, these tended to be creative such as painting and one female also writes and composes electronic music.

Unemployed people without mental health issues seldom seemed to access leisure pursuits via organisations. The reason for this appeared to be two-fold:

- Firstly they lack time to participate in leisure activities as they are required to job search for at least five hours a day or had a minimum number of jobs they needed to apply for each week.

*“I spend most of my time in the library looking for jobs online, I used to paint and draw but looking for work takes up most of my time...I try to make looking for a work a full time job I get up early to feel part of the working world, I have lunch at a normal time, but it takes discipline”* Female aged 34, segment 3

- Secondly reason appears to be that they are not in contact with the types of organisation offering leisure interests. They are instead more focussed on organisations providing job searches such as Renasi and the Job Centre.

If unemployed people are pursuing any leisure interests, these were infrequently mentioned and when mentioned were done under their own steam. For example, one 50 year old male applies for jobs all morning and then goes out in the afternoon to museums or 'other free stuff' in London. Otherwise, there seemed to be a genuine concern about spending time on leisure interests rather than job hunting because of the fear of being sanctioned.

**Volunteering** was frequently mentioned across all segments with the exception of segment 4. These unemployed people in segment 4, who feel jaded by the job market, perhaps also lack the motivation to search out or take advantage of job opportunities.

Volunteering appears to be a way of keeping active to avoid getting bored or bringing on depression as well as being a way to feel useful and feel valued.

For those who volunteer in segments 1 and 2, this was largely with the organisations they are in touch with because of their mental health issues. Those who were recruited via Core Arts appeared to volunteer for the organisation across a number of roles which included public speaking, working as a receptionist and a sound engineer. Other volunteering roles amongst this cohort included making items from wood with Peter Bedford (these are then sold in a shop) and waitressing via Hackney Community College. Self-motivated volunteering was seldom mentioned, with the exception of one former baker who was catering for a friend's wedding.

Amongst segment 3, there was a mix of those who did and did not do volunteer work. One female worked for her Mum's charity occasionally and helps friends who are depressed with their shopping and chores. Another female (former journalist) did writing for free and wrote blogs. One male who does volunteer work at youth groups and is a child writing mentor pointed out that it was difficult to volunteer 9 to 5 because of the time constraints imposed by job hunting, Job Centre appointments and compulsory courses.

### **Self-confidence and demoralisation**

Across almost all segments (with the exception of segment 1), individuals felt demoralised about being unemployed. This feeling was particularly strong in segment 3 and 4. This seemed to stem from having little money, feeling they have a low chance of getting a job given the amount of job searching they do and feeling inactive. Many in receipt of job seekers allowance quoted the amount of job searching they do with little achievement in terms of getting to interview stage, let alone receiving a reply from potential employers. In turn, this

leads to a lack of self-confidence, where ‘constant knock backs’ have a negative effect on unemployed people.

*“It can be very depressing, you feel like you’re on the outer periphery of society, you’re the lowest of the low, you’re deemed a sponger, lazy and it’s not always the case, but you’re tarred with the same brush”* Female, aged 34, segment 3

*“I could send off 20 CVs and they don’t get back to you, and in the end you think I just won’t bother”* Female, aged 53, segment 4

As well as being unemployed, many in receipt of JSA also mentioned the fear of being sanctioned if they did not fulfil the required quota of job searching laid down by the Job Centre. Some felt that the Job Centre had quotas on the number of people they had to sanction, and so felt under constant threat of not doing enough. A few had experienced being sanctioned.

*“I’ve not been sanctioned, but I know people who have. It’s not like people aren’t trying. I find it ridiculous to apply for things you can’t do. If you have office experience they will send you to solicitors firms when you have no legal experience. We’re the sixth richest country in the world and we’ve got food banks – that’s disgusting”* – Male 42 years of age, segment 3. Made redundant by Royal Mail 3 years ago, applies for 25 to 30 jobs a week.

**Case Study:** Female, aged 34, segment 3. This female was sanctioned for a year. She applied for crisis loans as she wasn’t going to receive any benefits including housing benefits, she had no gas or electricity. The Job Centre were no longer offering crisis loans and suggested she go to a food bank, but as she had no gas, she couldn’t even cook the tins of beans they offered her. She felt terrible she was taking food from potential homeless people. There were times when she had only one meal a day and getting the motivation to look for jobs, feel confident and wash clothes was difficult. She used a charity (Lifeline) aimed at substance abusers (and posed as a substance abuser) so she could have a shower and use their washing machine. In the end she turned to crime, was caught and was in prison for 6 weeks and now has a criminal record.

## 5.4 Barriers to employment

There were several themes surrounding barriers to employment. Each of these is discussed in the following sections.

## 5.5 Limitations with lower paying job roles

There were several respondents who mentioned problems with lower paying job roles. These comments came from across the spectrum of those with and without mental health issues and those with more or fewer job skills.

There was a real fear of looking for or accepting work that paid a relatively low wage. Respondents existed within quite tight financial means, in particular the current support they receive with housing costs (particularly those who live by themselves and those in private rented accommodation). The concern was that a lower wage job may mean that they could not cover their housing costs as benefits would be stopped if they found work (rent and council tax were mentioned in particular) and this might be counter-productive (*'I'd be worse off'*). They would lose their home, this might then spiral into homelessness and, particularly for those experiencing mental health issues, this may exacerbate their mental health. For the few respondents who had experienced homelessness, the thought of this was terrifying, and thus put up a huge barrier in even considering applying for lower wage jobs. This was particularly the case for one respondent who was in temporary housing (a two year contract), where he wasn't sure if he would be able to stay beyond the two years, and if not, what sort of rental price hike might be faced with and therefore what wage he needed to cover housing.

*"I don't think I could work somewhere like Pret a Manger as I couldn't survive on a minimum wage, I would rather work on a voluntary basis doing some good and using the skills I have"*  
Female aged 50, segment 3, former journalist and designer

Similarly, there were minor mentions of the concern about taking on short term contract positions. If a job lasted for nine months and they were subsequently unemployed, this might leave them struggling financially and this would spiral back, further than they are currently.

