Monograph:

NO WRONG DOOR

A STUDY OF EMPLOYMENT SUPPORT PROVIDERS IN LAMBETH

http://www.lambeth.blackthrive.org

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Executive Summary

No Wrong Door is an initiative being proposed and explored by partners in Lambeth, based on insights that have emerged from the employment project being delivered by Black Thrive Lambeth and funded by Impact on Urban Health. **The concept of No Wrong Door is that a person with a long term mental or physical health condition, who is seeking support to move towards and into employment, can expect effective and joined up support from services across the borough of Lambeth, no matter which provider they initially make contact with, and no matter how their needs and wishes change over time.** A No Wrong Door collaboration would see all employment support providers in the borough aware of each other's existence and offer, and well connected into a collaborative network of referral and information sharing, so that service users experience seamless, efficient and effective support in their journey towards employment. This report forms part of Black Thrive Lambeth's exploratory research and consultation into how a No Wrong Door collaboration could work in practice.

Method

This report brings together data from quantitative and qualitative research conducted by Black Thrive Lambeth during Summer/Autumn 2021. The data comprise an online survey of employment support providers which received 48 responses, and 20 semi-structured qualitative interviews with a wide range of employment support providers in the borough of Lambeth, covering the statutory, voluntary and private sector.

The analytic process of the qualitative data involved multiple readings of the transcribed interview data to (i) develop an understanding of each provider's distinctive offer - the structure, content and operation of their employment support provision; and (ii) draw out perspectives on how a No Wrong Door collaboration could or should be designed, and what the benefits and challenges of achieving such an initiative might be.

Findings

This report is structured in two main parts, focusing on two key areas of the qualitative data:

- **Part 1** *Mapping the range and diversity of services* provides a description of the broad range of services/providers that took part in qualitative interviews, aiming to show the diverse nature of organisations and some of the issues that these differences in size, structure, processes and support offer might raise in bringing people together under one collaborative framework. Quantitative data from the survey is presented alongside, as appropriate.

- **Part 2** *Designing a No Wrong Door collaboration* summarises interviewees' perspectives on the potential benefits and challenges of the No Wrong Door concept, and details the key aspects that interviewees felt were important in designing an effective collaborative network.

The findings from this report are both broad and deep – reflecting both the wide range of employment support on offer in the borough, alongside the vast array of local knowledge, expertise and leadership in the sector. They paint a borough that is rich with resource and opportunity – some of which is currently being harnessed, but with parts that also remain untapped. There are large pockets of excellent provision in Lambeth, but a feeling that such provision could be more than the sum of its parts if subjected to better coordination. Whilst it is difficult to draw concrete conclusions from such rich and diverse data, the insights gathered do shed light on both potential opportunities to build upon, as well as challenges to overcome.

Conclusions

There is both a moral and economic argument for encouraging services to work together. The research sheds light on the large appetite for collaboration which already exists amongst providers in Lambeth; they recognise the potential mutual benefits to both their services and those who use them.

The report highlights various opportunities to begin testing and building a more collaborative system - from improving communication and building human relationships between providers along with investing in system leadership and coordination, through to creating shared ways of working regarding referrals, onboarding, signposting and outcomes measurement.

Introduction

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Method

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The survey was created by the employment team at Black Thrive Lambeth using Google Forms. The aim of the survey was to explore the current landscape of employment support providers in Lambeth, particularly with regards to referral routes, data collection and collaborative practices. The survey link was emailed to an initial list of 183 providers in April 2021. An additional 6 follow-up emails were sent to increase engagement; the survey was also promoted to Black Thrive Lambeth partners and on social media sites such as LinkedIn and Twitter. Data from the 48 respondents was compiled and analysed in Microsoft Excel by a staff member from Black Thrive Lambeth in December 2021. The full set of survey questions can be found in Appendix A.

The 20 interviews were conducted by a team of staff from Black Thrive Lambeth, during June and July 2021. Interviewee roles included CEO, director, service manager, careers adviser, employment adviser, administrator, job coach and mentor. The interview guide can be found in Appendix B. To enable a detailed exploration of the qualitative data, Annie Irvine (ESRC Centre for Society and Mental Health) was enlisted to support the analysis of the interviews. The analytic process involved multiple readings of the transcribed interview data to (i) develop an understanding of each provider's distinctive offer - the structure, content and operation of their employment support provision; and (ii) draw out perspectives on how a No Wrong Door collaboration could or should be designed, and what the benefits and challenges of achieving such an initiative might be. In order to synthesise and clarify the interview material, verbatim interview transcripts were converted into summaries using a template with key thematic headings. The summaries were then imported to NVivo12 software to facilitate more fine-grained coding of specific viewpoints under broad topic headings.

This report is structured in two main parts, focusing on two key areas of the qualitative data:

- **Part 1** *Mapping the range and diversity of services* provides a description of the broad range of services/providers that took part in qualitative interviews, aiming to show the diverse nature of organisations and some of the issues that these differences in size, structure, processes and support offer might raise in bringing people together under one collaborative framework. Quantitative data from the survey is presented alongside, as appropriate.

- **Part 2** *Designing a No Wrong Door collaboration* summarises interviewees' perspectives on the potential benefits and challenges of the No Wrong Door concept, and details the key aspects that interviewees felt were important in designing an effective collaborative network.

Illustrative quotes from qualitative interview participants have been included throughout the report. These are marked by provider interviewee number e.g. (P03), (P17). Some quotes have been edited for brevity, readability and to preserve anonymity.

A note on interpreting the report

The qualitative interviews covered many themes (see interview guide) and elicited diverse viewpoints and wide-ranging data. This report focuses specifically on interviewees' comments that pertained to the design and functioning of a No Wrong Door collaboration. Some of the rich and complex data on wider themes (e.g. the impact of Covid-19 on services, what characteristics influence service user employment outcomes, reflections on the social and economic characteristics of Lambeth) have not been included here unless directly relevant to the matter of establishing a No Wrong Door collaborative [1].

The qualitative analysis has been conducted by a social researcher with expertise in the topic area of mental health and employment support, but with no experience of living, working or receiving services in Lambeth or its surrounding area. There are intricacies and specifics of how a Lambeth No Wrong Door collaboration could work that only those embedded in the locality can have insights into. The conclusion to the report has been written by members of Black Thrive Lambeth, drawing on their broader local knowledge and insights into developments under way in the borough. This summary of the qualitative interviews, and the tentative implications and recommendations, should now be brought to commissioners, local providers, service users and residents to be critiqued and further developed.

It is also important to note that although the report does not discuss race explicitly, survey data highlighted that the vast majority of service users of those providers surveyed are Black. Black people in the UK are less likely than their White counterparts to be in employment and those Black people who are employed, are more likely to occupy low paid, precarious work [2]. Research conducted by Impact on Urban Health reveals that even though Black communities only make up 18% of Lambeth's adult population, they account for 27% of people with multiple long-term conditions. Additionally, Black people in Lambeth develop multiple long-term conditions 10 years earlier than White people [3]. It is therefore implicit that the majority of the people affected by the system as it is, or as it could be, are Black.

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[1] This data on wider themes has, however, been collated and could be interrogated as a second phase of analysis.
[2] Trades Union Congress. (2020). Dying on the Job.
[3] Impact on Urban Health (2018), From one to many: Exploring people's progression to multiple long-term conditions in an urban environment

Part 1 *Mapping the range and diversity of services*

This section draws on interviewees' descriptions of their services, to highlight some of the differences in the structure, focus and operating practices of different employment support provision across the borough. This is not a definitive picture but serves to illustrate some of the service characteristics that may be important to define and specify in any directory or service map that emerges from the No Wrong Door project. Subsections below outline differences in the following areas of provision, all of which seem important to consider in terms of their influence on the design and functioning of a No Wrong Door collaboration:

1.1	Forms of employment support provided	1.5	Duration of engagement/provision
1.2	Eligibility, target group, and typical client	1.6	Referral and assessment processes
1.3	Specialism in health and disability	1.7	Targets and desired outcomes
1.4	Funding	1.8	Onward signposting and referral

Clarity around these service characteristics should support appropriate referrals and service user decision-making between different providers. Differences between services also shed light on where potential areas of challenge or tension may emerge when seeking to work collaboratively, highlighting issues for further discussion among those involved in driving forward the No Wrong Door project.

1.1   Forms of employment support provided

Interviewees' descriptions of their service offer revealed a large range of specific types of support offered. These are detailed in Figure 1, with a provisional attempt at thematic grouping. Some providers offered more than one of the types of provision listed, whilst others focused on one specific area of specialism.

Figure 1 should be considered a preliminary typology, to be refined through further discussion with providers and service users, to ensure it is intuitive and coherent to those using it to form plans and decisions.

Pre-vocational social engagement	Peer support groups, social groups, creative groups. Support to regain confidence in social settings, providing structure to the day/week, building capacity for focus and concentration, building self-esteem, connecting with others
Psychological support	Counselling, Psychotherapy, Peer support groups
Coaching and mentoring	Personal development, Careers advice, Mentoring
Academic and vocational training	Essential skills (English, Maths, ICT, ESOL), Vocational courses, Further education, Higher education
Information technology	Assistive technology, Digital inclusion (skills, devices), IT support
Employability skills	CVs, Applications and covering letters, Interview skills, Workplace behaviours and etiquette
Business and enterprise	Enterprise courses, Small business start-up
Work experience	Voluntary work, Work placements, Internships, Supported employment, Paid roles within provider
Job brokering	Job matching, Brokering work experience placements, Jobsearch support, Connecting people with vocational/learning opportunities
In-work support	Brokering Access to Work funding, Mentoring
Financial advice	Financial management, Debt advice, Welfare benefits advice
Broader welfare support	Housing advice, Benefits advice, Childcare

Some providers deliver multiple types of support from within their own organisation, whilst some hold a client base but draw on connections with various other services/providers (e.g. colleges, psychotherapists, job brokers) for specific inputs. Other organisations provide a more discrete type of provision, e.g. IT support or a fixed-duration internship.

Figure 2 maps the type of support provided by survey respondents against the preliminary thematic groupings outlined above. Many respondents offered more than one type of service, while others offered a more streamlined provision.

Form of support	Number of survey respondents
Pre-vocational social engagement	2
Psychological support	2
Coaching and mentoring	24
Academic and vocational training	7
Information technology	1
Employability skills	21
Business and enterprise	3
Work experience	13
Job brokering	15
In-work support	9
Financial advice	0
Broader welfare support	2

The concept of an employment 'journey' may be used to picture an individual's pathway of engagement with different employment support provision, from whatever their starting point to their ultimate vocational destination. To achieve successful engagement, progress and outcomes, it is essential to connect people with support that is well-fitted to their stage along this journey. Hence it will be important for organisations within the No Wrong Door collaboration to clarify and identify which stage(s) and actions/activities their organisations can offer support with. It is also important to note that an individual's journey may not be linear; multiple stages may overlap, and the point at which a given input is appropriate will differ for different people.

Interviewees spoke about the importance of matching provision to an individual's journey stage and the need for bespoke provision:

One challenge is about getting people who are at the right time for your programme, whatever it is. Because there's different steps in this kind of journey. One thing is just participating in anything, or just leaving the house ... That's like a first step and some people are only really ready to do that. And some people are ready to get more training and some people might be ready to do the next step, which might be looking at starting your own business, or doing something creative, or it might be looking at going towards employment. And there's probably more stages than that, that we're going to learn about over time. Because we had a few participants that dropped out quite soon. Some were from 'life stuff' - like they had too much other life stuff going on. But other ones weren't really ready for our program, which is a kind of mid-point between- it sort of starts you when you're ready to do something, but it was kind of expecting you to then maybe start to go towards the next thing. So we're not, "We're going to put you in employment right now." We're somewhere in that middle space there, and that's the challenge, is like finding people who are [ready] (P19)

What we do is we kind of create a dedicated pathway for each of our participants when we first engage with them, to find out what their needs, wants and aspirations are and work out, "Okay, in order for you to get to here- " So we start at the end and work our way backwards. So we start with the ultimate goal and break it down into small, digestible steps that they can take to meet their needs. And then we devise a pathway for them (P17)

What the support does is it goes in, and it works with the individual, where the individual is at. So the range of support, because it's bespoke, it changes depending on the need of the particular individuals. (P05)

Several providers are able to work with individuals across many stages of their journey towards employment, creating a bespoke pathway that may begin at some distance from work but move from pre-vocational social support and confidence building, via training and work experience, towards (as appropriate) open employment. However, some providers (e.g. those specialising in internships or work placements) acknowledged that their services are geared towards the more work-ready individual. With a view to ensuring appropriate referrals and support, this is something to be made explicit when mapping out the details of services within the collaboration:

I guess the group of people we would primarily be working would be people who are fairly close to being job ready ... Because the internship was funded through the local authority - through the education department, and the Education, Health and Care plan - obviously the local authorities expected a certain set of outcomes and realistically what they want to see is an internship and then somebody going in to work; not necessarily somebody doing an internship and going back to college afterwards. Because, to be honest, they fund this on the basis that they're not going to need to carry on funding somebody's education afterwards (P04)

We do need to be working with [clients] who are motivated, who want to do it and are able to interact with employers ... We do a meeting where we clarify the expectations; they have to sign a commitment. But to be honest, if someone is motivated and they come and we realise they are a little bit more needy, we flex the project to try and support them (P16)

Other variables that may be beneficial to include in a provider directory are whether provision is **one-to-one or in groups,** and the **location of provision.** Some interviewees highlighted the importance of outreach work and the use of trusted and familiar community spaces, in order to successfully engage people who may be hesitant to go into unfamiliar settings or spaces of formal education.

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1.2 Eligibility, target group, and typical client

Responses to the researchers' questions around client group and the 'typical client' shed light on three related but distinct ways of looking at service user profile.

- Some providers have specific **eligibility criteria** that restrict participation to certain groups, for example, people within a geographical postcode area, people within a defined age group, people with a mental health diagnosis or disability, or people leaving the criminal justice system. These criteria are sometimes linked to the provider's source of funding.

- Some providers have a **target group.** They are not strictly limited by predetermined criteria, but as part of their ethos or mission the service aims to support (predominantly) people with particular characteristics or circumstances, for example, people of a certain race/ethnicity, people with special educational needs or young people from a disadvantaged or underrepresented background.

- Some, although not all, providers were able to describe a **typical client.** This overlaps to some extent with - and indeed may be a product of - eligibility and targeting, but may also arise more organically from the characteristics of people who are drawn to or come into contact with the service, e.g. women, parents, long-term unemployed, digitally excluded, drug users, or young Black people.

