JULIE LEONARD ON SHAPING EMPLOYMENT SERVICES AS A CHARITY: INSIGHTS FROM SHAW TRUST

*Transcript

[00:00] Linda O'Halloran

For so many of the big policy challenges that we face today, these big ambitious outcomes that we're trying to deliver for people. The existing organisation of government, its institutions, rules, regulations and ways of working are no longer fit for purpose. We need to change the system from within and we need to do that in collaboration with so many organisations from across the ecosystem. So today, I'm delighted to be joined by Julie Leonard from Shaw Trust. She will tell us how they are thinking systemically and working with other organisations to help people back into work more effectively and quickly. Julie, thank you so much for joining us.

[00:41] Julie Leonard

Thank you for having me.

[00:42] Linda O'Halloran

Would you be up for telling us a little bit about Shaw Trust and your role in the ecosystem?

[00:50] Julie Leonard

Yes, absolutely. So I'm the Chief Impact Officer at Shaw Trust. Shaw Trust is a charity, which I think is important in the context of this discussion because it shows that many different types of organisation are part of these systems and all have a role to play. We have been around for about 40 years and we specialise in employment support. We support about 340,000 people each year across the country. The people we help who have fallen out of work generally face several barriers. Many are health-related, while others involve caring responsibilities, a lack of confidence or skills. We help these people return to employment.

Some people are still in employment but struggling, so we also look at early intervention before they fall out of work. We also support young people who are still in school or education as they explore their career options. My role is focused on impact. I look at the impact we deliver across our programmes, which are funded by government. I then identify areas where we could drive more impact and innovation. I use charitable funding from the organisation to test, learn and build evidence about what works.

[02:18] Linda O'Halloran

It sounds like a massive remit and a really exciting role because these are really important problems to be passionate about. Are you able to pull out one or two that are really front of mind at the moment such as the biggest systemic barriers where you feel we could collaborate more effectively and maybe there is a bit of momentum behind at the moment.

[02:42] Julie Leonard

Yes, there are two massive challenges when it comes to unemployment at the moment and if you read the papers you will be aware of them. So the first one is the number of people who are falling out of work because of a health challenge. That includes physical health, generally among an older population, and mental health, which affects all ages. So the link to health is massive. And then the other big problem that we're facing is young people who are not in education, employment or training, often described as NEETs, which is a very overused term and that is making the headlines all the time.

So supporting these two very different cohorts of people requires a systems approach and this is where we have a set of methodologies that are deployed across the whole of the country and, in some cases, worldwide. They are all based on integrating services. For people with health challenges, that means integration with health services. For young people who are not in education, employment or training, it means working with schools, vocational training providers, family hubs and community groups.

[03:47] Linda O'Halloran

So how is this really hard at the moment? I'm guessing the interoperability of records about people that we're trying to help is one issue. Are there other things?

[03:58] Julie Leonard

Yes, so what we really focus on at Shaw Trust and again, one of the biggest challenges when you talk about unemployment at the moment is people who are facing multidisciplinary challenges. So trying to just provide them with support around job coaching or how to write a CV is not going to be sufficient. The support has to be holistic. And the biggest challenge that we're facing is around how you identify people who need help because they're so disengaged. This is especially difficult in a world of applying for jobs which is now heavily AI-driven.

People go on LinkedIn and apply for jobs, but the algorithm can prevent them from even getting an interview. That means people are applying over and over. Some data suggests that people have to submit 200 applications to secure an interview. That is extremely demotivating for people. We are talking about people who may already be disengaging. If you have been out of work for more than three months and submitted many applications, you are likely to become even more demotivated. It's going to be even harder to think about what kind of job would be right for you. And so you kind of check out.

So identifying and engaging these groups can be very difficult. The challenges are identification and engagement, followed by working with other parts of the system, particularly health. Here, we are talking about GPs. We can explore that further. There is also the issue of fit notes. What is the link between a GP and employment support? And likewise when it comes to young people, once a young person turns 18, they then become an adult. They're no longer under the statutory obligation of a local authority and the schools to track where they are and therefore they can become what we call hidden and much harder to find.

We therefore need to link the system around the places where that person may already be seen, such as a GP practice or housing support service. The question is when and how they can be referred into the employment support that Shaw Trust provides.