## 5.6 Costs associated with the path to employment

The cost associated with getting appropriate training and licences to work were a concern.

Access to appropriate training was mentioned by many individuals. As discussed later in section 5.8, the training available to unemployed people is not always targeted well, is inappropriate for an individual's level or too simplistic. Several respondents (particularly in segment 3 and 4) mentioned that they would like to receive specific vocational training to help them get the job they wanted. This often comes at a cost, for which they cannot afford and would like to receive financial help in receiving this training (either as a loan or training completely paid for). Specific training needs mentioned were: to become a security guard, an electrician, higher level football coaching certificate, teaching and general vocational training 'for a job'.

*"It's a shame there is no way I can borrow the money for a training course and then pay it back when I'm back in the jobs market, like students do, once they earn over a certain amount they pay it back"* Female aged 50, segment 3, would like to become a teacher

Licences costs were mentioned such as: the security SIA licence; the bar workers alcohol licensing qualifications and renewing a citizen card (by a European respondent) who needed this to cover him for health and safety so he could be on site working as a self-employed painter and decorator. One respondent had been offered a job at the Post Office over Christmas but as he did not have a valid passport, he had been turned away on his first day at work, and lost out on the job by the time his passport had been renewed.

The costs associated with going to interviews, such as the cost of clothes appropriate for interviews and the cost of travel were mentioned by a minority. The more practical elements such as these tended to be mentioned before the more emotional elements.

*"I had an interview in Manchester which cost me £70 to get there and back. I can't afford costs like this and I would think twice about doing it again unless I felt I had a really good chance of getting the job"* Female, aged 50, segment 3 (former journalist)

*"You can get a half price bus fare when you're unemployed, but not tubes or trains. So even when you're looking for jobs you have to pay a lot of money to get to interviews"* Female, aged 53, segment 4

A minority mentioned awareness of a second hand shop available through the Job Centre which provided people with smart clothes for an interview.

## 5.7 Perceptions of feeling marginalised

Some respondents felt that because they were not in a perceived 'higher need' group that they were marginalised in some way. The ways in which respondents felt marginalised are:

- Age was an issue. This was two-fold. Those aged in their fifties (we interviewed to 57 years) felt they were sometimes regarded as too old to work by potential employers. There was no evidence to suggest this, so this could be perception rather than fact. In either case, this can affect self-confidence. On the other hand, younger people (often regarded as under 25) appeared to have more help and the system appeared to be designed to look after them better.
- As well as age being a high need determiner, other needs such as drug use appeared to a minority of respondents to warrant individuals being provided with greater support.
- Observationally, those with more serious mental health issues (segment 1) appeared to have a greater support network than those without. By their very nature, those with more serious mental health issues will be in contact with more organisations to assist them in their health needs. Thus health related organisations will be responsible for referring on to other organisations to help with other needs such as further rehabilitation as well as practical needs such as housing, benefit advice, career or educational advice and training to help them back into work. Support and contact from peers with similar issues also appears to lead to more support and contact with organisations, as they learn from each other's experiences in terms of which organisations they were put in contact with.
- Linked with the above point, people in receipt of job seekers benefits (largely segment 3 and 4) compared to those in receipt of Incapacity Benefit or Employment and Support Allowance looked for employment at a different pace. For those on Incapacity Benefit or Employment and Support Allowance they are not necessarily expected to look for work, they have no goals set to look for work and are not pressured to do so. From some respondent's point of view (those on 'disability' benefits) felt that it may be better to have a halfway house. This is where they are not pressurised, but there is some kind of plan set out to get to where they want to be rather than drift. Therefore this suggests that tailored approaches to higher need unemployed people are necessary and can't be managed with success if there is a broad brush approach.

Case Study: Male, 52 years, segment 1. Mental health issue: personality disorder  
When things are put in front of this man, he will give 110% (this caused burn out in his last job at a bingo hall as he took on too much). However, he is not confident enough or personally motivated enough to go out and do this for himself. He needs to be told he is capable of doing something to reduce self-doubt.

## 5.8 Availability of appropriate support

In this report, there are several examples of where appropriate support is needed, but is not always provided, or the respondent is not aware it is provided. This applies to both those with mental health issues and those without.

As discussed, being out of work can affect self-esteem and self-confidence, the longer unemployment lasts, the harder it gets to break the downward spiral. This mind-set then becomes another barrier to knowing how to get out of the situation they are in. In many cases, we found respondents had aspirations about what they wanted to do. In some cases they were quite focussed on one thing, in others they had several ideas about what they wanted to do. Accompanied by this was a lack of knowledge or a lack of thought or ability to think through how they want get to where they wanted to be and how realistic it was that they could get reach their ultimate goal. The goal seemed a long way from where they were currently and thus seemed quite daunting.

Case Study: Male, 50 years old, segment 3

This man lost his job selling the Evening Standard to shops when it became a free newspaper. He has been looking for work since then but feels he lacks a lot of skills as he hadn't worked in an office for so long. He is now increasingly nervous about interviews, especially telephone interviews, to the extent that he often won't answer his phone. He is keen to get back into reprographics or clerical work, which he did before working for the Evening Standard, but needs an IT course to get his skills back up to scratch. So far, the courses the Job Centre have put him on have not been useful (CV writing, interview skills, etc).

There were some relatively more successful experiences, where supporting organisations could provide a hand-holding approach with bespoke support and advice, but also the majority (particularly those without mental health issues) had experiences where they didn't have this support (see section 5.11 for detail on organisational touch points). Some indicated a desire for a 'case worker approach' where they could have precise targeted advice and support to get to where they wanted to be.

As well as providing support and advice, there were also practical skills that were needed - some had received support for these types of issues, whilst some had not. Computer skills in particular were often mentioned, particularly by older respondents. Those with more severe mental health problems had limitations in day to day behaviour, such as answering the telephone. Attending the market research interview was a big deal for some respondents (segment 1). It was seen as a minor achievement and proof that they were getting better.