When exploring service user profiling in a broader sense, the survey results revealed that of those providers who record service users' demographic data, over three quarters (76%) report that the vast majority of their overall client cohorts identify as Black (Figure 3). It is not yet clear whether Black people are overrepresented in these services as they are more likely to successfully seek and access support; or whether higher numbers of Black service users reflect the higher rates of Black residents who are unemployed or in need of employment support.
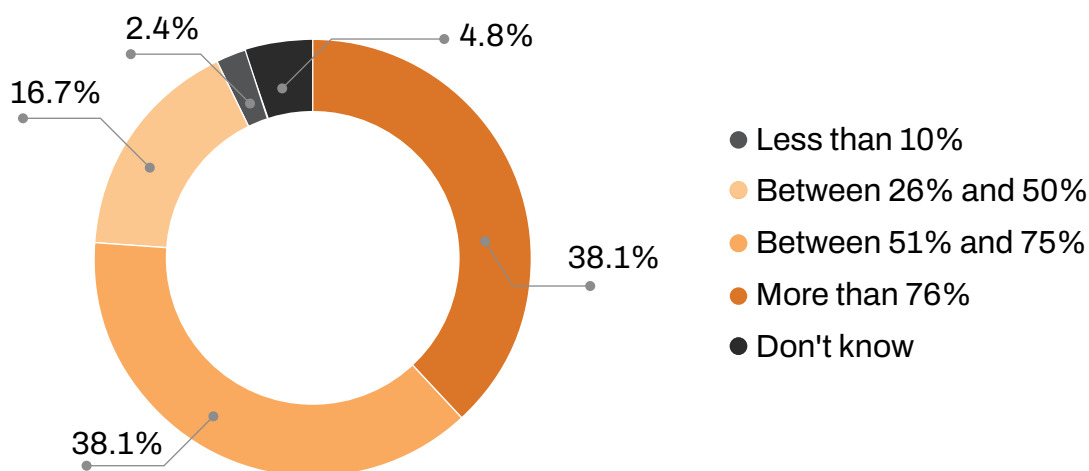

2.4%
4.8%
16.7%
38.1%
38.1%

- Less than 10%
- Between 26% and 50%
- Between 51% and 75%
- More than 76%
- Don't know

Fig 3 Percentage of respondents' service users who are Black

Eligibility criteria and **target group** would seem important information to include in a No Wrong Door directory of services, to ensure appropriate referrals and to avoid disappointment or frustration. A sense of the 'typical client' is perhaps less essential, but may be useful for understanding service providers' range of experience and expertise, and perhaps when thinking through where a client may feel most comfortable.

As well as those providers with specific eligibility criteria or target groups, there were providers with an entirely 'open door' approach; if a person felt they were in need of the service, then this made them eligible:
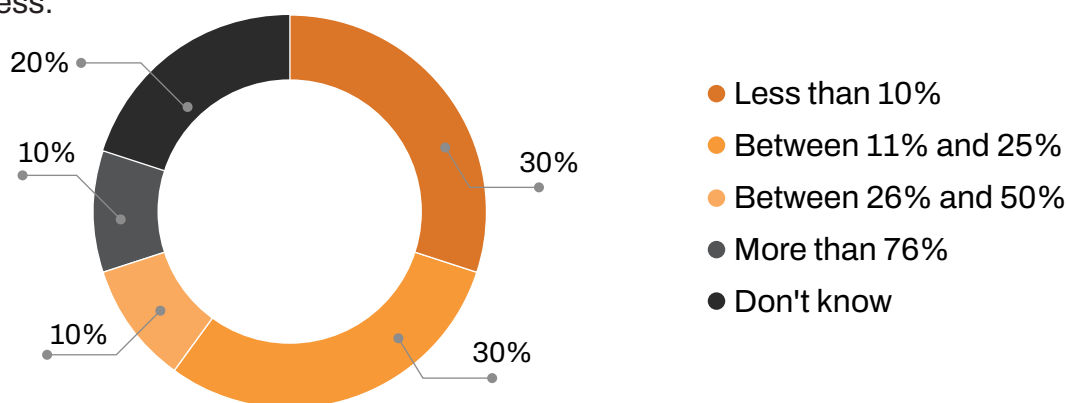
> *We don't, kind of, have criteria to assess your need. The need is purely based on your self-referral. If you tell us you need help, it's not down to us to say, "No, you don't need help," because if you're asking for the help, you need it. So we don't turn anybody away. Anybody who wants to engage and needs the support will get the support. So in terms of, like, having any kind of criteria that need to be met or anything like that, we don't have any. We are fully inclusive* (P17)

As will be described below, some providers are private enterprises which charge for their services. As such, a concept of eligibility seems less applicable, given that the service user might be conceived of as more of a 'customer' or 'client' in the traditional sense.

1.3 Specialism in health and disability

Not all providers have a particular focus or specialism in supporting people with mental health problems or other long-term conditions. Some services have specialist expertise in mental health or have disability at the heart of their provision, often with this as an eligibility criterion for access to their service. Some providers have in-house specialists, whilst providing a more universally focused employment service. Others do not have particular in-house specialism but are open to working flexibly to try to support the needs of an individual. However, some providers were clear that they do not have the expertise or capacity to support people with very complex needs.

The No Wrong Door survey highlighted that half of all respondents currently support cohorts of service users where more than 10% have a physical long-term condition (Figure 4). With regards to mental health, figures are higher – 53.4% of respondents stated that over 10% of their service users have a mental health condition (Figure 5). Furthermore, it may also be worth noting that missing data under 'don't know' is slightly higher for mental health - from which we might infer that the proportion of service users with mental health conditions may well be even higher, if providers had this awareness.

- Less than 10%
- Between 11% and 25%
- Between 26% and 50%
- More than 76%
- Don't know

26.7% 20% 16.7% 16.7% 6.7% 13.3%

Less than 10%
Between 11% and 25%
Between 26% and 50%
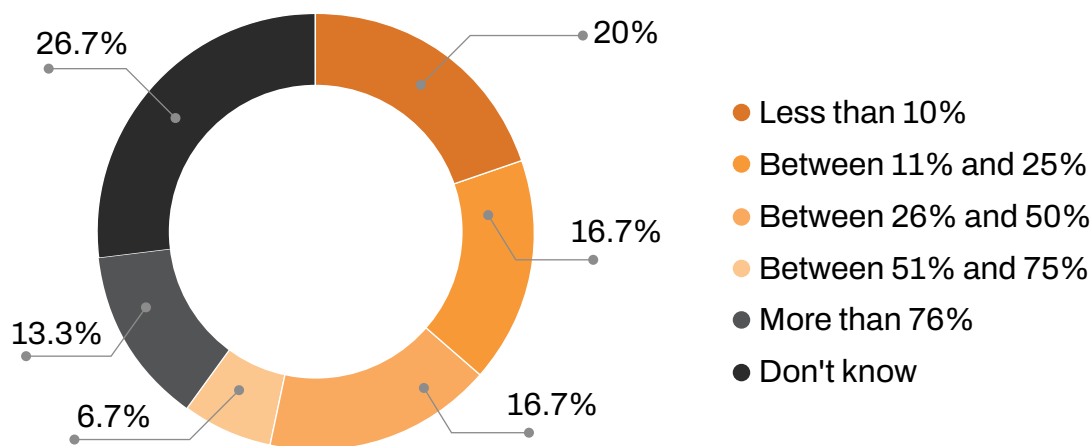Between 51% and 75%
More than 76%
Don't know

Fig 5 Percentage of respondents' service users who have a mental health condition

The extent to which specialist support and expertise around (mental) health and disability is built into the provider's offer is something that would seem useful to detail in a provider directory, to ensure effective matching of individuals to appropriate support at different stages of their journey towards employment.

A well-functioning No Wrong Door collaboration could help in quickly signposting people to a more specialist provider or enabling a person to engage with two or more providers simultaneously, to meet their holistic needs.

1.4 Funding

Providers within the qualitative interview sample were funded in a variety of ways, and in many cases, drew on a portfolio of funding sources. These included:

- CCG contracts
- Local authority contracts
- Housing Association contracts or project grants
- Grant funding from charitable bodies
- Social enterprise
- Private enterprises where client pays

Some organisations operating as private or social enterprises were able to offer a certain amount of 'pro bono' provision (e.g. work experience placements or coaching) free to the end user, through funds generated via other arms of their organisation e.g. private consultancy or facilities hire. One organisation offered free work experience placements on an entirely unfunded basis, as part of its overarching ethos. Some organisations in the qualitative interview sample had recently been able to expand their offer to non-paying clients via the support of a Black Thrive Employment Project grant.

Some funding structures/sources might be considered more robust than others and this may have implications for the operation of a No Wrong Door collaboration. The challenge of short-term funding (e.g. year-to-year or project-based) was raised by several interviewees. Whilst this was not a challenge to collaboration per se, the implication was in terms of the stability and sustainability of provision and the services' ability to guarantee their future. Funding uncertainty constrains providers' capacity for

long-term planning and investment into services and leads to fragility of provision. For example, at the time of the research interviews, one service was facing its fourth temporary closure and the employment support arm of another service had recently ceased operating, due to reallocation of funding. This instability of certain services may in turn pose challenges to maintaining an up-to-date No Wrong Door directory and a sense of confidence when referring or signposting prospective clients:

Because you're in the third sector, year-to-year funding doesn't allow you to really push the boundaries of your projects, because you don't know if you're going to have the money to do that the year after, and it's a really hard thing to really make future plans never knowing if you're going to have the money there or not (P10)

Part of our disadvantage is most of these programmes have been short term. So it was a set twelve-week programme. We've been looking funding to continue it, because we are an ideal space to have that employability coach on a regular basis ... We have the space and facilities to do that. It's just that we haven't been able to capture or implement that resource of an employability coach (P11)

In the absence of funding, employment support provision that is reliant on the goodwill and capacity of an individual or small group might be seen as slightly ad hoc. Whilst this kind of altruistic provision is highly valuable and appreciated by local communities, there may be implications for organisations in this position (relative to those with stable and long-term funding) in terms of their ability to make a sustained commitment and input to a collaboration. There may be questions to consider about potential tensions, inequities and status imbalance within a collaboration, when bringing together unfunded or minimally-funded providers with larger and more sustainable financed organisations.

Some providers are private consultancies, whose employment support services would generally be paid for by the client (though the recent Black Thrive Employment Project has funded some such providers to be able to offer free support to a certain number of clients). One private provider explained how they would always seek to create a bespoke package that was affordable to the client:

We'd normally set a time limit of how long it's going to be, and it could be anything from six weeks, it could be to a year, but because my programmes are bespoke, I try to work within their needs. So for example, if I have a client who cannot afford it, or cannot afford a six-week programme, we'll look at maybe we'll do a one-off consultation where we identify goals, we identify some actions, and then what we'll then do is touch base in three months' time. So we'll do a check-in and that then makes the costs a bit more affordable. Or it might be that we do half-hour sessions instead of an hour session (P05)

However, the same provider recognised that costs would be a limitation on access to these private providers for some service users, in the absence of subsidised provision:

I know for a fact the people that I worked with for the Black Thrive project, I probably would not have worked with because they wouldn't have known about me and they wouldn't have been able to afford me … I think if there was more funding then more people will be able to access it. It's as simple as that (P05)

Equally it needs to be acknowledged that, as small independent private enterprises, these providers ultimately need to generate an income from their provision. Two independent consultants alluded to the constraints they faced, in the absence of grant funding:

Actually if the funding isn't there, then it might not be able to [run], and then what ends up happening is that I'm then doing it as part of my pro-bono services, because otherwise they're not going to get that support. And I'm a small business, I'm a one-man band (P05)

"[The housing association] got a lot of funding to run the service, so they didn't have to worry about charging the resident because it was all covered by funding … They didn't have that kind of stress that I would have as an independent person who's not in receipt of funding" (P01)

These are again factors that may have implications for collaborative work and referrals.

1.5 Duration of engagement/provision

A distinction between providers that may be useful to consider in developing No Wrong Door is that services varied in terms of the structure and duration of user engagement. Whilst the points below should not be taken as representing discrete categories, some observations are that:

- Some providers engage individuals on an open-ended basis. Service users become members of a group or an organisation, and participation may be relatively long-term, according to the individuals' preferences and needs. There is no maximum limit to the duration of engagement. Whilst with the provider, individuals engage in a range of social support and work-related activities, which may vary between in-house and external signposts/referrals. Such services might be described as person-centred rather than programme-centred, in that it is the individual around whom a bespoke package of support is built, rather than a specific programme with which the individual engages.

- Some providers, whilst again not setting a predetermined duration, are relatively more destination-focused, in that there is an intention to at some point reach discharge from the service, whether that be within months or years. Target outcomes are individualised, and the appropriate point for a service user to be discharged is a process of negotiation. These providers are again person-centred and provision is bespoke, but with a somewhat more definite aim for the service user to move onwards beyond the service into some kind of vocation-related destination.

- Some providers offer programmes, projects or interventions of pre-set duration and with a relatively narrower focus or curriculum. Whilst the provision will again be tailored to meet the needs of a given participant, the programme/offer seems more pre-defined and discrete, in terms of content and duration (e.g. employability courses or work experience placements). That said, some providers offering this kind of service noted that participants could stay engaged/in touch in the longer term, as a kind of alumni network or open door of information and support.

- Some providers fulfil a specific role, for example, job brokerage, which may be brief or one-off, though may include ongoing in-work support, according to client needs/wishes.

It is important to emphasise that the use of the term 'person-centred' in the above descriptions is not to imply that some services are not person-centred in the broader sense. All services work in a tailored way with individuals. The use of this distinction is intended to help clarify thinking when detailing the types of services within a No Wrong Door collective, in terms of the ways in which client engagement is structured, bounded and evolves over time. Broadly speaking, some services operate on more of a casework type basis, where the starting point is the individual around which a package of support is built, whereas other providers offer a particular programme or service which - whilst delivered in a tailored way - has the programme as the core offer and starting point. There are of course providers which fall somewhere between the two, combining elements of both.

The intention in highlighting these nuances is to draw attention to another dimension of difference that may be valuable to consider when bringing providers together into a collaborative network; helping to understand the distinctive offering that each brings and any ways in which these differences in operating structures may relate to service user needs and experiences.