[06:11] Linda O'Halloran

Could you talk a little more about how you are experimenting to demonstrate what is possible and develop interventions that could address these problems more widely? So you've told me a little bit about work that you're doing with the West London Alliance. Maybe that's the best lens through which to explore it.

[06:32] Julie Leonard

Yes. So let me bring it to life, particularly through the lens of that person, right? So the individual who is out of work and is now either thinking, "Yes, maybe work might be good for me," or feeling very apprehensive because it might create more anxiety. What we know about these individuals is that often they will need help from their GP. They will then need to get some support around employment, so how do you look for work? How do we get you some introductions to employers? But there is other support that they might need which we might refer to as social prescribing.

It might be that individual needs what we call a talking therapy. That means talking to a therapist. Or there's other support which might be helping somebody with social skills. So how do you tie in all these different services? We are working with the West London Alliance. That covers seven boroughs that come under West London Alliance. They have commissioned us to run a range of programmes, targeting different cohorts with different types of support. But a lot of these programmes need to tie in with these other community providers. And so what we have had to do here is to create a single front door to these services.

It means that we're trying to make it as easy as possible for the resident to access the service that is right for them at that point in their life. That does not mean they need to come physically to the single front door. They are referred into it. They then have a call with someone from our triage team. And during this 15-minute telephone conversation, they tell us a little bit more about their lives and we will then think about what could be the right support that we could provide.

Now, if we're not the right provider, we want to make sure that we can then support them to go to another organisation that might provide something more specialist like talking therapies for example. So to do that, what has had to happen behind that single front door is that all these different organisations need to support the whole referral and customer journey so that, ultimately, the person leaves the system with a job that they've been able to sustain.

So it's about bringing together these smaller organisations, generally other charities, and making sure they have the right type of process, they're able to handle data securely, they're able to do onward referrals, and that we can track that person once they come into the system and hopefully when they leave the system. A substantial amount of coordination sits behind it.

[09:28] Linda O'Halloran

I wonder whether it is a bit of a microcosm of the country at large. So you've got seven organisations interfacing with dozens of others, I'm guessing, outside of their remit, including voluntary groups and GPs. And it sounds like it's already really hard for that group. But I wonder, have you thought about solving it once for this group? How transferable is it nationally, or do we have to accept that some problems are really complex and they just need to be dealt with at a local level?

[10:01] Julie Leonard

So what's happening when it comes to employment support services is that until recently a lot of this was being delivered by DWP, so more national programmes. And then, just a year ago there was this huge push towards devolution. And so a lot of services now have been commissioned by devolved authorities including the equivalent of Greater London Authority or the West Midlands Combined Authority and sometimes much lower down to the local authority level. The question is how to connect those services, create local systems and put the right data infrastructure behind them. Essentially, central government has said to local and devolved authorities: you have to create that system.

You know, we'll give you a playbook. You need to know that if you're going to try to essentially tie these programmes together into clearer customer pathways with less friction, you have to create data sharing agreements, you have to create secure data platforms, but that is your role. So that problem has been pushed down to a devolved model. The challenge is that this is all very recent and authorities are still learning how to do that.

So the model that we have in West London with this triage model and single front door which works well is one that we're starting to share with others and there are other models out there, but I think it's still very early to see how others are implementing it. I think the key kind of challenge that we're starting to face right now is while we have created the system and established data-sharing agreements with several other providers, we still need that whole platform. So let's say, you know, Anna's coming to the front door. And so, she has been referred in by her GP.

She's been out of work, let's say, for three months. We'll have somebody from the triage team call her. We'll understand a bit more about her challenges. We might say, okay, well, actually what you need is to go on to this first programme which is just eight weeks. But because your barriers are a little bit less complex, it's probably the right programme for you. So she'll be onboarded onto the programme. She might finish that programme after eight weeks, possibly without having found a job after those first eight weeks.

She would then come back to our triage front desk and we would say, "Okay, let's think about what's next." And we might find a more intensive programme for her. So we're able to do all of that without Anna having to tell her whole story again. As I said at the start of our conversation, these are people who are really struggling and may be very disengaged. It can be very traumatic to tell your story more than once, and that can create a lot of anxiety.