## 5.9 Poor or misplaced advice

The generic advice which seems was readily available can also be interpreted by respondents as poor or very misplaced advice. Examples of this are where individuals already have some skills and knowledge, but are looking for a different set of advice.

Case Study: Female, aged 50, segment 3, former journalist.

This lady was offered help with writing a CV. In this case she felt she knew more about writing a CV than the person who was instructing her. What she really wanted help with was finding good employment opportunities, job searching in the field she had trained in and has skills in and understanding 'where she was going wrong' in her own search or when applying for jobs.

*"They (Renasi) offer training, but it's just not the stuff I need – I don't need help with plain English"*

Advice and help often seemed to be limited to help with writing a CV and preparing for a job interview. However, there is more to the process than this, but there were many instances where help was limited to these practicalities and little more.

There was a general feeling that the support available (largely mentioned in the context of the Job Centre or Renasi offerings) was at the lowest level with a broad brush approach, providing support for those who didn't know how to go about writing a CV, or have any experience of going to interviews, whereas those who had been in employment before felt they could benefit more from targeted training or work experience which would give them a clear path to employment in a certain area.

*"The Job Centre will book you on something you don't want to do and they threaten you with sanctioning. Some of these courses don't apply to me or I'm not interested in them but I have to do them"* Male aged 28, segment 3



*“One of the courses I was told was compulsory, it was advanced interview techniques. The guy stood there with a straight face and said that getting a job was like chatting up a woman. I was looking at the woman in the room and thinking ‘what are they thinking?!’ It’s just not professional” Male aged 50, segment 3*

*“I was going for some clerical roles which needed excel. I was told there weren’t any courses where I could learn excel – I kept asking for 6 months. I eventually spoke to a different advisor who within 2 minutes pointed me in the direction of a course I could do – but by then my time at Renasi was up so I couldn’t do it” Male aged 50, segment 3*

*“The mentality is that we’re all a bit thick, they think that we don’t know how to dress smart. I had one person explain to me how you should use a breath mint before going to an interview – it’s staggering the amount of money they set aside for these courses” Female aged 34, segment 3*

*“I’ve done the training [interview techniques and CV skill] over and over again, it’s not been useful. I have to go to these things to be able to claim my benefits, but they are a waste of time” Female, aged 50 segment 4*

## **5.10 Types of opportunities available**

A perceived lack of appropriate work opportunities were mentioned by those who wanted and were able to work in some capacity (segments 3 and 4 and some individuals in segment 2).

For those with more extreme mental health conditions in segment 1, the type of job they could do would need to be flexible and take account of the mental needs. For example, some individuals could not guarantee they could work daily in a 9 to 5 job as they have good and bad days with their mental health condition. There was an awareness by respondents that realistically potential employers may not be able to be sufficiently sensitive and flexible in accommodating these needs and a realisation that they may not be an attractive proposition as an employee.

There were also the obstacles that anyone looking for work might encounter:

- Being encouraged by organisations to apply for jobs that they know they won’t get. This might be because they believe the job is outside of their skillset or the job is something

that they really don't want to do. Unfortunately, applying for numerous jobs where the possibility of getting it seems remote is perceived as counter-productive as this gives the job seeker a self-esteem knock which impacts on their future performance and another step back rather than forward.

- Another issue is the perceived lack of opportunities in Hackney. Individuals might have the skillsets in place, but they don't get the opportunities to link up with potential employers.

**Case Study:** Male, 53, segment 2

This individual has two degrees and had worked in a sales manager role and retrained as a pilot (before a stress-induced schizophrenia episode) was being encouraged to apply for construction roles, something which he had never done. His ideal role was to become a Maths teacher. *'I want to be a maths teacher, there is a shortage of maths teachers in the country, so why can't I get a teaching position?'*

### 5.11 Organisations in contact with

This section looks specifically at the organisations individuals have come into contact with in Hackney and their experiences of this contact. Organisations range from those:

- which are there to provide job seeking help
- offering health or emotional support
- offering activities to occupy time in a restorative environment
- That can handhold through the employment seeking process.

The types of organisation are not necessarily mutually exclusive in terms of the roles they fulfil.

Some individuals were heavily cushioned with several groups of people or organisations to support them (particularly in severe mental health cases, most often those who had been involved with Homerton Hospital). This contact might be for support, but possibly for safeguarding issues also.

Some individuals seemed very dependent, not only on the right type of organisation, but also the individuals within it. For example, one individual diagnosed with schizophrenia, had thoroughly enjoyed the cookery courses provided by Hackney Community College, but a change in individual taking the course meant he had dropped out as he found the change in person to someone who was more 'direct' off-putting.

Below is a summary of the organisations which individuals have come into contact with on their unemployment journey and the experiences of interacting with these organisations.

## The Job Centre

This is seen as a first port of call in most cases (except for those with more severe mental health issues) given it is where individuals can organise out of work benefits. The expectation is that individuals will not be spoon fed and that it is quite functional. In terms of actual outcomes experiences are:

- It's a generic one size fits all approach to job seeking with access to computers for job searches, assistance with CV writing and job interview skills. One to one advice is very limited. With little opportunity to speak to individuals, however there was experience of some good advisers at the job centre.
- To respondents, some felt that it was to some extent a waste of time and resource where they were 'made' to do things that didn't seem appropriate for them to do: e.g. CV writing training when they didn't need it or made to do job searches in the job centre which they could do at home (and often with better equipment)
- There was a 'them and us' feeling that many respondents had, particularly given the power the Job Centre had to sanction individual if they were not deemed to have spent sufficient time job searching. The prospect of this was terrifying. One respondent had been sanctioned earlier in the year, and with very little money he attempted suicide (he was subsequently moved from job seeking status to Employment and Support Allowance).