Contrasting open-ended and fixed-term provision and engagement

People don't want to leave. We try to make it more of a family. It's not just, "Yes, we do this, and then go" ... You're our member (P06)

Membership is for life if you want to. So people can work here for a bit, get a job, move away, think, "Yeah, you know what? I'm alright now," and then they could get ill again and need to come back. So yeah, we'll keep reviewing people's goals and keep encouraging people to move on ... We just want to make sure that there isn't a cut-off, in that people can always come back if they need us. But over time we do want them to move on. So it's not like you have like six interventions and then that's the end of your time with this service. That's not the way that we're funded or not what we do (P03)

It's a twelve-hour journey with us, ten to twelve weeks, and we endeavour to get them into jobs within those ten to twelve weeks, depending on what their circumstances are ... Sometimes it's not in their interest to stay with an organisation and not move, but sometimes it's just they get comfortable, familiar. It's a familiar face, it breaks up the monotony, so they will be happy just to come and meet with the same adviser for a year and maybe not even have moved. Which is not something I encourage because I don't think it's- it's not- we're supposed to be progressing people and helping people develop and I don't think it's that if you're just sitting on them. (P09)

We did an employability programme, only twelve weeks ... It was a twelve-week programme and I believe the first six weeks was a weekly session where they came together as a group, and start thinking about mapping their career journey, where do they want to be. She also matched that six weeks with a one-to-one follow up with each person, after the session ... So it was only a twelve week programme, so part of our disadvantage is most of these programmes will be short term. (P11)

We still provide mentoring for most of our courses for some time afterwards, up to six months. And it's not mentoring as in really formal mentoring. It's informal, but obviously still following a framework of mentoring. It's informal, but it's more supportive, and signposting, and checking how they're getting on, reading CVs, checking applications, being that voice of hope, really, a lot of the time. ... We leave everyone who works with us with the feeling that we are accessible, and that if you reach out to us we'll be coming back to you quite quickly, and getting to the bottom of what it is, and what we can help you do ... [Former clients] go into our network, and then they join our newsletter, so we're always in touch (P14)

1.6 Referral and assessment processes

Referral pathways into services were many and varied, including:

- Community mental health teams
- Support workers
- Social workers
- Youthwork teams
- Self-referral (via word of mouth or social media/marketing)
- Connections and networks with other local services, charities or community groups

- Recruitment services
- Jobcentre Plus
- GPs
- Colleges and schools
- Social services
- Youth Justice System
- From within other parts of the organisation's broader provision

A further area of difference between providers, which may have implications for the design of a No Wrong Door collaboration, is that the concept of 'referral' differs. Some services operate with a formal referral process, with standard paperwork and the need to gather certain (sensitive) background information for safeguarding reasons. Others operated largely via self-referral, such that the concept of referral was more akin to signposting or word of mouth. Data from the No Wrong Door survey supports this difference in approach; 79% of respondents formally collect referral data and 21% do not. With regards to referral routes, the vast majority of respondents noted that they receive very few referrals from community mental health teams, the local NHS Trust nor statutory organisations (Figures 6, Figure 7, Figure 8).

27.1%
2.1%
6.3%
64.6%

● Less than 10%   ● Between 26% and 50%
● Between 11% and 25%   ● Don't know

60.4%
27.1%
2.1%
2.1%
4.2%
4.2%

● Less than 10%   ● Between 51% and 75%
● Between 11% and 25%   ● More than 76%
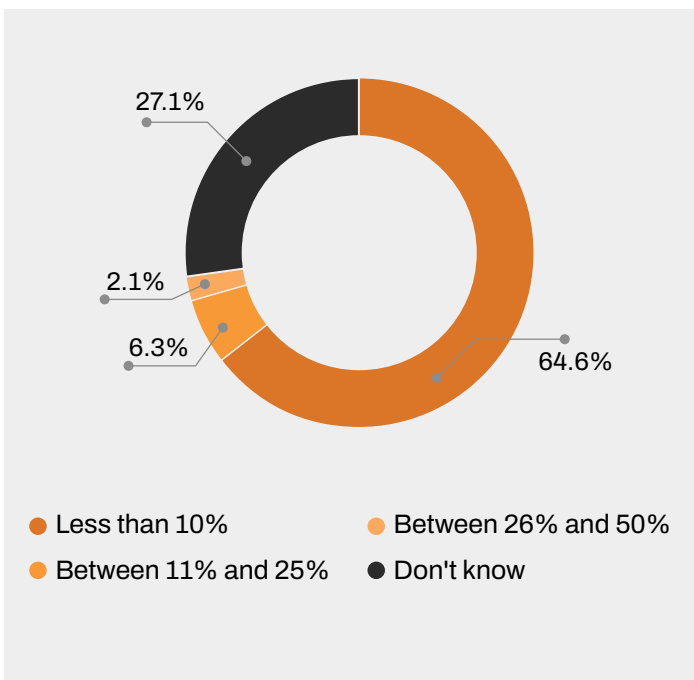● Between 26% and 50%   ● Don't know

Fig 6 Percentage of referrals received from community mental health teams.
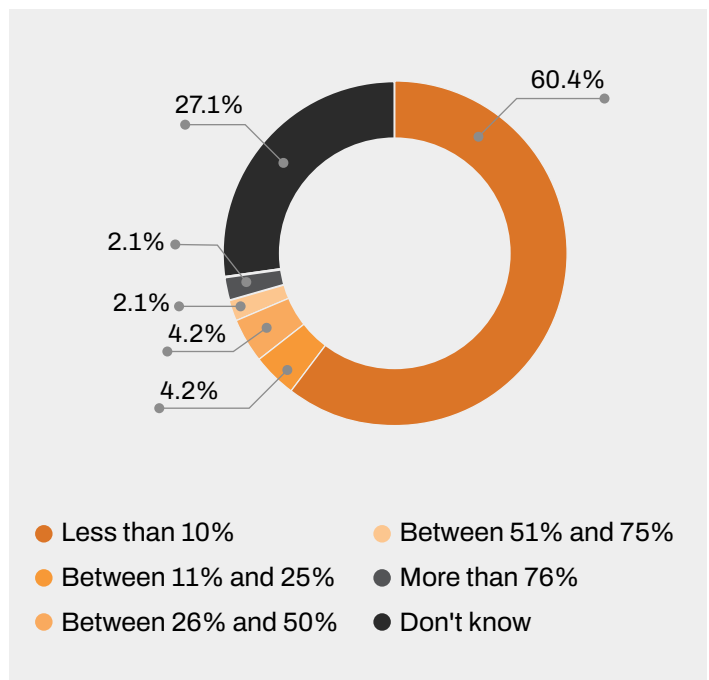
Fig 7 Percentage of referrals received from South London and Maudsley NHS Foundation Trust (SLaM).
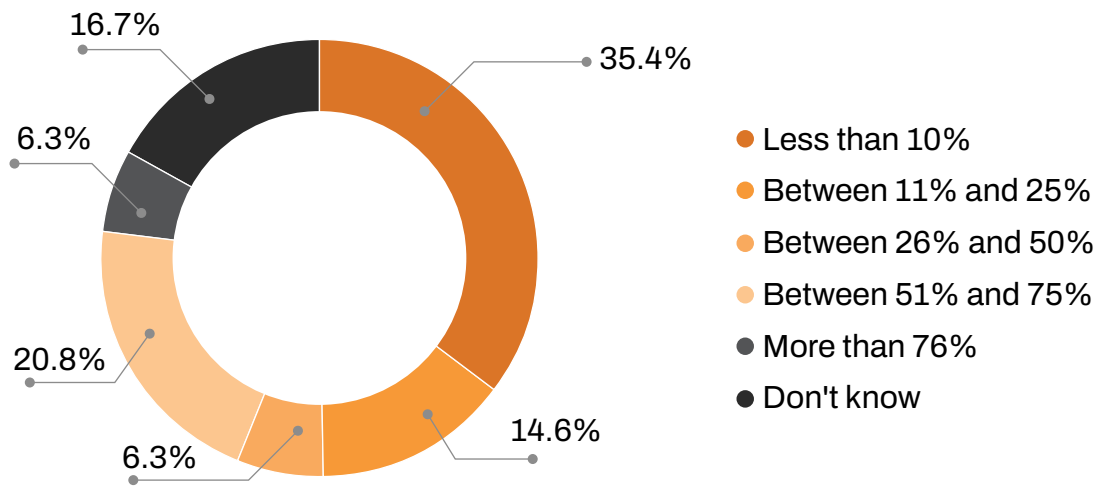
Fig 8 Percentage of referrals received from other statutory organisations (e.g., Lambeth Council or The Department of Work and Pensions)

For providers operating as small independent enterprises, the concept of 'referral' blurred into issues of marketing and promotion, being more an issue of generating clientele. Here, a No Wrong Door collaboration could support smaller enterprises in broadening their reach and visibility within the borough.

One interviewee, who worked primarily with young people, described her discomfort with the formal language of 'referrals', feeling that this was an institutional concept, and that more everyday use of language would be preferable and more accessible:

I think actually de-professionalising the language would be quite helpful. I don't really like the language of referrals. I know it's seen as a professional way of talking about it. But to me, that's like treating a young person like a parcel and you just pass them along, and you're not putting the control in the hands of the young person. I mean, our philosophy is about empowering young people, and giving young people a voice and a choice, and helping them to feel in control of their lives. And so, naturally, I'm a bit like, "Is it a referral? Who is deciding here?" But I get that. When people need a lot of in-depth support, when you need mental health services, I totally get it's a medical model a bit, isn't it? It's like, I go to my doctor, refer me for a thing. But I'm choosing, you know, I've got a referral and I take my referral and I go and get that service. What I don't like is when it's more like, "That social worker who is making choices about my life." Anyway, in what we do, we very much offer opportunities to young people. And we would always advise them if there are other organisations that we think can help them ... But I see it more as an introduction, than a referral, if that makes sense. Because, in the real world, you are introduced to people, and it's how you do that introduction (P16)

The point of highlighting these differences in process and concepts of referral is to flag this as an area that may benefit from discussion in designing the way a No Wrong Door collaboration operates. If there is an intention to create a generic or standardised referral process between organisations, these differences in established ways of working will need careful consideration, including issues relating to safeguarding, GDPR, funding or charging mechanisms, and the formality/informality that suits different providers' ethos and client groups.

Interviews also explored the way that different providers assess client needs and wishes on entry to their services. Without presenting specific details, it can similarly be observed that some providers have a relatively formal process involving completion of standard forms, baseline evaluations, needs assessment and goal setting, whilst others are more informally structured, based around conversation or operating without any formal enrolment process. Several providers described a largely qualitative process of assessment, goal setting and review, which took place via open and flexible conversation with service users. However, a few quantitative tools were mentioned, including the Recovery Star and the Warwick-Edinburgh Mental Wellbeing Scale, as well as internally-developed pre- and post-evaluations.

Once again, the point of highlighting this is primarily to note the differences in the structure and operating processes of different organisations, which may have a bearing on the experience of being brought into collaboration with others. Concepts of assessment vary between providers, and these differences in ways of working will need to be borne in mind if there is an aspiration to standardise assessment processes across the No Wrong Door collective.

To summarise, the key observation here is that referral and assessment processes vary widely across providers. Thus, there are implications for trying to introduce any kind of standardised referral process, entry assessment or action plan. Some services require a formalised process (e.g. due to safeguarding), whilst for others, formal processes may not fit - practically or ethically - with their service's offer or ways of working.

1.7 Targets and desired outcomes

Providers differ in the types of targets and outcomes that are set with and for service users, and in the degree of formality with which these are measured. Some providers are contractually-bound to deliver certain outcomes, whilst others operate more informally. Survey data highlights that 87% of respondents collect outcomes data and this data is recorded in a variety of ways (Figure 9).
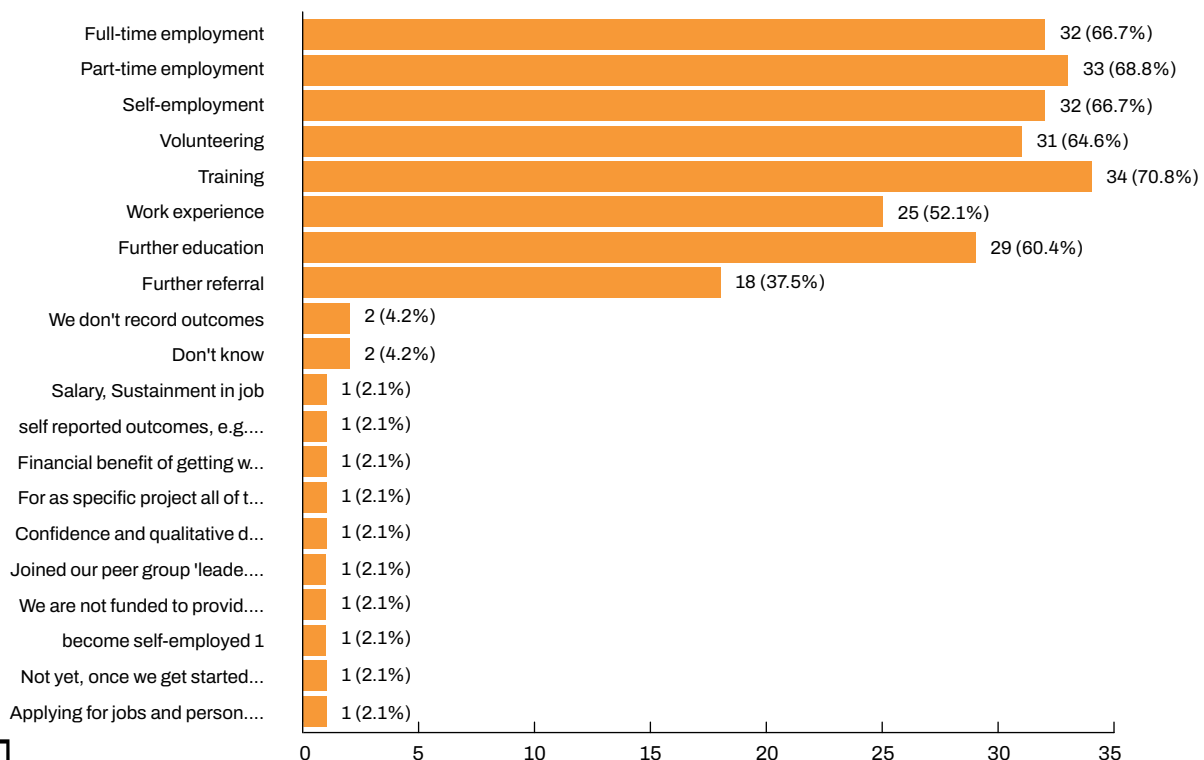

Fig 9 The type of outcomes data recorded

Many interviewees described the target outcomes of their service in a qualitative way, emphasising the focus on forward movement for service users, whatever form that may take. Recalling the notion of a journey towards employment, some providers working with more work-ready clients were focused on education, job entry or even promotion within role as the target, but for many, the more foundational 'soft' outcomes such as confidence building, structure and social engagement were prioritised.