It becomes really important to have this one data system where, when we create a case note for Anna, we're able to continue to hold that data and transfer it to the next provider so that essentially the support is seamless.

[13:09] Linda O'Halloran

I mean an obvious benefit for a person who needs help at a particular point in their life, but the efficiency savings for government must be enormous if you can figure out how not to have to do this many, many times over. It also avoids having to redesign the way to do this many times over.

[13:29] Julie Leonard

Absolutely. And I think the ROI is also significant. Helping somebody back into employment is particularly difficult if they have been out of work for more than six months. And so it generally means that you need to support them with a range of interventions, properly timed, properly sequenced, all supported by that case history so that our fictitious example, Anna, does not have to retell her story. The ROI becomes even more important if Anna had gone to one place for those eight weeks of support and then didn't know where to turn to next.

It means that she's probably going to be even more disengaged and actually you risk losing the benefit of the investment made in those eight weeks of support because she's then back on her own. So it's really important when you're talking about helping somebody overcome these barriers that you're really taking that kind of person-centred approach and thinking about how you're weaving all of this together. The ROI is significant. There are still lots of challenges and the one that I think is really important to explore is the integration with health.

To explain that further, if you follow the current discussion about fit notes, what ends up happening is somebody will go to their GP, they are still employed and need to get, you know, extra time off sick. So they'll go to their GP and ask for a fit note. A fit note allows someone to take time off work for a specified period. They then return, extend the note if they are still unwell, or agree a return-to-work plan with their employer.

What we find as one of the key challenges at the moment when you're trying to help somebody who's unemployed due to health challenges, which affects a large proportion of the unemployed population, is that the systems are not interoperable between health and employment-support services. And that is a big barrier because it makes it more difficult for the GP to make the referrals or it means that if the GP is asking the person if they want to be referred into employment support, the GP may provide only that person's name and contact details. So Anna, who has already spent that time with her GP, has to retell her whole story.

The employment-support service therefore starts without a clear understanding of what those health barriers are. How far is she from employment because of a health barrier, compared with something less complex? And so the triage system has very little data to work with.

[16:15] Linda O'Halloran

Interesting. As the impact lead at Shaw Trust, have you been able to quantify and communicate that story across the programmes you are working on? If we could just make this data more portable then we could have this kind of impact and save that kind of money. I assume if you extrapolate nationally, the impact would be enormous. I'm sure it's extremely complicated to deliver, but I suppose that's probably part of your mission is to highlight that there are major opportunities and yeah, they're not going to be easy to deliver, but if we could just join forces a little bit more effectively, there's a huge prize to aim for.

[16:57] Julie Leonard

There is an absolutely massive prize to aim for and I think everybody knows it. However, it would take legislative changes to be able to have this kind of data sharing between health and employment. Well, I think, rightly, that government is very cautious about GDPR and personal data. We're talking about sensitive data, anything that's health-related. And so to be able to essentially extend health-system data platforms to non-health systems would require a change in legislation which would require a lot of political will to do that. Many of the solutions being tried at the moment involve putting a little bit of sticking plaster where we can but they should still deliver some improvement.

From an ROI perspective, we have not calculated the cost of extending or designing these platforms. What we do know is that the principle of integrated services across health and employment has a significant ROI. So there is a methodology called Individual Placement and Support, or IPS. The whole premise of an IPS model of employment support is that individuals are referred by primary care or secondary care. And it means that your employment advisor is based in the GP practice or working with the mental health teams and together they're making decisions as they look at cases to say, you know, I think it would be right for Anna to think about work.

Let's refer her into employment support. And that referral happens through a multidisciplinary approach, with the relevant data available so that Anna receives coordinated support. When we look at the ROI of those programmes, it's nine to one. That is a substantial return. And that's using an existing data system, but the model is costly because it also means you're having to have an individual physically based in a GP practice which is not scalable, obviously. That is why you definitely need to invest more in tech and data and eventually in AI.

[19:04] Linda O'Halloran

Interesting. At the moment what's stopping you from being able to make fuller use of AI?