### **Case study:** Male aged 50, Segment 2

After leaving his job due to mental health issues, this respondent signed up to the Job Centre. One day when signing on, he was being ignored by a member of staff who was clearly on the phone to a friend. He 'kicked off' and was terrified he was going to get sanctioned as a result. Luckily, his GP realised he was having mental issues and so switched him onto DLA. He is now coming out the other side of his mental illness and is about to be put back on JSA. He is frantically trying to find a job to prevent going back to the Job Centre, as he feels the pressure of 'why haven't you got a job?' may make him slip back into mental illness.

## DWP

For those who do not attend the job centre, DWP is the point of contact for receipt of benefits. This is a functional relationship. Case workers are reported positively in terms of making it an easy process to receive benefits, but it is limited to this function.

*“My advisor is very nice and doesn’t make me come to the DWP centre if I can’t, I can do interviews over the phone”* Female, segment 1 with agoraphobia

## Core Arts

This organisation provides individuals with the opportunity to take part in art (painting, drawing) and has links to Homerton Hospital (there are posters at the hospital about Core Arts as well as referrals direct from medical staff). Longer term and shorter term people with mental health issues had interacted with the organisation. This provides a strong restorative environment. All respondents who had interacted with the organisation enjoyed their experience, whether they regarded themselves as a good artist or not. A few respondents seemed very reliant on the organisation long term, whereas others had interacted for a shorter period (a few months to a year).

The organisation also provides job related advice and support. It also provides opportunities to do voluntary work such as reception duties and pub speaking.

There were several mentions of being aware that the organisation has more limited funding, therefore there were some restrictions on the services offered (e.g. could only use one specific timeslot rather than a drop-in).

*‘I found it a wonderful therapeutic space’* Female Segment 2

## Homerton Hospital (Psychiatric wing)

During a mental health breakdown, some respondents were referred to ‘the Homerton’ either on a day visitor basis or as an in-patient (in some cases for a number of months). The hospital provides links to outside health related organisations such as GPs and other types of health workers, but is not a touch point for job seeking as it is too early in the process of recovery from the mental health condition. The hospital provides therapy sessions which can last all day and are usually as part of a group where people with similar mental health issues discuss their experiences.

## Renasi

Greater experience of this organisation (given they were forthcoming in recruiting potential research participants). Respondents were referred from the Job Centre to Renasi after being out of work or a year or two years. Experiences are neutral to negative. The organisation provides computers for job searches and job opportunities (but somewhat limited to security or construction roles). The computers are considered to be very slow and temperamental. Some job search pages are also blocked on the computers or do not allow people to successfully complete some applications (e.g. they do not allow them to upload a CV). Help and support is very limited and any help needs to be asked for opposed to it being automatically given. The perception is the organisation is focussed on targets as opposed to softer human interaction.

*“There seems to be no help or support offered, I just have to go for an hour twice a week to prove I’m job hunting, but the computers are very slow and I can get more done at home.”*  
Male, segment 3

*‘That’s the worst thing at all – there was never any little things through the grapevine. I’m not expecting anyone to spoon feed me things, but if they’re going to set up a company like Renasi, why not do it properly?’* Male, Segment 3

*‘It’s disillusioning really, it doesn’t help, but you have to go through it’* Male, Segment 3

*‘As much as they may help and push you, it still has to be you yourself... They need to be more in tune with what people need and spend the time to understand what they need. They need more resources to have more jobs in different industries, not just construction and security’* Male, segment 3.

Case Study: Male aged 50, Segment 3, became redundant from the Royal Mail

After being made redundant, this person registered with the Job Centre when his redundancy package was running out. He was then sent to Renasi, which he did not find at all useful. He was very cynical about it, feeling the only reason he was there was because Renasi were getting a certain amount of money per person who came to the centre. They sat people down classroom style and got them to brainstorm ‘skills needed to get a job’. He feels the courses are at the lowest level, for people who have never worked or written a CV, rather than people like him who have a lot of experience in the working world.

## Commercial recruitment agencies (Reed)

More limited experience, but found to be helpful and courteous with job searching and CVs. The organisation also offered to provide a suit for an interview.

## MIND

MIND was used by some of the people we spoke to with mental health issues. Generally they had heard of MIND and approached them themselves. It is thought to be useful, in particular by providing case worker and help with applying for benefits. However, two people we spoke to did not find the therapy sessions at Mind useful, although this appears to be more due to a personality clash than anything the therapist was doing.

*'I went to see MIND originally as I wasn't feeling quite right, but it wasn't for me, I just didn't get on with the therapist'* Male, Segment 2

*'I was getting help through MIND in Plymouth but I don't think it really helped me. I wasn't ready'* Female, Segment 1

*'Luckily, all off my own back, I called up MIND, and they have their own employment project. They gave me my own worker who helped me go through the minefield of applying for benefits. It took months of her ringing every day, it was absolute hell'* Female, Segment 2

## Peter Bedford Housing Association

Provide good support to unemployed people and for people with mental health problems. As well as housing, they also provide advice and support to people out of work and practical courses. One respondent has attended a woodworking course which was useful to occupy time as well as provide a social network. They also provided one respondent with access to job related courses and a licence (SIA).

## Hackney Community College

A very positive experience was found amongst those who have interacted with Hackney Community College. The college is a mainstream sixth form and further education college providing courses. Everyone who had been there mentioned how friendly and welcoming the staff were, giving them the confidence to apply for courses. They have a specific Mental Health Services team who give education and employment advice to clients and students. It appears individuals have a range of activities and vocational courses they can undertake that seem to be well matched with individuals abilities. For example, one person with severe mental health issues had learnt to cook, which he enjoyed and has also learnt how to use a computer. Others have taken English and Maths courses or are planning to start child caring courses. Some individuals have also gone on to do some voluntary work for the College. The environment appears to be not just about learning, but also supporting individuals with some positive emotional outcomes. The website for the college is <http://www.hackney.ac.uk/>

Other places mentioned were used by only one respondent each. These are listed in the table below. It is worth noting that some of these may be situated outside of Hackney, and some only provide support to those with mental health issues.