Some providers work with service users across multiple steps of the employment journey, from initial pre-vocational social engagement through education, training, voluntary and then open employment. Service users progress at their own pace, and though open employment is the aim some may never reach that stage. For these service users, regularly attending a group, engaging in a college course, or establishing a regular voluntary work commitment is seen as a successful outcome:

> *Not every client gets a job. Some clients don't want to go back to work immediately or, you know, the experience of being at work was so frightening that we think they're ready for it but, psychologically, they're not and there's no point in forcing that issue. So what we try and do is get them into voluntary work if they can't go into open employment. If they don't want to do voluntary work, then we'll make sure that they're doing certain things every week. You know, maybe they've joined a group that meets every week. Maybe they've gone back to adult education, they're doing a course, something that gives them structure and purpose in their life, because, that way, they'll stay well* (P20)

> *The journeys are really, really varied actually. There's some people that can get to move on really quite quickly. There are examples of members that have come here and been really anxious. Perhaps have lost work after a really toxic experience of workplace bullying or whatever and then found a supportive environment again and realised quite quickly the confidence they had before and can get on with that and finding that the structure of coming here everyday is helping them back to where they were before, and they can start applying for jobs quite quickly and move on. That's fine. And there's others that have a very different path and can take time to get into things. Perhaps it's a few months before they start coming in regularly and start really engaging in the work or the day in the way that we'd like ... And sometimes that can take ages because, you know, we recognise that mental health and mental ill health doesn't go in nice neat straight lines. People think it's clear, you do this on day x and then on day y, you'll be this much further, closer to your recovery. It doesn't work like that.* (P03)

For many services, outcomes around confidence, engagement and settling into a routine were important. These were seen as valuable and relevant steps towards open employment, but were also valued as outcomes in themselves:

> *We always talk about people getting the rhythm. You know, getting a rhythm. Because, you see people coming in, they're not really engaging, they're not really sure. And then you see people getting confident and wanting to come in and showing up and doing the things. And doing things themselves, and taking things on, just learning, and yeah, just confidence. Part of it's about the confidence and just enthusiasm to engage, which is about feeling valued. We always talk about this thing about having the rhythm, and I think that's the main thing. It's just to see people take their next step. It doesn't really matter what that next step is* (P19)

I mean, people have got to have a goal or two while they're here, and employment is a good one ... It's not necessarily [employment]. It could be an education-focused goal, it could be about helping to sort out any long-term issues with relationships or with housing or with physical health or wellbeing or something else. But yeah, I mean, work is pretty much the top focus, so yes. I mean, if someone can work with us for a bit and then get a job, that's a fantastic, celebrated outcome (P03)

I'm currently working on [a project] which is seeing Lewisham residents aged 16-25 into employment, training or education, or purposeful activities. I always say purposeful activities because someone's goal might not be to get into employment, because they feel that that's too much of a reach for them. That's why it's always about engaging in purposeful activities, to better their skills so that they can then look at getting into work (P18)

Obviously we have to set goals and SMART targets, and things like that, but for me, one of the best outcomes is that a young person has hope, that a young person can see themselves as something else, or more positive than when they started with me. That they know that they can live a life where they can start becoming the change they want to see ... So for me, a positive outcome would be just having somebody think more positively about themselves, their world, and moving forward (P14)

We can have all the CVs, all the interviewing skills, but it's really working with them to build their confidence, to let them know, "You can do this" ... which you can't measure - somebody's motivation, their self-esteem, just telling them, "You can do this" (P11)

For providers offering coaching and mentoring, a successful outcome may be in the form of the service user having greater clarity around their goals and aspirations, having increased appreciation of their own capabilities and potential, or recognising and knowing how to frame the skills and experience they already have:

The first thing I think of [as success] is, you know, can this intervention, if you will, help my participants - if they've gone through it - shape decisions that are best suited for them. So does it give them more clarity about how they want to go and what decisions they make. So that may or may not be, "I want to get a job." That may be, "Actually, you know what's right for me? I need to do this here." So, that's really primary one. Two is that, "I've completed this project - that I said I was going to do it and then that I made it through" ... So, I think that's a success, that's a big thing" (P12)

Everyone gets a bit frightened. But as soon as you stop, you just say, "Listen. We need somebody to control this, that and the other," and it taps in and you start speaking to their skill set. "We need someone to deal with the customers, you're good with customers... "You're really good with numbers, so do you mind keeping hold of the-" "Listen, you're really good at organising, so I'm going to need you to keep everything on-" And then afterwards, or during, you start to explain, "Right, well you've just been doing project management. You've been doing this for-" and then they can, kind of, see through the job descriptions all of a sudden. All of a sudden, you notice they can decipher all of that stuff, they've got real experience" (P07)
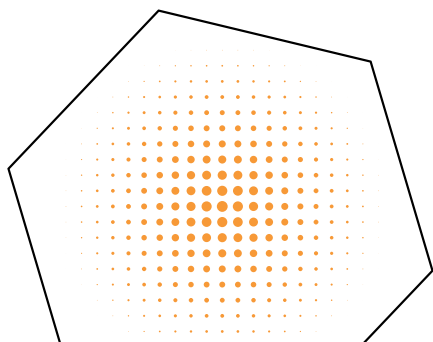
For some people, they come to us and they know exactly sort of what it is they want to do. You know, "I only ever want to work in an office" or "I only want to be a vet," or whatever it is. For other people it might be "I want a job, but I don't know what," and an outcome might be to just do some work to get a better understanding of what that is. And then it might be they get that understanding of what it is and they need to go off to college to get a qualification in order to do that thing they want to do. So all of a sudden, the initial goal was "I want a job," but actually for us the goal became not getting a job, but understanding what it was they wanted to do and then supporting them to do a college course application (P04)

A lot of them say- it's quite a common thing they say "Oh, I didn't realise I could get up and do that every day. You know, nine o'clock start," and it's nice to hear that. They surprise themselves that, you know, they can get out of bed for something. Get out of bed before midday and apply themselves (P15)

We're very keen on young people understanding, from a young age, their value and their voice, and how that can work towards building stronger, more sustainable communities, how that can work on building themselves up. And we have a big thing about gratitude as well, because sometimes we get so caught up in our lives, we don't realise, to look at even the smallest of things, to be grateful for. That, in itself, helps with our confidence, and the celebration of others, and understand that we are stronger together. So, we're very big on that (P14)

Some interviewees described their provision as focusing more directly on 'harder' outcomes of education or job entry:

Sometimes it's a case where that's more a volunteering role as opposed to a working role, but it's always in our push to get people into paid employment. Even if that means just 4-6 hours of employment, because those 4-6 hours make a massive difference to them (P18)

We've had a lot of success stories ... People getting into Lewisham College, people getting into Goldsmiths University to do short courses, or whatever. Those are the success stories, and that makes this job so worthwhile (P13)

[Success is] that they get a job and all the actions on their action plan are completed and you can see a joined-up journey from where they came in, all the notes on all of their appointments tell a story, you can map and measure the progress that they've made from when they came to you - be it through the notes on their reviews or be it through the scores that they put in in terms of how they feel about anxiety, depression, the rest of it - but they get a job and the job that they get is sustainable, it's London living wage for a start, and they feel that they are in a better place than when they came to you mentally, economically and in terms of independent living (P09)

We got an employability coach, and she came in every week, and she worked with, I think it was a core group of about twelve mums. And I think over half of that group actually got a job ... And they literally will tell you now, "If it wasn't for that programme, I wouldn't have got that job." (P11)

However, some interviewees perceived that paid employment would never be the goal for some of their service users, but that long-term engagement with the service provided comparable benefits of occupation, skill development, social engagement and structure.

The implication of these differences in targets and desired outcomes for a No Wrong Door collaboration is around clarity of what services users (and those referring them or commissioning services) might expect in terms of goals and outcomes, so that people's needs can be well matched, and expectations met. Different stages in the journey are connected to different (hard and soft) outcomes, and some of these outcomes may connect to multiple journey stages. For instance, by completing a college course a person may gain both a 'hard' qualification but also soft outcomes of confidence, social networks, routine and commitment. Engagement with a community group may produce no 'hard' employment outcome, but essential soft outcomes of social engagement, social confidence, routine and meaningful activity, which are stepping stones to engaging in later vocationally-focused activity.

During interviews, few providers talked in quantitative or statistical terms about job entry outcomes. This is not to suggest others did not achieve such outcomes, but to observe that: for some providers qualitative or 'soft' outcomes are the primary focus; some do not work with an individual all the way through to job entry; and some newer services, or those for whom employment support is not a sole focus, may be working with relatively small numbers that do not (yet) lend themselves to quantification. One interview spoke about how 'soft outcomes' were both harder to evidence and apparently less valued by statutory organisations (i.e. in terms of what vocational metrics are recorded by NHS services). Outcomes such as *"keeping people well"* were harder to quantify but, in many providers' views, equally important as the 'hard' outcome of entry to employment:

> *Everybody always wants to have tangible outcomes, but not all outcomes are tangible. You know, you say to my clients, "Why do you come to [name of service]?" They will tell you they come because it keeps them well. How do you measure that, you know? Why don't you measure it? Why don't you ask them more often, do you know what I mean?* (P20)

A question for consideration is whether services within the No Wrong Door collaboration should be asked to report their outcomes (be that hard or soft) as part of the collaboration, with a view to service users and referring organisations being able to evaluate the effectiveness of the service and weigh one against another.

1.8 Onward signposting and referral

Services have differing experiences and arrangements in terms of signposting and referral to other organisations, which vary according to the nature of the organisation, its age, its sector, etc. Some providers seemed already well-networked with a range of other local services to which they could signpost service users. Others seemed less well integrated to a network of allied providers, with some commenting that improving their awareness of relevant local providers would be a benefit of the No Wrong Door collaboration.

Data from the No Wrong Door survey supports this point in that just over 58% of respondents stated that they are connected to other employment support providers in the borough. Of these, just under three quarters (71%) already engage in collaborative activity with other providers, sharing various resources (Figure 10).
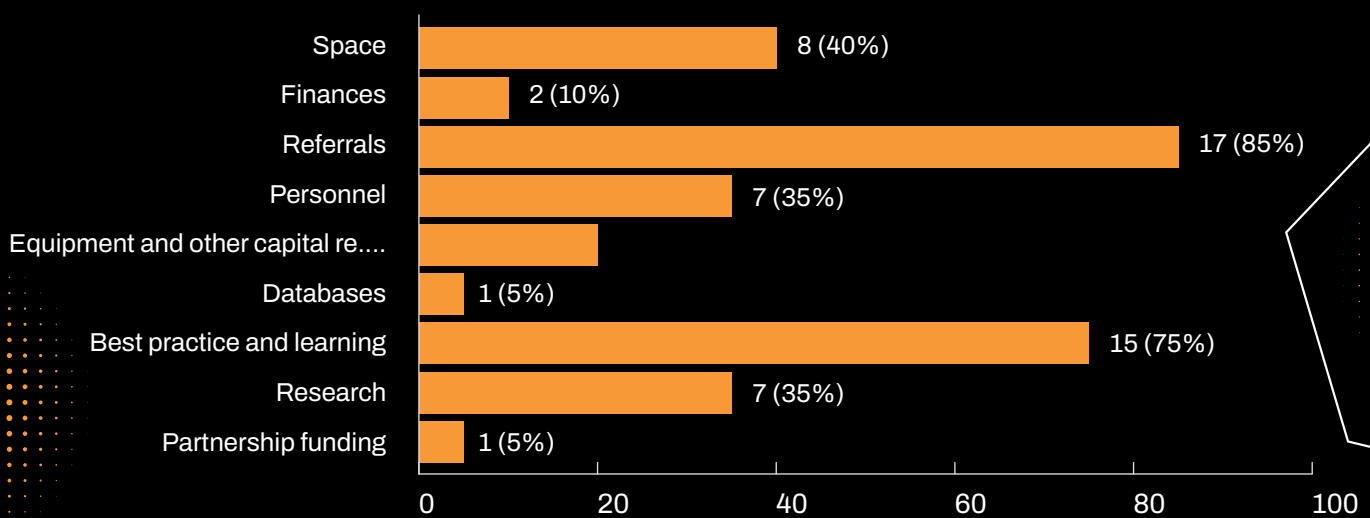

Fig 10 Types of resources already shared amongst providers

The interviews also contained several examples of how employment support providers within the borough are already engaged in collaborative networking and referrals between services. Sometimes service users would be engaged with multiple local providers simultaneously, which one provider described as *"mutual clients"* or *"shared clients"*. This might be through accessing one-off activities or courses, or work experience facilitated by another provider, or accessing mental wellbeing support alongside an employability programme:

> *We said, "Please still keep coming to this group" [but] we will also signpost them to other groups that we think, for example, at [venue] they're running different groups, a men's group. So we will signpost as well. We don't just, like, "Stay in our group. Stay in our group." If this benefits you better, to be somewhere else, then that's what we're trying to do (P13)*

> *If their health issues are too deeply ingrained, if they really require specialist support, then we've got a [provider] list that we've put together. So again, we would have to signpost. But then there's always going to be elements that we can support with. So part of their action plan may be to visit such-and-such organisation on such-and-such date or by such-and-such date. So that would form part of their action plan to be signposted out to a [provider] but we would get them back, we would be still working with them (P09)*

Services with an employability focus might signpost people onwards to vocational training providers or job brokers/recruitment agencies after their programme, whilst providers who have a recruitment and job brokering role have connections with employers offering work experience or internships:

> *In terms of signposting, if we're not running a project right now, we use industry links, because it's usually around creative industries. So, we signpost people to various different organisations. I make an introduction to them, to various groups that I think they could possibly join up with (P14)*

> *I work with other facilitators, and they do alternative types of training, so I might just, you know, refer them over there. Usually, if they complete the courses, I'll let them join a little WhatsApp group and I dump loads of opportunities in there, whatever I see (P07)*

Of the 48 respondents to our No Wrong Door survey, 31 stated that they were connected to employers. However, survey data does not reveal the nature, strength or outcomes of/from these connections.

Other examples of signposting and referral mentioned by interviewees included referral to IAPT services, signposting or support with enrolment onto college courses, and help to access support with benefits, housing, immigration, etc.

Timepoints where a provider may offer onward signposting or referral included at the outset, if it became apparent that their service could not meet the individual's needs; in tandem with provision within their own service to simultaneously support on different aspects; or at the end of engagement, when a service user had completed their activity with the provider and was ready for the next step in their employment journey. A well-functioning No Wrong Door collective could enhance services' ability to connect service users with other relevant support providers at any of these stages.
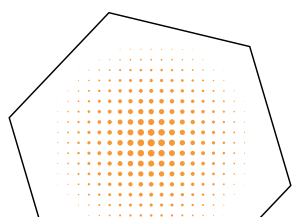
1.9 Summary

The organisations who come under the broad umbrella of providing employment support within Lambeth take very different shapes and forms. These range from FE colleges that have a large physical presence and a commonly understood function, via specialist mental health support organisations that have become well-established within the community over many years, through community-based social enterprises offering voluntary placements, to entrepreneurs who offer fee-based services or who pull together vocation-related projects on a more fluid and ad hoc basis, and are sometimes still in the process of developing their model/offer. There are also well-established community settings that are not primarily focused on employment but may host short-term projects on a one-off or recurring basis dependent on funding and opportunity. The very broad spectrum of providers ranges from firmly embedded statutory-funded organisations to nascent independent or charitable providers.

Providers cover different stages of the employment journey, have differing degrees of specialism around health and disability, operate with different funding structures, delivery models and referral and assessment processes. Connected with all of these, the targets and outcomes that drive services also differ, and the focus on 'hard' job outcomes vs. softer incremental social and vocational outcomes also varies.

Part 1 concludes with a summary of what seem to be the key characteristics of services that would be important to include in a directory of providers within the No Wrong Door collective. As well as the specific types of employment support offered, the qualitative interviews suggest that some broader contextual characteristics would be useful information to include, as shown in Fig 11.

It would be useful to now work with a group of providers and service users to refine these categories and sub-categories suggested in Figures 1 and 11, to progress towards a clear and coherent typology of support which can be used to structure the No Wrong Door directory or 'provider map'. An online version of the directory, whereby suitable provision could be narrowed down via the use of filters, would seem a practical approach.