[19:09] Julie Leonard

So we are not using AI and I think that's really important to note at the moment. There are several reasons for that. So the support that we're providing to an individual is highly personal, highly individualised support and really requires face-to-face interaction because it's all about building trust, it's all about building confidence. It's all about helping somebody not only think about what's right for work but also how do I go into a job interview and compete for that job? It will therefore remain personal and person-based. The support is also rooted in the community. It is not delivered from a call centre. Our employment advisers are walking the beat.

They are in their communities to meet both individuals and employers. AI becomes an interesting tool because, if you can triangulate a large amount of data, you can be much more precise about where to target support. You can do that through data analysis and by triangulating lots of different data sets. But obviously, if you're able to use agents and everything that could come with that, you would be able to go much further. You can also start to use AI more on the back end in terms of, you know, how an employment-support adviser might use AI to support them with case notes and things like that.

So there are ways to integrate AI into the solutions. But first and foremost, helping somebody into employment, particularly for these cohorts is about engagement and trust and confidence building.

[20:52] Linda O'Halloran

You definitely have your sights on figuring out these larger joined-up interventions and I'm curious to know how you've been making progress with other people in the ecosystem perhaps not necessarily in central government, but the organisations that you have to connect more effectively with. I think a common symptom of the system in which we work is that we are often constrained by our swim lanes through our professional practices or what we consider to be the remit of our organisation.

The only way we are going to change things for the better quickly, without going full DOGE, is if we're able to figure out how to move a little bit outside our swim lanes. That is how we remake the system from within. It looks like Shaw Trust is doing that through the pilots that you're working with and I'm wondering by reaching out to peers and those you have to work with how are you overcoming some of these data sharing barriers maybe in a slightly more high-tech way than just having everyone in the same room.

Are you starting to achieve scale and figure out how to bring other people in the ecosystem into the same mission?

[22:05] Julie Leonard

Yes. My background includes a huge amount of time with central government as a management consultant. I have worked with many policy teams. I know how they work, I know the challenges, I know the pressures that large policy teams have including how to work with HM Treasury to create the right business case for how to solve a really gnarly problem, right? So they're always thinking about what problem am I trying to solve, what the service or intervention should be, what it would cost and how it could be deployed. What is particularly interesting about my role now is that I am on the frontline of those services.

That allows me to look back up the system and say, "That was the policy intent." This is how it's actually playing out on the frontline as a service provider through a service that has been commissioned in a devolved manner. It's been fascinating. And I think that this type of problem solving requires a multi-pronged approach. It needs the frontline operator, who understands the reality of working in each community and can explain what it was like to help Anna or Andrew. What are we actually seeing on the ground? That evidence can then travel back through commissioners, in this case regional and local authorities, and all the way to policy teams.

And we're having those conversations. So I'm in a unique position with Shaw Trust to be able to bring that evidence from the frontline back to policy teams to explain how that policy is working in practice and to share evidence from the things we are trialling, consider what future reform could look like and identify what could be tested now in the next three to five years before you get to 2030. So it's a valuable virtuous circle.

In terms of coalitions and bringing people together to solve these problems, we know that the major solution that will be delivering the scale that we want to see is one that needs to be owned by central government and central government knows that. Getting health and employment to share data and creating platforms that can operate at GP level is a major undertaking. The easier, faster solution is harder to scale because it needs to happen at a devolved level. The key question is what is the right level of devolution to solve this problem?

Because if you're going to ask each local authority to try to create data sharing agreements and secure platforms, I mean that's going to be so expensive. So the next level up, you would think we need to be at a mayoral combined authority or a sub-regional partnership. The question is who is best placed to solve the problem. If central government cannot fix it in the short term and individual local authorities are not the right level, the answer may be somewhere in between. And so, I think that the solution that needs to be driven at the moment is very much at that regional level, which is starting to happen.

And then, it's about sharing practice, right? If you want to support people across customer journeys involving health, employment and social-prescribing services, you need to come together to map those pathways and decide who will provide those services for different groups of people. The next question is how to design the delivery model, data-sharing agreements and secure data-sharing platforms to enable those pathways. But that has to be a deliberate conversation and investment. If you don't have that, you will unfortunately be left with informal coordination. You know, so I finish working with Anna, and she has not achieved the outcome. I call somebody else, explain the story again and help Anna move on.