<b>The Dragon Café</b>	Reported as helpful and sympathetic for those with mental health issues. They provide a drop in service for help and advice.
<b>The Lodge (run by MIND)</b>	They offer arts courses and other similar courses and also offer a drop in centre. <i>“I think there should be more places like this in Hackney”</i>
<b>Workshop 44</b>	This appears to have recently opened so experience is limited, but it is thought to be a community centre offering courses, with very helpful and friendly staff
<b>WEA</b>	WEA offer a support group run by <a href="http://www.wea.org.uk/london/">http://www.wea.org.uk/london/</a> which provide sessions to share thoughts and feeling with peers.
<b>Wellbeing Centre</b>	Offer yoga sessions, swimming, sewing and aromatherapy courses for people struggling with mental health issues. A quiet and relaxed environment
<b>Anita’s House</b>	Community Mental Health Teams who offer therapy sessions for those who need it. The respondent who used this had also been given a free gym pass to help with her wellbeing
<b>Lifeline</b>	Range of different support available for drug users, from medication to washing machines and showers. Friendly staff (often ex users themselves) who are always willing to listen.
<b>MacMillan Centre</b>	Provided support for a patient with cancer to help her apply for ESA. Very supportive
<b>Lee House</b>	Runs courses including IT which will provide qualifications
<b>Downs Road Hostel</b>	One respondent was admitted here after hospitalisation. It has good support workers who organise lots of activities. Also staff here helped our respondent to get in touch with lots of other places
<b>Donald Winnicott Centre</b>	Community Mental Health Team which provides therapy to those who need it

<b>Marsh Hill Local support</b>	This is a community based centre who offer support for mentally ill people in the area. Their support team organise activities and come to people's houses to check their medication, and see if they need anything. They are available at any time.
<b>Albian House</b>	Another place providing courses. They are really varied, and also have access to some paid jobs as a result
<b>Tyson Street</b>	A useful place for finding volunteering roles for people who aren't quite ready for a paid role.
<b>Groundwork East London</b>	Offer a similar service to that of Renasi (job searching following referral from the Job Centre). The perception was there was a greater selection of jobs available compared to Renasi.
<b>Ways into Work</b>	Limited usage amongst respondents. Help seemed similar to Renasi and others. They helped with tweaking CVs.
<b>Indeed</b>	Mainly seems to offer help with CV writing. The few who used it didn't seem particularly enthused by the organisation.
<b>AThree</b>	<p>There was limited usage by respondents. This is a referral organisation from the Job Centre (early in the job seeking process). This is an intensive job search organisation offering basic training on preparing for interviews. Half day attendance was required every day for six weeks. A generic approach, but perhaps not well suited to the individual attending.</p> <p><i>"There were courses - basic training on how to dress for interviews and similar things. I found it very frustrating that the Job Centre had wasted money on this when they could have used funds to give me more useful training"</i> Female, segment 3</p>
<b>Working Links (now closed)</b>	An intensive job training organisation similar to AThree and Renasi.



## 5.12 How unemployed people hear about organisations

Organisations which unemployed people are in touch with are as part of the out of work and benefit application process (i.e. the Job Centre), as part of a mental health recovery programme (e.g. Homerton hospital) or via word of mouth. There were individual mentions of posters in the hospital for Core Arts and Peter Bedford ran a session in the library.

Word of mouth does seem to dominate for the organisations where there are more positive experiences. However, hearing about organisations via word of mouth may not always coincide at the right time in the journey – either late on or too early on (when the unemployed person is not ready for this step yet, particularly for those with mental health issues). Once established with one organisation, this presents the opportunity to speak to peers (and the organisations) to find out about other organisations and possible other positive avenues.

Overall it appeared that positive help could come earlier in the journey and in practice it might be more available for more critical cases or when a situation got particularly bad. Earlier help or interventions may avoid the unemployed person spiralling down in terms of confidence, self-esteem and mind set.

Currently there seems to be a reliance on an individual to be forthcoming and look for and be able to talk to others about advice, so informal channels only work for those who are able to speak up and ask for advice. For those who find it more difficult to socialise or ask for help, they are disadvantaged and organisations need to come to them rather than vice versa.

## 5.13 How people search for jobs

The majority of job seeking appeared to be online. There are a number of ways respondents did this.

In terms of location, this was largely either at the Job Centre or Renasi (depending on which agency they were currently under the jurisdiction of). There were some difficulties encountered though, mainly that the computers are slow and some websites are blocked (such as Reed online). If individuals had internet access at home, they would search from home, but there were also mentions of using library computers and also using wifi in the park if it was nice weather.

Job seeking at the Job Centre and at Renasi largely seemed to be independently done. There were some positive mentions about good advisors, but on the whole advisors seemed hand off. Universal Job Match is used in the Job Centre.

Other than this, respondents used commercial job searches such as Reed online, Indeed and Total Jobs.

## 6. Appendix 1: Recruitment Screener

### The Long Term Unemployed – Whole Place, Whole Person Review

#### Recruitment Screener

#### Final

This document will be used by BDRC Continental recruiters to recruit unemployed people directly or through Council partner organisations. The purpose of this document is to screen for appropriate respondents and recruit a good cross section of unemployed people to provide views from across this demographic.

A separate discussion guide is used to interview unemployed people.

#### Key information

- Recruitment for 24 depth interviews with people living in Hackney who are out of work.
- Recruitment is via agencies who work with people who are out of work.
- Depth interviews will be paired depths where both the unemployed person and their contact person at the agencies (opportunities to speak individually will also be maximised).
- Ideally recruitment will involve direct contact with the unemployed person (to enable the recruitment questionnaire to be administered with them), with their contact details passed on by the agency. If this is not possible, recruitment and arrangement for the interview time and date will be made through the agency.

#### Recruitment questions (asked to the unemployed person)

Introduction to the survey:

- It's for Hackney Council so they can better understand how to support people who are currently out of work
- It involves an hour face to face interview for which there is an incentive for the unemployed person, arranged at a time convenient to them
- These questions are to help understand who we are speaking to
- Confidentiality assured through industry code of conduct.