Fig 11   Key service characteristics to include in provider directory

- **Range of employment support services** offered (based on a clear and coherent typology – see Figure 1 for an example)

- **Journey stage** e.g. distant from work, nearer to work, work-ready, multiple stages

- **Bespoke vs. defined** services, i.e. individualised casework type model or pre-designed courses/projects that can be accessed at the appropriate stage

- Specific **eligibility criteria** that delimit access to service (e.g. age, postcode, ethnicity, health condition)

- **Referral pathways** e.g. self-referral, CMHT/GP referral

- **Costs** to service user and/or referring organisation

- **Locations, venues and formats** of delivery for each strand of provision

- Up-to-date details of **duration and dates** of any one-off or recurring courses/projects

These multiple areas of variation suggest that the proposition and experience of being part of a No Wrong Door collaboration may, in practice, be a very different thing for different providers, according to their age, size, sector, processes, ethos, etc. These variables will bring different potential opportunities, benefits and challenges for each. Bearing this in mind, Part 2 now considers the ways in which a No Wrong Door collaboration could be designed, and the benefits and challenges this may present for those involved.

Part 2   *Designing a No Wrong Door collaboration*

2.1   Ways of conceptualising the collaboration

The broad concept of what a No Wrong Door collaboration would be has already been sketched out by Black Thrive Lambeth; in essence a comprehensive and well-functioning network of local employment support providers between whom referrals could be made in a timely and streamlined way, to the benefit of service users. Within the collaboration, providers' existence and service offer would be widely known to one another and members of the collaboration open to sharing, referring and signposting clients to maximise the appropriateness and effectiveness of support. This concept of a collaborative, cross-referring network was grasped by interviewees, as illustrated by the following quotes:

> *There should be a database … You have a set amount of organisations that are very clear on what makes them all different. From the jump, when you have any referral person in, because you know what other people have got as well, you're able to refer them, even at the point of them doing your course. So, you're already setting them up for other things that can be provided, and where they can be signposted to afterwards.* (P14)

> *If we could collaborate between the sector to understand precisely what everyone's offering … If we're able to say, "Okay, well we don't think what we're doing is right for you now, but maybe come back to us in the future. But here are some other people that we can put you in contact with." And actually, you know, that we can directly put them in contact with. Because I think, as well, being signposted to something, where you then have to start again, can be also quite disheartening for people. Whereas if we're able to say, "We know these people. Here's a phone number, call them. Or can we give them your number? They'll call you," or something, you can pick someone up, or not let them fall out* (P19)

> *Have a cross-network so that service users can fluidly move around the services as they progress. Some people's needs are much more, so if they need higher level training because they've got disabilities, then make sure that the services are able to provide that. So, yeah, for me, I would have all the services, find out what's great about each service and then move people around the services fluidly, so that they benefit from every service* (P10)

However, some other ways of conceptualising the form and function of a collaboration were also alluded to. As a preliminary to this second part of the report, these various possibilities are briefly outlined abelow. None are mutually exclusive and all hinge on this core overarching concept of a network working in regular, effective communication and collaboration, but it is perhaps useful to consider some specific ways that the collaboration was thought about by interviewees:

- **A provider directory:** A directory or 'map' of local providers, detailing key aspects of their offer and processes. This notion is essentially the 'hardcopy' representation of the network as conceived above. The value of an online, searchable version of this database was noted:

  Some sort of framework where it's like, you break down the potential stages of an employment journey. And it might not be linear, it might be like a mind map. Because things are often not linear, right. But, you know, at least if it was, like, if there was some sort of mind map of the different steps people might be taking and which projects are doing them, and we're all in contact ... Each step should link to the people who are offering stuff that is relevant to that. And it could be in the form of some kind of searchable database, where you could come into it by looking for, like, an interest. So let's say animals ... or creativity, or something ... Or you could search it by looking at the participant next step, what they want to do. And then if you can line up those things and be like, "These are the things." (P19)

- **Funding and delivery partnerships:** A network of providers who could collaborate in joint funding bids for partnership delivery of employment support programmes. This could be providers offering similar services and distributing funding/clients between them in an agreed manner; or a partnership offering different but complementary things, forming a multi-stranded package of support e.g. work placements, employability and adult learning; or organisations joining together to co-fund a specialist position (e.g. employability coach) that could deliver across multiple community settings. Some interviewees highlighted the benefit of having a larger and more experienced organisation heading up such bids, to bring expertise and *"clout"*.

- **A learning network:** A network of providers who share expertise, learning and best practice in order to improve one another's skills and capacities to support service users towards employment.

- **A funding directory:** Providers pooling knowledge of available funding sources, to expand the knowledge base and access to resources of all collaboration members.

2.2 Potential benefits of collaboration

The benefit most frequently mentioned both in interviews and within the survey data was the **improvement in support for service users** that could be brought about through a No Wrong Door collaboration. Interviewees variously referred to increased opportunities to access provision, improved ability to identify beneficial next steps in a journey, being able to bring in specialist expertise and access wider resources, connecting people to more suitable provision in order to prevent dropout, and being able to initiate earlier intervention through collaborative relationships. Encapsulating the essence of the quotes in the previous section, one provider commented that a well-functioning collaboration could *"provide that holistic map towards success"* for service users (P13).

A second theme found across both datasets was the potential **benefits to providers,** including improved awareness of local provision and resources, mutual learning and sharing of best practice, sharing expertise (e.g. around fundraising), partnering on joint funding bids, and raising the profile of newer and smaller providers through greater exposure. Regarding this latter point, one small and more recently established provider commented:

> *If I were to be successful in what you're doing and you can help me in the sense of I can be exposed to other people that are doing the same thing, and need support, and I can help, then I would be really grateful for that. Because it's quite hard to do it independently and on your own. It can be quite time-consuming, and also people don't get back to you* (P01)

Each of these benefits to providers could be seen as also closely linked to benefits to services users, through improving access to a wider and more comprehensive range of support and expertise:

> *There is a lot of talking already, it's just a kind of thing about, you know, have we captured everybody or is it just this small group? Or are there other groups that perhaps have got an employment focus, but not necessarily a mental health focus, who we're just not engaging with, but we could?* (P03)

Notably, some providers highlighted how mutual learning and sharing between providers could involve a degree of challenge, in terms of calling upon organisations to self-reflect on established ways of working. However, this was perceived as a beneficial and a positive form of challenge.

Offering **access to venues and facilities** was also mentioned as a benefit of collaboration by several interviewees. Some providers have large and well-resourced spaces suitable for hosting groups, events and activities. The importance of **familiar and trusted spaces** to successfully engage potential service users was also emphasised; hence community venues could be valuable partners, whether or not directly delivering employment support services. It was noted that local organisations often know and understand their communities better and hence are **more accessible** to people.

2.3 Potential challenges of collaboration

Interviewees noted a range of potential challenges to working in a more collaborative way. These were based on a mix of previous experiences and anticipated issues that may arise.

In terms of getting collaborations and partnerships off the ground, some interviewees noted that initial conversations and networking sometimes seemed to result in limited concrete outcomes. This signals the need for collaborative activities to be productive and feel worthwhile to those investing their time and resources:

> *It feels quite hard to get something tangible and long term out of it, inasmuch as I've had very productive conversations with people, productive email conversations, Teams conversations and Zoom conversations with various different organisations ... and then it developing or getting into that next step of the process just seems to fall apart there. And I don't know whether that's an operational thing, because of my level of job role is not necessarily- and the people I'm speaking to are not necessarily high up in the organisation enough to say, "Okay, let's make sure this is definitely getting forged and done," or if it's just a very common thing that happens with these sorts of conversations. So there's been slight frustration on my part to get to the point where you have these positive conversations and then it just doesn't seem to end up with any kind of end product that for us will support our* [clients] (P08)

It was also noted that initial enthusiasm for such projects could wane over time:

People sign up to things and they're all happy at the beginning, but as things progress sometimes they drop off the radar. So if basically the whole point of what you're trying to do is to collaborate with everybody but, you know, if there are clinks that, kind of like, disappear and not do what they're supposed to be doing, it can let everybody else down (P01)

These above issues signal the potential benefit of an overarching coordination role/organisation that could sustain momentum and drive forward activity within a collaborative network.

It was recognised that collaborative working takes **time and staff resource,** which could be in limited supply for smaller providers in particular. This again points to the need for any involvement to be clearly worthwhile and productive. Interviewees mentioned the need for reciprocity and mutual benefit between providers:

It's how do you support those smaller groups to get engaged, because as I said, I'm still in the mindset, "We're little, we don't have many resources". Filling out one of those forms or connecting with one of those [networks], is the last on my list, because I'm thinking about my delivery ... I'm mindful of meetings, because again people's time is short, we don't have any. But there needs to be a platform where we can engage as local organisations ... Time is short, what's the incentive there, because those things take a lot of work (P11)

It's probably going to be some work for us, so to work out how we interact with it in a positive way that means that we are buying in and getting involved properly, and making sure that's balanced in the team, because we're small and we overwork already (P02)

I think there's something about just, you know, not overloading people with stuff and where you're bringing grassroots organisations into this work, I suppose there's something about thinking about what's the engagement structure like for them? Are they going to want to come to massively long meetings or are they going to want to do something different? You know, how do they share their experiences? (P04)

Competition between providers was also noted as a potential challenge to collaborative working. This was both in terms of competition for funding/contracts and, within target-driven and payment-by-results models, competition for clients. One interviewee reflected on how this sense of competition may in turn deter providers from sharing good practice:

Some people may want to hold back on their good practice, because of that whole competitive thing again. They may not want to share their good practice, what have you. They may see people as other organisations that are potentially going to be competing with them for the same pot of funding going forward. (P09)
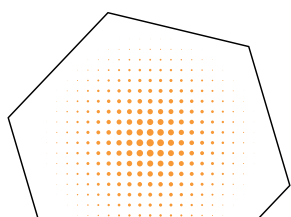
I remember a long time ago, one of the organisations got an agreement with one of the private sector employment organisations, that they would find jobs for their clients. And we said to them, *"Can we join in with that? Can we refer people to you and you refer them on?"* And they said, *"No, that's our project."* You know, so we've got to cut that out (P20)

Another issue raised was the perception of there being some **'big players'** in the borough - larger and more long-established organisations who held major contracts or were seen as the go-to for employment support. Some providers felt that they did not (to date) have a 'seat at the table' or did not know how to 'play the game' of becoming part of these better-funded networks:

I guess there's a sense of who's being seen to be doing what in the area, you know what I mean? Who's the person that has the kudos, who's the person that's leading on this, or who's the organisation that has the, "Oh we've been here doing that" and "We've been doing this for longer," or what have you. So, you know, I guess different historical organisations, some smaller, some larger, some people have a big foothold in the community, others are new coming in, so, you know, there are always those kinds of dynamics (P12)

I'm quite intimidated by some of the organisations in Lambeth who are very, very good at getting the big chunks of money. You know, like [names two providers] who have got a consortium and a big thing of money. I've no idea how that is all defined, but it's a little bit of a closed shop I think. And there are people who have been around a long time and they know the formal ways to play the game and the formal ways to play the system. And then there are lots of people on the edge who aren't part of it and are kind of excluded (P16)

An interviewee from a larger organisation recognised their advantaged position, as a provider of a wide range of services, noting how this imbalance would need to be considered when establishing a collaboration between larger and smaller providers:

I think we are in a very lucky position here, in that we've got fingers in lots of pies, as it were, doing a day service, employment service, social inclusion service, information, crisis. You know, there's a lot to what we do, so we're perhaps in a very fortunate position. I don't really know how that would affect others ... If there was any sort of central system for this kind of work, central referral hub or whatever it was, it would have to have everybody's confidence, wouldn't it? (P03)

It should be noted, however, that some participants also perceived a growing willingness within the borough to collaborate in the best interests of clients:

I mean there's some element of competition for funding which is always, like, in the background somewhere but, mostly people are there to help their community, so if they can see that you're also there to help your community, generally people are quite, "Okay, let's see" ... Everyone just wants to help, right? Everyone just wants to move things to a different place, so people are generally quite happy to, kind of, collaborate or connect or at least support or encourage each other (P19)

Lambeth
Black
Thrive
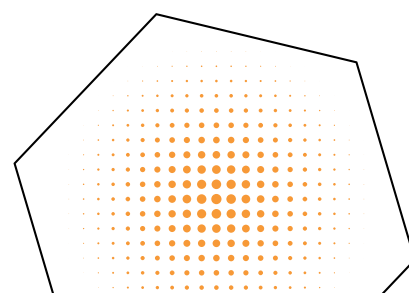
The types of **targets and outcomes** that guide the work of different services was also raised as an area of potential tension, that would need consideration in establishing a collaborative network. An interviewee described how services that work to 'softer' outcomes may find it difficult to enter into partnerships where harder outcomes were required. These challenges could be compounded where funding for service delivery was also tied to relatively short timeframes:

> *I think if there were any challenges, it would be challenges around targets, because we do work to targets but our targets are very soft, to a point where we don't home in on it so much. It's about the wins that we get ... When you start joining forces with other businesses, other charities, you know, partnershipping, everything becomes targets. And that's kind of been, I guess with programmes like the Work Programme or the Work and Health Programme, it's always been about targets. And that kind of puts a dampener on the work that we love doing. Because we know that, for some people, it might take them four, five weeks to get into work. With our clients, we know that that four, five weeks does not exist. We know that their journey is a hell of a lot longer. And by the time they get into work, it might even be two years down the line, you know? ... I think that would be our challenge. If someone says to us, "Oh, you know, this project is only a year long. You've got a year to get twelve people into work." Pfff! Really? For us, it's not realistic, because there is so much more that you have to do with one person* (P18)

As noted in Part 1, the challenge of **short-term funding** for many providers could pose an indirect challenge to collaborative working, where uncertainty about continuity of services might affect confidence in making referrals and, on a practical level, pose challenges to maintaining an up-to-date provider directory.

Specific eligibility criteria could also pose a challenge in referring clients within a collaborative network. **Geographically-bounded funding** may present an obstacle, where this restricts client eligibility e.g. to those living within certain postcodes; this may arise, for example, where an NHS Trust's geographical boundary is not the same as that of an employment support provider.

> *With Lambeth, because of Southwark and Wandsworth and the way Lambeth is set out, so like half of Camberwell is part of Lambeth and the other half is Southwark. So it's really hard because they come under the same SLaM NHS but, yeah, it's difficult to say no to people that they're not able to come to our project based on their postcode. That's a tough one and it doesn't really make sense when most of the funding comes from SLaM or the CCG* (P10)

Likewise, where services had specific **eligibility criteria,** with provision dependent on a client having a certain health condition or diagnosis, this could constrain the potential for between-service referrals. To avoid frustration and maintain confidence in the network, such eligibility criteria would need to be clearly spelled out in any directory or service map.