#### Q1. Are you currently unemployed?

Yes

No -CLOSE

#### Q2. How long is it since you last worked?

1. Last worked in the last 12 months CLOSE
2. Last worked 1 year to 2 years ago CONTINUE
3. Last worked more than 2 years ago and up to 3 years
4. Last worked more than 3 years ago
5. Never worked

#### Q3. How long did you have this job for?

#### Q4. Have you been in full or part time education in the last year or so?





**Q10. Which of these organisations have you had contact with over the last six months?**

**By contact I mean any phone calls or face to face meetings with these the organisations.**

1. Ways into Work programme via Hackney Council
2. Job Centre Plus Programme (specify which type if possible\_\_\_\_\_)
3. Adult Social Care
4. East London Foundation Trust
5. Hackney Clinical Commissioning Group
6. Public Health Grants Programme
7. Other specify\_\_\_\_\_

**Q11. Who do you currently live with?**

1. Live on own
2. Live with partner PROBE FOR WORKING BACKGROUND\_\_\_\_\_
3. Live with parents PROBE FOR WORKING BACKGROUND\_\_\_\_\_
4. Live with children (under 18)
5. Live with children (over 18) PROBE FOR WORKING BACKGROUND\_\_\_\_\_
6. Live with friends PROBE FOR WORKING BACKGROUND\_\_\_\_\_
7. Other (specify)

**Q12 What kind of accommodation do you live in?**

1. House owned outright or being bought on a mortgage
2. Rented from the council
3. Rented from a housing association
4. Rented from a private landlord
5. Hostel accommodation
6. Other

**ASK IF Q12 CODE 4 (private renter)**

**Q13. Do you get any kind of benefits to help you may for your rent?**

1. Yes
2. No

**Q14. Record Gender**

1. Male
2. Female

**Q15. Do you have a long standing illness, disability or infirmity?**

- Yes 1  
No 2  
Don't know 3

**If Q15 Yes**

**Q16. What is your disability?**

1. Hearing impairment
2. Visual impairment
3. Mobility difficulties
4. Speech difficulties
5. Experience of mental health distress
6. Learning difficulty
7. Physical impairment
8. Long term illness
9. Reduced physical capacity
10. Other (specify)

**Ideal Sample Profile**

**24 interviews spread across these groups evenly**

	Engage with up to 1 organisation at Q10	Engage with 2 or more organisations* at Q10
Age 35-44	6	6
Age 45-54	6	6
Mental health	6	6
Non mental health	6	6

Work related activity group at Q9	Support group at Q9
6	6
6	6

Aiming for half the group to have support at home, half without support (Q11 Code 1 or not code 1)

Aim for 5 interviews with those in education/recently in education At Q4

\*Aim for 10 in Adult social care – Q10 code 3

Aim for a spread of those working more recently and longer ago (Q2) – ideally half worked in last 3 years and half longer than 3 years

## 7. Appendix 2 – Discussion Guide

### Unemployed People in Hackney

#### Discussion guide

Draft 26 02 15

#### Background note to moderator

Paired depth with organisation representative and person out of work. Aim to talk to both individuals separately and together. Ideally include out of work person in a sole interview at start and end of interview, with both parties participating in the middle of the interview. Then follow-up any points with organisation representative.

#### Introduction points

- Thank for time and introduce self.
- Brief introduction to research – for the London Borough of Hackney to understand their experiences of being out of work in Hackney
- About BDRC– our role is an independent agency employed by Hackney Council, so are completely impartial.
- Confidentiality – their views will be used, but we guarantee that they will not be identifiable, no names will be used in our report to Hackney Council.
- Following MRS guidelines.
- Recording – use of audio recording to accurately record what’s being said and recordings only available to the research team including members of Hackney Council (again no names provided with recordings). Check compliance.
- Length of discussion approx. 60 minutes and what time will finish.
- Reassure focus is on understanding their thoughts, opinions and experiences, and that there are no right or wrong answers. Reassure respondents that this is not a test (no right or wrong answers) and that we are just interested in understanding their experiences and gathering different opinions.

*NB: The following are the sorts of questions and the likely order in which they will be asked. This is qualitative research, however, and moderators may need to explore other issues that respondents raise, alter the order of questioning or use subsequent interviews to check emerging findings.*

## Warm-up

- Where they live and how long they have lived there? Who they live with?
- Do they have any hobbies or interests, what are these?
- Have they ever worked? What sort of jobs have they done? Were these jobs they wanted to do? Were there other jobs that they wanted to do but couldn't? Why couldn't they do these jobs?
- Who do they spend time with? (get a feel for whether these people work or take part in any activities or hobbies\*) When they do these activities/ what time are they (do they have to get up 'early' for these) Do they take any leadership or organisational roles in any projects  
Moderator: Understand if any barriers to engaging socially. Understand what support these people provide. Also to understand if they have any hidden employment skills.

\*hobbies can include sports, culture, cooking on so on.

## Aspirations and unmet needs

- What they would ideally like to do in the future? (stress this is *like* as opposed to what they feel they *ought* to be doing) in the next few months, in the next year or so, longer term.
  - PROBE FOR: anything they would like to do with education or learning, starting paid work, starting voluntary work, socialising (sport, cooking, etc).
- What they think would help them take positive steps in the direction they want to head?
  - Who from and what type of help? spontaneous, but looking for organisational support, more family support / employer support

## Customer journey

- How long they have been out of work? Probe for whether this is a solid block of time or if they have worked in-between these times.
  - Moderator: Establish if they go through periods of employment and unemployment, what are the triggers for unemployment. How does any cycles like this make them feel about looking for work?
  - Moderator: try to get feedback on whether they do any informal work: odd jobs for friends, child-minding, cleaning, dog walking, etc

- How did they end up being out of work, what triggered their unemployment? Moderator: be aware of any mentions of mental health issues and understand how they affected losing their job
  - Moderator: If mental health issues, understand the process in the workplace: did they raise the issue with the employer or visa versa? Was the employer aware of mental health difficulties at all? Was this a gradual process (eg warnings, tribunal) of decline culminating in unemployment or a sudden loss of job
- How do they feel about being out of work? Likes, dislikes, emotions, behaviours. What are the challenges of being out of work?
- How do they feel about looking for work? Have they applied for work? What have their experiences been? Successes (what and why) and failures (what and why eg. no job interviews, failed job interviews) and barriers to entering the workplace. Moderator: be aware of any mentions of mental health issues and understand how this has affecting looking for work, job interviews, etc. If they hide or how they handle their mental health difficulties when looking for work/ any coping strategies they use? What extra help do they need to manage their mental health when looking for work?