Two interviewees commented on challenges they had encountered when dealing with **Jobcentre Plus.** These related to difficulties in generating referrals to their services and perceptions that JCP staff were not utilising their own in-house disability support advisors effectively. At the same time, it was recognised that JCP staff were working under high levels of pressure in a target-driven environment, which was a barrier to more in-depth engagement:

It's difficult. At their level, they're not really dealing with people. At their level, they're dealing with numbers. It's just, "I've got cases". That's all they are. And it's, like, "Okay, so this is case number X" and that's all it is to them. It's difficult. I know, I've done that job … And you might get through to one or two, who still believe in that, and the rest of them have been cynicised by the system, or overworked, or underpaid, or whatever, you've been on furlough, whatever. So it's difficult (P07)

The people we find the most difficult to work with are Jobcentre Plus … They seem to be always very busy and they don't necessarily- you know, we've got clients who go into Jobcentre Plus who are on Jobseeker's Allowance, and we find that they're not always ambitious for our clients either. And also, within the Jobcentre, there are those disability officers …They are people especially for people with disability, and they never refer them on to those people. In fact, we don't even know who they are, you know. And I've asked - I've asked who they are and how you can get in touch with them and I've had no response really (P20)

More broadly, an interviewee highlighted potential for problems if an onward referral did not meet expectations or there was negative feedback about specific frontline advisers. This points to considerations discussed in Section 2.4 (below) around the importance of shared goals and quality standards:

If certain partners have a different approach to your approach, if they feel that the service that you're providing isn't the service they thought you were providing - that can happen -you can get almost like a partisan attitude, where it's like, you know, almost like tribal with it, "They're better than us; they're not as good as us" or "What are they doing with that person?" … You could get it at maybe advisor level, that they've sent somebody somewhere and they're not happy with what's happened with this person or that person didn't receive the support they thought they were going to get. It can happen … Anytime I've seen things like that that hasn't worked, it's generally been people complaining about other advisors at other places (P09)

Linked to the theme of shared goals, some interviewees commented that certain services, including statutory mental health services, seemed less committed to the goal of employment for service users. This could be due to 'risk aversion' or to professionals holding low aspirations for their clients [4].

Finally, one interviewee noted the challenges arising from different ways of working, and that collaboration always posed some degree of risk where partners may not be entirely aligned:

There's quite a lot of interesting organisational dynamics that happen between organisations within forums and within larger conglomerates of networks. And there's almost a bit of competition there as well. So that we can't ignore. When you start to scale up, things get a little bit competitive in some ways. What I'm understanding and observing from these different forum groups - and people have slightly different alignments in terms of how they want to do things; I mean that's normal. So, I guess you're holding that, as well as there's a risk - not a risk, but I guess … I guess there are things to consider, scaling up, different organisations wanting different things. You're never going to get it right, you're never going to get everybody aligned in the same way (P12)

Figure 12   Benefits and challenges of collaboration

Benefits of collaboration	Challenges of collaboration
Improved support for service users: • Increased opportunities to access provision • Improved connection to appropriate next steps • Access to specialist expertise and resources • Reducing dropout through more appropriate provision • Earlier intervention through provider collaboration **Improved collaboration among providers:** • Improved awareness of local provision and resources • Mutual learning - including constructive challenge and self-reflection • Sharing best practice • Partnering on funding bids • Raising the profile of newer and smaller providers **Access to venues and facilities:** • Use of well-equipped venues and spaces • Use of specialist facilities • Outreach and engagement in familiar and trusted venues	• Turning promising conversations into concrete actions and tangible outcomes • Maintaining enthusiasm for engagement over time • Collaboration requires time and staff resource - hence needs to feel worthwhile and productive • Competition between providers for funding and/or clients - may limit willingness to make referrals and to share good practice • Perception of established 'big players' within the local network of employment support providers, who are better connected and more able to attract referrals and funding • A requirement from funders/commissioners to focus on targets and 'hard outcomes' (within limited timeframes) may not be compatible with some providers' ways of working • Short-term funding of some providers/projects limits scope for longer-term planning and stability/continuity of services • Specific eligibility criteria (e.g. postcode, health condition) may limit the scope for referrals. These need to be clearly stated in any directory of providers to avoid disappointment and maintain confidence • Engagement with Jobcentre Plus can be difficult, linked to JCP staff's time pressures and target-driven model • A lack of alignment around shared goals, aspirations and ways of working may produce tensions in collaborative working

2.4 How a collaboration should be designed

Interviewees were asked how they thought a No Wrong Door collaboration should be designed. Responses were varied, but can be grouped into six broad themes:

- clarity of aims and objectives
- clarity about employment support provision
- reliability and accountability
- making collaborative relationships work
- leadership and coordination
- practical considerations

Each of these is described in more detail below.

### Clarity of aims and objectives

Providers felt that there needs to be a **coherent and consistent message** about what the collaboration is and what it is seeking to achieve - an agreed 'theory of change'. This includes a **shared mission** with **common goals and values,** and a **shared understanding of what** constitutes success. This vision needs to be clearly conveyed to all organisations joining the collaboration, from the outset:

Having a clear vision that covers the whole- that everybody's working to the same vision and same aims and same objectives, and that needs to be established and set up from the start (P05)

Shaping what you want the outcomes to be, and communicating that to all of the providers that are currently on board and want to get involved in the project (P01)

Providers need to be **clear on what is being asked** of them in entering into the collaboration, what **distinctive contribution** they are bringing, and what the **reciprocal benefits** will be. The following quotes encapsulate these issues well:

I think there's something about transparency of working and I think there's something about being really clear from the offset what you're doing and why, and what each person's bringing to the table. Because I think if that bit's confused at the beginning, then you really struggle to- you're always playing catchup. And I also think there's something about collaboration and everybody being on the same page and having a kind of shared agenda. So it doesn't work if one person's hoping to use this to do something for themselves, do you know what I mean? I think it has to have a really joint approach, because I think you all need to be able to trust that, you know, we need to trust each other in this work (P04)
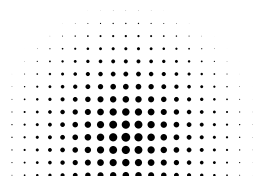
We need a shared theory of change and definition of success. We need to learn together. And in order to learn together, you need to have some, sort of, shared definitions of what we're trying to do, and shared language ... You have to have a very clear and strong idea of what success looks like. So you have to have that theory of change, but it has to be in human words and people have to see where they fit in and what bit they can do. And where they're adding value and therefore when you see what your bit is, what you're good at and where your area is, then you understand what connections you can make (P16)

One interviewee suggested that Lambeth Council's Employment and Skills Strategy could provide a useful foundation around which to base the collaboration: *"I think we need to talk more about the employment strategy, because I think that can be the basis of a collaboration"* (P20)

Clarity about employment support provision

A second important factor in success was to have **clarity about each provider's employment support offer** and what stages of the employment journey they can support at. Each provider's distinctive offer needs to be clearly established:

Probably what it needs is a really clear kind of understanding of who's involved, who's doing what, the sort of strengths that people can bring. So like who can support with which element and being really clear about processes and trying to align those as best as we can ... I think there's something about really understanding the kind of value of each person. If you've got a partnership that's kind of multi-level, you know, people in different places doing different things, I think there's something about really understanding kind of what the strengths are of each organisation and what they can bring and how. Particularly for grassroots organisations I'd be thinking about what groups of people are they working with, in what areas. Like you say, that very kind of focused work. And how does that help all of us achieve our end goals (P04)

I think that the group needs to be able to provide a variety of services that can really meet the needs of the group that they're looking to work with, and whether that is coaching or whether that is employment, whether that is CV building or whatever, IT literacy, whatever it is, that they are able to provide a range of services that the people that they're there to help can actually access them and that they're aware of it. The communication of those services ... So, that's another thing that I would expect [a collaboration] to do; to be able to make sure that people are aware of what they're doing and where they are (P05)

Some interviewees felt it was important to **avoid duplication** within a network:

I'd want us to be offering different things, because everybody's different and some people like coming to [our service] because we're more structured. Some people like going to [other service] because it's less structured, you know, so I'd like us to be offering different things ... The message being that we're good at what we do and we want to show you what we can do, and we want your support in doing that and achieving our goals (P20)

All the services would all be offering a speciality thing. So, having seven, ten services all doing CV writing but actually not doing job application process doesn't make sense to me. So, yeah, they would need to- we need to stop any cross-[over] and actually start working together (P10)

This viewpoint may have implications for establishing a large and inclusive network of providers, where some degree of duplication would seem to be inevitable. This may need careful consideration when developing a directory of providers, ensuring clear description of each service, acknowledging areas of overlap and striving for equity in promotion of and referral to similarly-focused providers.

Reliability and accountability

To sustain an effective collaborative network, **provision needs to be reliable and consistent,** both in terms of providers delivering their service on a regular and dependable basis, and in terms of the directory of providers being maintained **accurate and up-to-date:**

I think the main part is knowing who is providing what services, where they're providing the services, when they're providing the services and, kind of, formalising that referral structure. So if, for example, if Black Thrive know that every other Tuesday morning there's a workshop at [venue], they know that that is set in stone and that is there, so that information can be pushed out without fear of having to chop and change it. And the more organisations that can have that kind of stability and that kind of regimented uniformity, the better it is (P17)

This same interviewee went on to emphasise that members of the collaboration must have a consistently **warm ethos towards service users,** so that services users can be assured of a welcoming environment wherever they go:

I think it has to be fully receptive, it has to be fully welcoming in all points, and I believe that for No Wrong Door to be successful, every organisation that's involved needs to have the same- not infrastructure, but the same kind of welcoming presence to people. So no matter which door they go through, the level of service is consistent throughout. So not that, you know, they came through Black Thrive and they were greeted fantastically and then they came to [service] and it was a bit like 'What do you want?' kind of thing. There has to be a consistent level of service across all the associated parties (P17)

There was a view that there should be some kind of **vetting or quality assurance** of providers to ensure integrity of those included within the collaborative network:

I would like to think that all the employment providers are essentially doing the same thing; they're passionate about people's employment and helping them through their journey. So, I would want to make sure that all of those people are doing what they say they're doing, and that they're a well-established organisation, or if they're independent, that they know what they're talking about ... [so] kind of like a bit of a vetting process (P01)

I guess there'd be some due diligence done beforehand, some research into organisations, looking at people's organisation's values, look at organisation's reputations, performance levels, what their skill sets are. And the person that's leading it, I guess, would have to sit down and think, "Well, we've identified these people being very strong in this area, those people being very strong in that area, but not as strong in this area" and then matching that up with other people that they feel could work together (P09)

This idea of vetting and due diligence also raises the question of whether membership of the NWD collaboration would itself be 'open door' or whether the coordinating or leading body would have some power to accept or reject providers wishing to become part of the cross-referring collaboration or be entered into the directory.

Some interviewees emphasised the need for **clear outcome measurement, monitoring and evaluation,** to ensure that the collaboration is working effectively towards meeting its goals, and is able to respond flexibly if it emerges that approaches are not working as well as desired. As discussed earlier, this would need to include both hard and softer outcomes:

The impact measurement has got to be really clear, because the success is not necessarily going be, you know, a hundred people in employment by the end of six months. We're talking about years of systematic challenges, yeah? So it's making sure that the impact measurements are clear, that people are realistic about what it is, measure success, and that's done over time - it's done over a realistic period of time. But the impact measurement has to be at the forefront, because if we were measuring the impact of some of these [historic] things that we're doing, at some point someone would have said, "Hold on, it's not working". We need to do it a slightly different way (P05)

We need some kind of way of measuring impact. That's the core thing, it's how do we know if what we're doing is working and how do we know what is good. And how do we judge what is good quality? How would we know if something is effective? (P16)

Everybody should have similar, common outcomes that should include both factual data - like attendance and how many people get a job and that sort of thing - but also qualitative data (P20)

Making collaborative relationships work

The attitude with which providers embarked on this collaboration was seen as important, namely the importance of entering into the collaboration with **willingness and commitment:**

> *Maybe something where anybody who signs up is committed to some kind of charter, has some information to share with others, is keen to engage with other groups of people* (P11)

> *It's really important that people make an informed decision, have all of the information that they need about the project, they know what the project is trying to achieve, what the timescales are, if they can meet those timescales, and then that way they can make an informed decision of whether they really want to be involved, or whether they want to drop out and I think it's important to have that meaningful conversation with the providers, that, 'This is what we're expecting-, this is the expectation.' Set the expectations from the beginning so people know what they're getting involved in. They can make an informed decision and if they're on board, they're on board* (P01)

One interviewee highlighted the need for trust, openness and honesty between providers, including openness about funding and income: *Everybody needs to feel unthreatened and willing to be open and honest ... I think we can be more open about how much funding we get, and where we get it from and share that information between us"* (P20).

There also needs to be an openness to sharing resources and referring clients. The following quotes emphasise the importance of providers viewing themselves as all working to shared client-oriented goals:

> *Something like that where all the services are actually meeting regularly and making each other more aware of what's available, because an outcome for us is an outcome for anyone in Lambeth, I find. As long as that person that's accessing the services is getting the best quality service from whichever service they access, I think that's an outcome for everyone. So we shouldn't be afraid to share those outcomes and share those successes and refer people* (P10)

> *It would have to be a very interconnected data-sharing entity that is rapid and meritocratic, without any ego or organisational differences, to ensure that it is [client] centred to its spine, and that as soon as someone touchpoints across the network, a sort of electric chain of events happens where they get the best support possible and there isn't a drop-off point in that map; there's a backup plan for every fallout* (P02)

Reflecting issues described earlier, regarding a sense of competition and reluctance to share best practice, it is important to recognise that the No Wrong Door proposition may be asking organisations to work in a new way - one that goes against historic instincts - and this may need sensitive handling in building the collaboration. A message which may help to combat hesitance came through in the comments of one interviewee, who highlighted the point that there would always be plenty of local residents in need of employment support, so there was no need for providers to feel they should hoard clients:

> *I think we just all have to have that attitude in our working culture that we don't need to be precious about people and hanging on to people. There's plenty for everybody to do here; we're not going to be short of people to help. So it's in everybody's interest to be as open as possible like that and just make sure that, if there are those centralised systems, that we're confident that we'll get the right referrals at the right time* (P03)

Effective collaboration needs to be underpinned by **in-person contact between providers,** to bring the human element and real relationships between people. One suggestion was for an annual conference type event where providers came together and could give presentations about their services, or set up stands which other providers could visit to network and make contacts. Interviewees emphasised the need for **long-term relationship building** that goes beyond superficial networking and 'transactional' exchanges. It was noted that exchanging only written information about local services would be insufficient to generate effective collaboration:

> *I think one thing that's key is communication and comprehension between the organisations as well. So if there are going to be representatives from each of the organisations, they need to have a dedicated time and space where they come together and meet each other, so that they're more aware. So, it's not just me reading off a sheet that, "At [service] they do this on a Friday, you can go."* (P17)

> *It needs to be an element of networking going on. And when I say networking, I don't just mean, "Hi, this is that person, this person can help you, okay, see you later." I mean perpetual networking. I mean groups that come together on a regular basis. So, around different events, around different themes, anything, but there needs to be a collective happening. It's not just networking. You're building a collective* (P14)

Reflecting earlier points of discussion, the need for a shared language, using every day and accessible terminology, was also emphasised.