Explain that the interview is to understand their experiences of getting help while they have been out of work and in what ways they have been in touch with organisations or groups of people and how they have found this (formal and informal all counts)

*(Organisation representative present for this part of the interview to provide clarification on organisations they have contacted and support received)*

Explain to respondent that the representative is present to provide us with any background knowledge we may need on organisations.

### ***When first out of work***

(depending on number of organisations/ types of support used, may need to just ask about some (rotating for each respondent) than all)

Thinking back to when was first out of work, which organisations/key workers/ friends were they initially in touch with for support (this could be getting back to work or any other type of support)? (Probe for names of any organisations and respondent's understanding of what they do).

For each mentioned get an understanding of:



- Whether the organisation/ person contacted them or if they contacted the organisation/ person
  - If they contacted how they found out about this organisation/ person (where appropriate)
- Frequency of contact with the organisation or is it ad hoc (and why ad hoc)
- What they expected the organisation / person to do and how this differed in practice
- What the organisation / person did for or with them
  - Probe for programmes they were in, groups or one to one support and preferences for these
  - If in any programmes, did they continue with these or drop out? If they dropped out, why? How could that have been avoided (either from the respondent or organisation) Where they continued – what made them continue? What did they like about them? Were there times when things worked better for them (eg when on a low or high ebb?)
- Whether they are still in touch with the organisation/ person, if so does the organisation / person do anything differently now, how has their assistance changed? Is this change better or worse? Are their expectations met or not?
- How the organisation / person made them feel?
  - Were there any particular things (such as particular interactions / types of support given) that made them feel differently? Probe for where organisation/ person helped and made them feel positive (and conversely where they perhaps felt frustrated / upset / negative).
  - If you could paint a picture to describe how you feel, what would you draw? Why?
- (If in touch with several organisations/ people) – Which organisation/ person do they prefer most and why? Which organisation / person do they prefer least and why?
- Which organisation/ person did the most for them (may differ to most preferred) and how
- What would they like to change about the organisation / person and what they did with them?
  - How could the organisation person change in this way: probe for practical changes

### ***Ongoing experiences***

(depending on number of organisations used, may need to just ask about some (rotating for each respondent) than all)

After they were first out of work, were they in touch with any different organisations /people? Probe for names of organisations

- Moderator: be aware of any differences depending which stream they are in ie JCP, health services, etc
- Whether the organisation / person contacted them or if they contacted the organisation/ person
  - If they contacted how they found out about this organisation/ person
- Frequency of contact with the organisation/ person or is it ad hoc (and why ad hoc)
- What they expected the organisation/person to do and how this differed in practice
- What the organisation did for or with them
  - Probe for programmes they were in, groups or one to one support and preferences for these
- Whether they are still in touch with the organisation/ person, if so does the organisation/ person do anything differently now, how has their assistance changed? Is this change better or worse? Are their expectations met or not? Where they are still in touch, what made them keep in contact? What did they like about them? Were there times when things worked better for them (eg when on a low or high ebb?)
- How the organisation / person made them feel?
  - Were there any particular things (such as particular interactions / types of support given) that made them feel differently? Probe for where organisation/ person helped and made them feel positive (and conversely where they perhaps felt frustrated / upset / negative).
- (If in touch with several organisations/ people) – Which organisation/ person do they prefer most and why? Which organisation/ person do they prefer least and why?
- Which organisation/ person did the most for them (may differ to most preferred) and how?
- What would they like to change about the organisation/ person and what they did with them?
  - How could the organisation change in this way: probe for practical changes.
- Ask organisation representative of there are any other organisations that could offer support and what they do (those not mentioned)
- Ask respondent if they have experiences of dealing with these organisations?
  - If yes: What were their experiences?
  - If no: Why haven't they been in contact? Lack of awareness? Lack of perceived suitability/ relevance?

*(Organisation representative leaves after this part of the interview)*

## Unmet needs

- Given their contact with organisations, is there anything else that they would have liked to receive (more) assistance or support for (tie back to earlier aspirations)- (prompted this time) can be anything from or receive this at a better/ more optimal time (ie different sequencing):
  - Work related support: probe in detail for what kind of support – looking for work, CV writing, preparing for an interview
  - Getting work related skills: education, courses, work-related experience, voluntary work
  - Socialising: probe for what kind of support eg. getting involved with other people, feeling more confident, feeling less depressed, feeling less bored, stimulated, feeling more active
  - Contacts: useful contact to know how they can find jobs
- If any of the above are not mentioned, ask:
  - Why these are not mentioned
    - Is it something they feel would not help them?
    - Is it something they are not aware they can get support for?
    - Are they not confident in getting this support?
    - Is it something they really don't want to do? If so why?
    - What other barriers?
  - What are the biggest barriers?
  - How could they overcome these barriers? What help would they need to overcome these barriers?
  - How good were the organisations at helping them overcoming these barriers? What else could they have done?
- When is a good time for them to refresh and start a new cycle of preparing to go back to work?

## Wrap up

- Ask respondent to go back to think about where they would like to be and how do they think they can reach this?
- What sort of support they would need, who would they go to? What would this support look like:
  - Number of people they deal with?
  - What these people are like?
  - Frequency of contact?
  - Type of contact?
  - Type of advice?