Leadership and coordination

A number of interviewees highlighted the need for an overall coordinator/coordinating group to ensure effective functioning of the collaboration. This was felt to be particularly important for smaller providers, who may not have the capacity to have an active role in coordinating or maintaining a network:
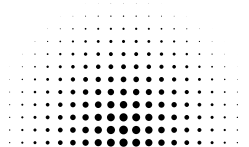
You'd need someone to take the lead, you know ... Really for us, you need a big lead organisation who really does- who wants to work with smaller groups for the right reasons, not just to get funding. And then help support them. I think that way works. Other than that everyone just goes "Oh, no, we do our own thing and leave us alone" and like I say "Don't step on our toes and we won't step on yours..." (P15)

You would need a bit of ongoing funding for a central organisation that just kept the momentum going - sends everyone emails, makes sure they deliberately poke people to share good opportunities - which is kind of what Black Thrive's doing now. It's something that keeps people remembering that it exists, and makes sure that people's contact details are updated and the programmes that are on there are still running, so that you're not directing people towards blank emails or programmes that don't exist anymore (P19)

It can't happen on its own, can it? It can't happen in a vacuum. If it's going to work, someone's got to make it happen, and it perhaps is going to need some support to run it and some decisions about who's going to run it and all of those things, so that might be the trickiest thing about it, really, but yeah, it's definitely going to need some sort of infrastructure. I can see it's going to need some sort of leadership and some people working together to get the terms of reference straight and all that kind of thing (P03)

Coming from a community side, like everybody wants a piece of us ... I feel like sometimes I have to stretch myself so finely, to make sure I'm engaging- I can't do it ... When I look at smaller organisations to me, I get why they're not connected. So I feel like there's room for some community engagement workers, that help to pull together all the information of what rich resource we've got in the community. You cannot rely on these small groups, that are under resourced to try and feed into. We need to put people out there (P11)

The importance of **service user membership** of the coordination group was also emphasised:

We do need something which is designed properly, I suppose ... designed properly, designed carefully by people that are going to use the services. "What would work for you? What would it look like? Where would it be? What kind of ways would you want to access a service like this?" All of those questions need to be asked, not of the professionals working in it - well, not just them, but other people as well, the people that are going to be likely using this service (P03)

A collaborative system is all the organisations who deliver this mental health project around the table as well as a team of everybody who has- along with everybody who also has that, so if you have a mental health problem, I don't see how we can solve it without you? (P06)

Practical considerations

Finally, a number of more practical considerations were mentioned, including that some providers may need to be **reimbursed for the time** spent contributing to collaboration activity (e.g. those not salaried through provider organisations, small sole enterprises), and that gathering of information to construct the directory may need to be done via **different media** (e.g. some providers may prefer to supply information verbally, others may have time/capacity to complete forms). Reflecting concerns about the time demands of engaging in a collaborative network, one interviewee emphasised the need for **simplicity in any systems** developed:

It can't be complicated. I hate complicated stuff. Even when we start talking about networks, I'm like, "You're going to complicate this and make it difficult." And then you start talking about referrals, and I'm like, "I don't really have the people to be filling out referral forms." So everything's got to be easy. Coming from a space where I do a lot of local authority referrals and I'm just like, "This could be easier." So, really easy to refer processes (P11)

2.5 Funding a collaboration

Interviewees made a variety of suggestions as to how a No Wrong Door collaboration might be funded. The diversity of suggestions is likely a reflection of different providers' prior experiences and norms around the way their organisations are funded. Suggestions included:

- Borough council funding or council-led funding bid

- Charitable funding bid

- Businesses/employers (as ultimate beneficiaries)

- Crowd funding

- Philanthropic funding (e.g. entrepreneurs with local roots)

- Social enterprise

The need for long-term funding to ensure sustainability of the work was emphasised. There was a suggestion that the funding bid be led by the council or other large or more experienced organisation, or that a third party with fundraising expertise be brought in to support the identification and application for funds. One interviewee who had a relatively large amount of experience of being involved in strategic collaborations noted how both the Alliance and the council had a role and interest in supporting a No Wrong Door initiative:

In theory, it should be an Alliance thing. But it tends to be the council that takes the lead more on employment matters ... Definitely need to talk to commissioners based at the council about what we're doing, and they might have a particular interest in it, if it's going to help them with their targets and their needs (P03)

In terms of what, specifically, would need to be funded, one aspect would be the time of the overarching coordinator or coordinating group, and - as noted above - smaller organisations may need payment/reimbursement to release staff to spend time on collaboration/partnership activities. Another cost would be in the design, development and production of a directory or provider map, be this in hardcopy and/or web-based format.

2.6 Referrals within a collaboration

Interviewees were asked how referrals could work within a collaboration. Again, responses were diverse, possibly reflecting different interviewees' experiences to data of making/receiving referrals and the extent to which the basic concept of 'referral' applied to their type of service (see 1.6). Below we outline a range of issues that were raised, and which seem important to consider in attempts to design a more streamlined or universal referral process.

In terms of the process of making referrals, comments included the need for administration to be kept simple and the value of an element of human connection around provider-to-provider contacts, rather than the more *"intangible"* paper-based referrals. Interviewees' comments reflected the challenges that arise in reconciling a wish for more streamlined information sharing and referrals with the need to fulfil data protection and confidentiality requirements. Whilst transferrable client profiles (e.g. accessible via a database) could reduce the need for people to recount their circumstance to multiple providers, the inevitable GDPR issues were recognised.

Services' differing levels of need for detailed client information - and the varied ways in which the 'gateway' to services operates - also point to potential challenges in setting up universal referral processes. To contrast two extremes, some providers require formal references for safeguarding purposes, whilst other providers are essentially private businesses which engage users in a more traditional client/customer relationship, hence there is no referral process as such. As already noted, some providers found the formal language of 'referrals' did not sit comfortably with their way of working, and preferred terms such as 'introductions'. Another issue raised was the potential obstacle of 'double funding' where a client was engaged with multiple providers simultaneously.

Reflecting the points above on vetting and quality assurance, trust between providers was also essential to supporting a willingness to refer clients. One interviewee emphasised the need for referrals to always be driven by client best interests and meaningful engagement, rather than by the need to fill quotas.

> *I wouldn't just refer people for the sake of it. You know, tick boxing again: "We've referred ten people to [service name]." No good sending someone to us for a course who doesn't want to do it. Or us sticking people forward for apprenticeships when we know they're not ready for it and they're just going to drop out* (P15)

Finally, one interviewee spoke about challenges in maintaining communication and updates on client progress, when they had been referred on to another provider. Whilst recognising that this was probably a result of high workloads for providers, better flow of communication about client outcomes would again strengthen relationships of trust and confidence in making future referrals:

2.7 Issues relating to collaborative working in Lambeth

Interviewees were asked a broad question around *"What is it like working in Lambeth?"* This question elicited a wide variety of responses, ranging from personal biographical experiences, reflections on the changing demographic make-up of the resident population, environmental and economic changes (e.g. gentrification), socioeconomic inequalities and experiences of working in partnership with the local authority and other service providers. It is this latter issue of partnership working that is of most concern to the present report, with relevant responses summarised here.

Mixed views were given on the effectiveness of collaborative working across the borough to date, and it should be noted that different providers had very different amounts of experience of working directly with or for (i.e. on a commissioned basis) the Borough Council or CCG. Some interviewees felt that there was a lack of coordination and joined-up working, resulting in duplication of provision and missed opportunities to improve support for residents. Another view was that borough-led collaborations in recent times had been driven by cost-saving considerations, whereas it should rather be a user-centred motivation that underpinned such projects:

I feel there is duplication, that we could spend our money better if we worked together. The CCG sees that as a way of saving money; that's not right, they shouldn't think about it like that. In the first instance, they should be saying, "Let's work together collaboratively" and then get rid of the duplication and use that money to fill the gaps because there are gaps. But they're talking about saving money. Originally when they brought out the employment strategy, they wanted us to save £1million over time between us. Well, you know, that's not the way to get collaboration going (P20)

An interviewee with many years' experience in the borough lamented that repeated attempts at more joined-up working had failed:

We have always been very keen on working with other people, and being very open with other people. I'm not sure other organisations are as keen as we are. I have worked at [name of service] for 25 years, and for 25 years I've been trying to get - with the CCG sometimes, or between ourselves - a collaboration between the organisations. And we've never managed to achieve it, it's one of my greatest sadness (P20)

On the other hand, some providers felt there was a good level of collaboration in Lambeth (e.g. in comparison to other boroughs they had worked in). Some recounted positive experiences of involvement in multi-partner networks, or perceived that, over time, there was a growing openness to collaboration:

I think now there's more of an open acceptance towards working with other organisations. I think a lot of people's aims and organisations' goals, have been publicised and people are, like, "Oh, you're working on this? I'm working on that too. How can we team up? How can we collaborate?" And there's more of a sense of unity and stuff in the borough now, coming together to face, you know, like, the elephant in the room, like youth violence or employability and stuff like that. So, it's good to see organisations, now, kind of, tag-teaming up and working together to meet a common goal rather than competing with each other. (P17)

There's a kind of willingness and a desire to recognise that things need to be done differently ... There's a lot of kind of circular conversations, you know, things come up that were discussed ten years ago and you're kind of going back to that. So sometimes it's progress and sometimes it feels a bit like it's a bit going round and round in circles. I don't think that's unusual. But I think there is certainly a kind of desire and a drive to, you know, improve things and make things better (P04)

Similarly, views were mixed on the involvement of the voluntary sector in borough-wide collaboration. Some felt that the voluntary sector was not sufficiently valued or usefully exploited, and that the voluntary sector *"felt quite fragmented"*:

I think there's a lot of potential there for the voluntary sector. Because I think the voluntary sector's been pushed and pulled around a bit in Lambeth more broadly, you know. There hasn't always been a very good voluntary sector support mechanism, and now there's Integrate, which I think is only a good thing, to try and kind of capacity build and support the sector. There's been lots of kind of ups and downs, I think, for a cohesive voluntary sector. I think it's felt quite fragmented. And I think that's probably something we see, therefore, in the employment work ... where there's lots of different people doing lots of different things, and it's not clear who's doing what and the system is not very joined up, and there's not a lot of support or infrastructure kind of to help all these different organisations do their own thing. So I guess sometimes it feels like- you feel like you're existing in a bit of a vacuum, you know. You're doing your thing and there's nothing to kind of pull it together strategically (P04)

We in Lambeth have the most incredible eco system of volunteers and community organisations and social entrepreneurs. There is so much going on, we've got amazing media people. We've got incredibly talented voluntary sector, we've got things like Black Thrive. The borough is so rich in really impressive organisations and really capable people. And the experience and the brainpower is actually in the voluntary, community and third sector. We're not a charity, we're a social enterprise. But there are all these people surrounding this institution [the council] who could do a lot of the work. The council doesn't trust anybody, they do their, "We're going to consult you, we're going to ask you what you think and then we're going to take it away and do it." I mean, for God's sake, there is no real collaboration (P16)

There are some difficulties with referrals, getting referrals, because I think it's really easy for people to be referred to [name of large provider]. So because we're a smaller charity, sometimes it does take a while for us to get the referrals through ... We get kind of left out though, and I'm not really sure why but it is a running theme. I do think that we do get left out of big things (P10)

It can be a bit frustrating ... Because I'm not sure that the contribution of the voluntary sector is valued as much as it ought to be. For example, a lot of our clients are part of the Care Coordination system, but it's very difficult to maintain a conversation between ourselves and the Community Mental Health Teams around individual clients. That can be frustrating, because you want something to happen and, you know, you've got to write emails, you've got to try and find the person, there have been lots of changes in the structure, how it's organised and so on, and they're not very good at communicating how to get in touch and so on (P20)

At the same time, others felt that there was *"a kind of respect for the voluntary sector here"* and a recognition that there were some very strong community-based organisations doing effective work:

What's good about working in Lambeth is the way that the organisations seem to work together quite well, and there's a sort of- there is a kind of respect for the voluntary sector here, in particular. It seems to be good. The whole Alliance system where there's people round the table, and with things like the collaborative of mental health organisations, where there's loads of- people that are service users coming along to every meeting, and there's front-line organisations and there's commissioners and GPs and everyone, and there is that kind of mutual respect and sort of feeling that everyone's got something to contribute to the system, which I'm sure isn't universal ... It does seem quite healthy and quite good in that respect, even though there's mountains to climb in terms of the amount of work to do (P03)

Some interviewees perceived a lack of clarity around strategy and priorities in the borough, regarding mental health services and employment support:

I think just a bit more structure on what we're trying to achieve as a borough would be good. A bit more talk on how the Alliance is actually working and how they're going to start funding the new projects, so that people can actually make proper plans (P10)

In the borough of Lambeth there's a lot of residents that are either unemployed or they have disabilities which, kind of, makes it harder for them to find a job and it makes them less confident. I know a few people personally that are in that position, and I do feel that there is a lack of support for those people, and I do feel a meaningful conversation with the right people can really help and support (P01)

It's supposed to have changed. You know, employment is supposed to be much more of a focus and a bigger priority, a higher priority. But I'm not sure. I haven't experienced any change really ... I think the most important when you work with a client is that everybody should be on the same page, you know, we should all have the same approach. And I'm not sure that's the case. I'm not convinced that employment is something that is a high priority in relation to the Community Mental Health Teams (P20)

Various comments illuminated the need for employment support provision to consider both service users with more severe mental health problems and those with common mental health problems (including those who may be in employment but struggling), and to strike an appropriate balance of provision between 'holistic focus' and 'hard job focus'.

I think [the borough] is a bit indecisive of which group is the priority group. I think that changes quite regularly. So one minute it's people with common mental health problems and then the other it's long-term mental health problems. So they don't really have the balance right on- they should be helping both groups really (P10)

I'm finding that it's a lot of holistic work around Lambeth, but not so much of a hard job focus (P09)

You do worry that in the wider community there's people that are perhaps a bit hidden in Lambeth, you don't know the extent of this. If they are perhaps in work or an insecure work, or worried about retaining their work but can't really get hold of any long-term support because they're just under primary care and not ill enough to have a Care Coordinator or anything else (P03)

The importance of the council as a facilitator and convenor was emphasised by one interviewee, who felt that the council was currently not fulfilling this role effectively[5]:

Because the borough doesn't really trust external organisations, they are not an effective convener. They don't bring people to together and work with them consistently. I mean, really they should step up, but there are too many different people ... Being that convener, you have to be consistently there, and it's a facilitation job, it's not a telling people what to do job and the borough too often tells people what to do (P16)

Overall, there was a sense that Lambeth's rich resources were not currently being pooled to greatest effect and that provision in the borough was currently 'less than the sum of its parts'. However, the potential for improved employment support was significant, if more effective collaborative working - for which there is clearly an appetite - could be established:

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[5] This interviewee also highlighted high staff turnover and inefficient IT processes within the council as obstacles to more effective collaboration and coordination of local services.

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It's amazing for the potential of what we could achieve because of the assets that we have in the borough, and Brixton, in terms of exciting professionals, role models, employers, culture, institutions that can pretty much provide for all interests and aspiration pathways, and a lot of employment opportunities out there, as well as a fantastic voluntary sector that are able to do great work with young people. That's something that's very exciting about it. But what is depressing is how little those assets are brought to bear to really get the most out of them for the young people across the borough. There's no strategic path to doing that at the moment, and a lot of the target groups that we claim to want to do work with get the least amount of careers and employability support, rather than the most. And that is something that is challenging about the borough, because you can see what's possible (P02)

We've got so many resources in Lambeth ... I live in Lewisham now, I've lived in Bexley, and out of all of those boroughs that I've lived in, this has got the most- it's rich with resources. But the problem is - which everybody has said - it's very disorganised a little bit. (P11)

Finally, some interviewees expressed a sense that, although there had been investment in the borough and recognition of the need to address inequalities and disadvantage, interventions seemed to have *"become more institutionalised and less owned by the community"*. There was a sense that grassroots organisations and local communities had become somewhat disengaged, implying a need for more service-user and community involvement in developing strategies and interventions.

Conclusion

The concept of No Wrong Door is that a person with a long term mental or physical health condition, who is seeking support to move towards and into employment, can expect effective and joined up support from services across the borough of Lambeth, no matter which provider they initially make contact with, and no matter how their needs and wishes change over time. A No Wrong Door collaboration would see all employment support providers in the borough aware of each other's existence and offer, and well connected into a collaborative network of referral and information sharing, so that service users experience seamless, efficient and effective support in their journey towards employment. This report forms part of Black Thrive Lambeth's research and consultation into understanding the current employment landscape in Lambeth from the perspective of providers delivering on the frontline. The aim is to explore ideas of how a No Wrong Door collaboration could work in practice, before beginning to pilot new approaches to delivery and practice.

The findings from this report are both broad and deep – reflecting both the wide range of employment support on offer in the borough, alongside the vast array of local knowledge, expertise and leadership in the sector. They paint a borough that is rich with resource and opportunity – some of which is currently being harnessed, but with parts that also remain untapped. There are large pockets of excellent provision in Lambeth, but a feeling that such provision could be more than the sum of its parts if subjected to better coordination. Whilst it is difficult to draw concrete conclusions from such rich and diverse data, the insights gathered do shed light on both potential opportunities to build upon, as well as challenges to overcome. The report highlights various opportunities to begin testing and building a more collaborative system - from improving communication and building human relationships between providers along with investing in system leadership and coordination, through to creating shared ways of working regarding referrals, onboarding, signposting and outcomes measurement.

There is both a moral and economic argument for encouraging services to work together. The report highlights the large appetite for collaboration which already exists amongst providers in Lambeth; they recognise the potential mutual benefits to both their services and those who use them. We would like to extend our thanks to all those who gave up their time to complete the No Wrong Door survey and/or be interviewed by the Black Thrive Lambeth team. Without them, this report would not have been possible. We look forward to building on this research – working alongside providers, commissioners, and residents to design a better, more equitable employment support system in the borough.

Appendix A - Quantitative Survey Questions

This survey supports the objectives of Black Thrive Lambeth's No Wrong Door Collective. We are working to build a collaborative, co-ordinated and coherent system between employment support providers in Lambeth, who will work together to support our Black and Disabled residents to find meaningful employment.

The purpose of this survey is to help Black Thrive Lambeth to better understand the current employment support landscape in the borough. It also allows providers to register their interest in joining the collective in the future.

All data will be anonymised and seen only by the Black Thrive Lambeth Employment Team.

For more information about Black Thrive Lambeth's No Wrong Door Collective, please visit: **https://lambeth.blackthrive.org/no-wrong-door**

1 Email Address

2 What is your name?

3 What organisation do you work for?

4 What is your job title?

5 How many full-time equivalent employees does your organisation have?

- 1-5
- 6-10
- 11-20
- 21-50
- 51 or more
- Don't Know

6 Does your organisation operate in Lambeth?

- Yes
- No
- Don't Know

7 Does your organisation offer employment support?

- Yes
- No
- Don't Know

8 What employment support service(s) does your organisation offer?

9 Do you collect referrals data about your service users?

- Yes
- No
- Don't Know

a) How many referrals seeking employment support do you get each year?

b) How many referrals are from South London and Maudsley NHS Foundation Trust (SLaM)?

- Less than 10%
- Between 11% and 25%
- Between 26% and 50%
- Between 51% and 75%
- More than 76%
- Don't know

c) How many referrals are from other Community Mental Health Teams?

- Less than 10%
- Between 11% and 25%
- Between 26% and 50%
- Between 51% and 75%
- More than 76%
- Don't know

d) How many referrals are from other Community Mental Health Teams?

- Less than 10%
- Between 11% and 25%
- Between 26% and 50%
- Between 51% and 75%
- More than 76%
- Don't know

e) How many service users find your service themselves?

- Less than 10%
- Between 11% and 25%
- Between 26% and 50%
- Between 51% and 75%
- More than 76%
- Don't know

10 Do you collect demographic data about your service users? (E.g. gender, ethnicity, disability, age)

- Yes
- No
- Don't Know

11 Do you record information about service users' ethnicity?

- Yes
- No
- Don't Know

a) If you answered yes, what percentage of service users are Black?

- Less than 10%
- Between 11% and 25%
- Between 26% and 50%
- Between 51% and 75%
- More than 76%
- Don't know

b) Do you further specify ethnicity? E.g. Black Caribbean, Black African, Black British?

- Yes
- No
- Don't Know

12 Do you record information about whether or not service users have a physical or mental long-term condition? Please refer to the list of long-term conditions as established by Guys and St Thomas Charity: https://www.gsttcharity.org.uk/file/gsttc–mltcs-treemappng#

- Yes
- No
- Don't Know

a) If you answered yes, what percentage of service users have a physical long-term condition?

- Less than 10%
- Between 11% and 25%
- Between 26% and 50%
- Between 51% and 75%
- More than 76%
- Don't know

b) What percentage of service users have mental long-term conditions?

- Less than 10%
- Between 11% and 25%
- Between 26% and 50%
- Between 51% and 75%
- More than 76%
- Don't know

c) Do you categorise long-term conditions further? E.g. diabetes or learning disability

- Yes
- No
- Don't Know

13 Do you record service users' results or outcomes data?

- Yes
- No
- Don't Know

Lambeth
Black Thrive

a) Which of these outcomes do you record for your service users? Please select as many that apply.

- Full-time employment
- Part-time employment
- Self-employment
- Volunteering
- Training
- Work experience
- Further education
- Further referral
- We don't record outcomes
- Don't know
- Other

b) Do you share outcomes data with other employment support providers in the borough?

- Yes
- No
- Don't Know

i) If you answered yes, with whom?

c) Do you share outcomes data with any other organisations, such as employers, Lambeth council, commissioners?

- Yes
- No
- Don't Know

i) If you answered yes, with whom?

d) Do you analyse your outcomes data by ethnicity?

- Yes
- No
- Don't Know

e) Do you analyse your outcomes data by long-term condition?

- Yes
- No
- Don't Know

14 Are you connected with other employment support providers in Lambeth?

- Yes
- No
- Don't Know

i) If you answered yes, who are you connected with?

15 Do you collaborate with any other employment support providers, for example by sharing resources such as space, finance, and/or referrals?

- Yes
- No
- Don't Know

a) If you answered yes, indicate the resources that you share, please select all that apply.

- Space
- Finances
- Referrals
- Personnel
- Equipment and other capital resources
- Databases
- Best practice and learning
- Research
- Other

16 **Are you connected with any employers?**

- Yes
- No
- Don't Know

a) **If you answered yes, how many?**

- 1-5
- 6-10
- 11-20
- 21-50
- 51 or more
- Don't know

b) **Please state the names of the employers that you are connected with.**

17 **Would you be interested in joining a collaborative network with other employment support providers in Lambeth?**

- Yes
- No
- Maybe

a) **Why / why not?**

18 **Would you be happy to be contacted via email to participate in a short interview exploring some of these questions in more detail?**

- Yes
- No

19 **Is there anything else you would like to add?**

20 **Do you consent to joining Black Thrive's mailing list to receive our newsletters?**

- Yes
- No

Appendix B - Interview guide

Topic Guide

Aim: How could No Wrong Door work in practice according to employment support providers?

This document is a guide to the principal themes and issues to be covered.

Questions can be modified and followed up in more detail as appropriate.

Introduction

Hi there [name],

Thank you so much for taking the time to participate in this interview.

Introduce myself and Black Thrive.

I want to first outline the aims of the No Wrong Door survey you took part in, as well as the interview today. The themes and questions in this topic guide have been informed and shaped by the responses to the No Wrong Door survey.

The No Wrong Door survey has given us some really interesting insight into the current employment support landscape in Lambeth. The employment team at Black Thrive Lambeth are excited to see that there are employment support providers currently collaborating. We want to take this opportunity to chat with you today to gauge the appetite and potential for expanding a network of collaboration amongst providers across the borough. With this insight, we hope to assess how providers may be able to take a more collaborative approach moving forward. We aim to create a no wrong door approach for individuals seeking support in which providers can share referrals data, resources and best practice and learning. Our overall aim is to improve the employment prospects of Lambeth residents.

I have a few topics I would like to discuss with you.

Please feel free to ask questions at any stage during the interview.

The interview will be one hour long. I encourage you to be open and honest so that our research can reflect the current employment support landscape in Lambeth. Please note that this interview will be recorded so that I can refer back to our discussion at a later date and conduct thorough analysis. Please note that data may be shared with our partner organisations for the No Wrong Door research project. Please note that some information may be written up into an external report for Black Thrive Lambeth.

All personal data will be anonymised.

You can withdraw from the interview at any time.

Do I have your consent for this?

Warm Up

1. Introductions - please tell me your name, the organisation you work for and your role in the organisation

2. What is it like working in Lambeth?

3. How has it changed over the years?

4. What type of services do you offer?

5. What is the employment support that you offer?

Section 1 - Client Journey

1. Please describe to me a typical client that you work with – (this will also give insight into what the organisation does e.g., dasl will hold mostly clients with some kind of disability)

2. Take some time and talk me through your client journey

3. How did they arrive at your service?

   a. How did they get referred to you?

4. What is the first thing you do with new referrals?

5. Do you carry out some kind of assessment on the client's needs?

   a. What questions are you asking them?

6. How do you assess whether their needs align with your services?

7. What do you do if their needs do not align with your services?

   a. Do you ever refer clients onwards?

   b. Is there an ongoing relationship with onward orgs?

8. How long do you provide employment support to your clients?

   a. Is there a max limit? (Tells you something about pay – is it payment by result?) – lets you know about funding

   b. How do you come to a decision that your service cannot provide the suitable support for a client?

   c. At what point of journey outputs do you 'leave' the client?

Section 1 - Client Journey

9. What happens if clients do not get a job at the end of your programme?

10. From your perspective, what does a successful client journey through your organisation look like?

    a. What do you measure as a successful outcome from your service?

11. What kind of work do clients go into after using your services?

    a. What does a good job look like?

12. What do you think are the factors that affect clients' chances of success?

13. Do you notice if there are any characteristics of your clients that change the chances of success?

14. How are your employment support services funded?

    a. Is the funding sufficient? Why/Why not

Section 2 – Questions about NWD collaboration

1. Black Thrive are trying to establish a No Wrong Door Partnership, whereby employment support providers in Lambeth are supported to work collaboratively in a cohesive network. How would your organisation respond to it?

    a. What challenges would it bring to your organisation?

    b. If you are already collaborating with other providers, is this collaboration leading to improved outcomes for service users?

    c. How can this collaboration be systematised to expand in the borough?

2. If you could design the NWD Collective, what would it look like to you?

    a. How could your organisation collaborate with others?

    b. What would it look like to you if there were referrals between organisations?

3. How do you think NWD would work in terms of funding?

Conclusion

Is there anything else you would like to discuss that we have not covered?

Thank you for participating. This has been a really successful discussion. We hope you have found the discussion interesting.

Your insight will be a valuable asset to our aim of developing a network of providers that collaborate in delivering employment support. Our next steps in the research will be analysis of the quantitative data produced from the survey, as well as analysis of qualitative data from the interviews. We hope to produce a report showcasing our findings from this research project which will be shared with you.

I would like to remind you that all personal information will be anonymised. You can request a copy of the transcript, and we will share the final report once ready.

Thank you and have a great day.

ABOUT THE AUTHORS
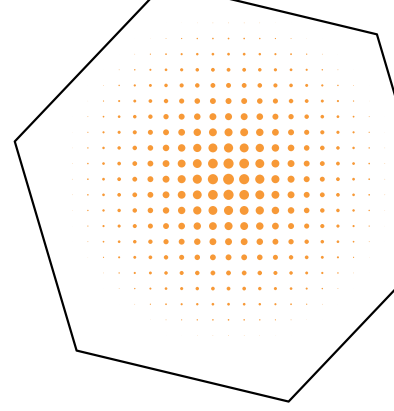
DR ANNIE IRVINE

POSTDOCTORAL RESEARCH ASSOCIATE - WORK, WELFARE REFORM AND MENTAL HEALTH

ESRC CENTRE FOR SOCIETY AND MENTAL HEALTH

Annie Irvine is a qualitative researcher with over 20 years' experience of applied social research. Her work focuses around the themes of mental health, employment and health and welfare systems. She has conducted research for the Department for Work and Pensions, the Department of Health, and projects commissioned by or in collaboration with a variety of third sector charities and research funding councils. Annie seeks primarily to contribute to research that has policy and practice relevance, whilst also exploring conceptual and theoretical aspects of mental health and society. Her research aims to deepen understanding of the factors that underpin and influence transitions between work and welfare in the context of mental health, and to explore the complexities and nuances in the ways mental health is understood and talked about in contemporary society.

YASMIN IBISON

EMPLOYMENT PROGRAMME AND PARTNERSHIPS MANAGER

BLACK THRIVE LAMBETH

Yasmin is the Employment Programme and Partnerships Manager at Black Thrive Lambeth. She is interested in finding innovative, sustainable solutions to large-scale complex issues, all whilst ensuring that community voice and perspective are empowered and embedded into decision-making processes. The work stream Yasmin manages is funded by Impact on Urban Health and seeks to improve employment outcomes for Black Lambeth residents with long-term health conditions via systems change.

ABOUT THE CENTRE FOR SOCIETY AND MENTAL HEALTH:

The Centre for Society and Mental Health, funded by the Economic and Social Research Council (ESRC), aims to develop research to promote and sustain good mental health in communities. The Centre brings together a unique mix of disciplines and expertise to conduct innovative social science research on the impact of rapid social change in mental health.

Want to find out more about our work?

Visit: **http://www.kcl.ac.uk/csmh**

ABOUT BLACK THRIVE LAMBETH:

Black Thrive Lambeth was established in 2016 to address the inequalities that negatively impact the mental health and wellbeing of Black people in Lambeth. We are a partnership between communities, statutory organisations, voluntary groups and the private sector. We work collaboratively to reduce the inequalities that lead to poorer socioeconomic outcomes for Black communities in the borough and initiate the systems change required to see Black residents thrive.

Want to find out more about our work?

Visit: **http://www.lambeth.blackthrive.org**

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