- What else would they like to tell Hackney Council about helping people who have been out of work for a while?

### **Future contact**

Ask if have any interventions planned in the next two-four weeks?

Ask if we can contact them after this to see how they got on? Explain this would involve a telephone interview, for which they would receive £x. Make arrangements for time and date where possible.

### **Thank and close, provide incentive**

**Follow-up with organisation** to clarify any details from the interview on which organisations they have been in contact with and the potential reasons for any limited or non-usage

## **Workforce Views**

The Commission decided the next stage was to talk to frontline staff about the research findings to obtain their views about the barriers highlighted by service users with and without a mental health condition. This is what they said:

### **Core Arts**

Work with people that are have severe and enduring mental health condition. The essence of their service is building people up to the stage that they can participate in their volunteering programme. Providing service users with the opportunity to volunteer is not part of their commissioned services. The volunteering programme enables service users to progress and it is a core part of how they work with service users for their recovery journey.

The funding they receive for commissioned services did not cover all the support services they offer. The remainder are resourced from fund raising activity.

Core Arts work with the individual's skills and what they enjoy to motivate them and capture their interest to improve their wellbeing for health and happiness.

Individuals are encouraged to engage with their volunteering programme to give them routine, build their confidence and structure. They also use peer support to help new service users.

Using a competency framework Core Arts identify the individual's skills to identify what they are good at. This helps the person to build an identity away from the label of being a mental health patient.

Core Arts signpost service users to colleges for further education. They encourage people to obtain the PTTLS qualification. This enables them to teach in the adult learning sector. Core Arts used to work with the Hackney Learning Trust service.

Core Arts are reluctant to refer people to the Job Centre for employment support services.

Core Arts advised clients need placements or volunteering roles that will support their recovery journey. In their view the placement should be interesting to hold the individuals interest and the placement / internship should not affect their benefits or result in a negative impact on their benefits.

Core Arts pointed out they are commissioned by different organisations. This means Core Arts has different outcomes to deliver for each funding stream. It is difficult to explain to service user and help them understand why they have different outcomes depending on the commissioner.

Core Art highlighted it would be helpful if VCS organisations were funded to employ people to help build up their work skills and confidence.

### **Barriers**

- There is insufficient information available to help a person move on from services like Core Arts
- Service users fear benefit sanctioning and instability
- The aspiration of social care services is to secure welfare benefits, housing and get the service user stable on their medication
- The clients care co-ordinator may not encourage the person to progress especially if they have tried and failed at some point. They are reluctant to encourage the person to try again, instead they encourage them to remain stagnant
- There is a lack of part time and volunteering roles so that people can progress and move on.

### **Hackney Community College**

HCC have two staff members who support people with mental health while in education services. The officers are funded by LBH Public Health Team and East London Mental Health Foundation Trust. They work with people referred from primary care services with low level mental health to secondary care services with enduring / severe mental health conditions.

Their clients have usually been through the DWP process and are at a place where they are stable and comfortable. HCC echoed the views of Core Arts confirming service users often wish to stay at this place in their journey.

HCC confirmed previously a person could access funding to obtain qualifications up to level 3. The Government has changed this and funding is only provided for education up to level 2. If a person wishes to continue studying they have to self-finance it.

The officer described a case she had worked with that involved a service user who started by accessing Lee House services and then progressing to mainstream college to obtain catering qualifications. With HCC's support this person was able to secure full time employment and change their identity. The officer highlighted at this stage in the person's recovery medical support services ceased. The HCC officer continued to support the person after they entered employment. The officer pointed out this period was the most difficult as a person adjusts and transitions off benefits. The officer supported the person to obtain benefits advice and access the better off calculation. The challenges include moving off benefits and living on minimum wage. In this case the person is struggling and finding they are worse off financially. The person's lifestyle was better on benefits and now the person is needing to make life adjustments such as no Sky and reducing their mobile phone contract to manage financially. Continued support for this individual has helped him to manage the pressure of this transition. This journey for the service user has taken 3 years. In some cases a person can need support for up to 6 years.

Local employment opportunities are scarce for people over 24. Apprenticeships are aimed at 18-24 year olds.

### ***Barriers***

- Access to money advice and learning budgeting skills
- Gaps in CVs
- Having a criminal record
- Having access to support to help get the right advice e.g. accessed benefits advice or better off calculation
- Employers receive funding for an apprentice aged between 18-24, but they do not receive any financial assistance for an apprentices aged 25 years and over
- The lack of unpaid opportunities in the borough and employment opportunities provided by the Council for this cohort.

### **Renaisi**

Renaisi are commissioned to provide the Government's single work programme locally. All their customers are referred from JCP.

Advisors at Renaisi have on average 60 clients to work with at any one time. In some locations this figure can be higher.

Renaisi has 2 years to work with a client.

Their clients can be on long term JSA or ESA claimants.

The advisor will sign post the client to support and assist with their job search. Although they recognise the need to support a person holistically their focus for support and key deliverable for the programme is to help the client secure employment.

It has been 4-5 years since the national work programme commenced but there are still areas that need to be improved e.g. information sharing.

### ***Barriers***

- There is no handover of information about the person or their support needs prior to their arrival.
- JCP do not provide information about the person after they leave their support services. Therefore Renaisi was unable to confirm if a person progressed into employment after accessing their support service.

### **Shaw Trust**

They used to work mainly with ESA claimants now they are a local work programme provider.

Shaw Trust are piloting two centres designated as Health and Wellbeing Hubs. Hackney is one of the two hubs. This hub is a community hub that is accessible by any person who has any barrier and not in employment.

Shaw Trust spend the first 2 weeks with a new client finding out their support needs and building trust in the relationship. The aim being to reassure the person they are there to support their needs.

Unofficially the hub remains accessible for people who have completed their time on the work programme. Access is provided through the charity side of the organisation's service provision.

Shaw Trust were able to confirm that some clients who continued to access the Hub's services after they had completed their work programme period, did secure employment.