I signpost Anna to where she needs to go next. That's not going to get Anna the same outcome as if we had intentionally designed this. For this to be repeatable, we then need to have kind of a common model of, you know, what key data we need to collect from Anna and make sure that is transferred over. What are the rules in terms of making sure that's secure? How do we work with GPs? What incentives help GPs provide the right data and make appropriate referrals? So there's a lot of sharing that needs to happen, but I think it's more at MCA level or sub-regional partnership.

I think if we push it all to local authorities it would be an unreasonable ask of them.

[27:15] Linda O'Halloran

And a really inefficient use of taxpayers' money. So many people starting from scratch thinking the same things and building the same things that literally hundreds of others are working on too. You would hope it wouldn't have to be an either-or as well. It sounds as though the MCA, mayoral combined authority or strategic authority mechanism will be a really valuable way to divide the task and hopefully maybe different MCAs can take responsibility for different parts of the problem, but it does feel that we need certain things to be owned centrally, certain systemic opportunities and problems to be addressed centrally.

We have a vision that there should be a consistent user journey or beneficiary experience of trying to get back into work and there are some bits that it simply does not make sense for each MCA to do independently. It sounds like there is considerable appetite and many people are thinking about this but have we cracked it yet? Have we set up the conditions for success to achieve the ambitious outcome and also not waste shedloads of money pushing the problem down the food chain?

[28:23] Julie Leonard

The word I want to pick up from your question is "outcome". For this group of people with health barriers, we are seeking both a health outcome and an employment outcome. We do not yet have complete clarity about these new programmes and as I said, it's only been a year, so the major new government programme from DWP around helping particularly people with health barriers, disabilities, more complex needs back into employment is under a programme called Pathways to Work. It is only a year old. Some of its commissioning has been delayed. There is still a great deal to learn.

Because we were among the first to mobilise Pathways to Work with the West London Alliance, one clear lesson is the need to define integration across health and employment. That means the ICB and, depending on the area, a sub-regional partnership, local authority or mayoral combined authority coming together. They need to understand the population's needs and planned investment, create the pathways and identify friction for residents that they have the power to remove. Where there is no single data-sharing platform, the partners need to establish data-sharing agreements and determine how to keep the data secure. They must do that collectively.

If we do not connect these dots, we will continue to see people coming in for one of our trailblazer programmes. So we run a programme which is to help an older population that needs physiotherapy and occupational therapy as part of their employment journey. They may complete the trailblazer with us. But they may then need to be referred to another programme that is longer term and more individualised. If they don't live in the postcode where we're delivering that programme, we can only signpost them to the other provider. None of their story or data will go with them. They're going to have to retell all of that.

The way to fix that is to get the two commissioners to agree a data-sharing arrangement, while ensuring the data is secure. Again, it comes down to willpower. And because people are very busy it can become quite challenging. So there needs to be a clear definition of the system, customer pathways and outcomes. The question is how we come together to ensure that data becomes an enabler rather than a barrier, and that we work collectively to achieve the outcome.

[31:27] Linda O'Halloran

It's a great call to arms and I think one that it sounds like there's already a lot of goodwill towards, but perhaps now is the moment to connect this community more effectively because I think in all of the case studies that we have focused on, that is the secret sauce. It's trying to figure out ways to hear in real time from as wide a range of stakeholders as possible about what's needed and what the priorities should be. Once you can cultivate enough trust and enough momentum in that, the rest is not easy, but the right momentum starts to build.

If you had a magic wand, how would you create this quickly? What would be the big next steps to achieve this joined-up experience for getting back into work and deliver this nine-to-one return on investment?

[32:22] Julie Leonard

Yes, nine to one is substantial. The return on investment for the IPS primary-care model is supported by detailed economic analysis, and the evidence is available in the reports we have produced. The answer is integration. If the integration is not there, the ROI goes down. Integration means working together, it means one case-management system, one story that follows the person through to the end of that person's journey with us. So I think if I had a magic wand, particularly for health and employment, I would get those parties in a room to design those pathways together. There's a lot of legacy out there.

But despite that legacy, it is still possible to put the bridges in place and to ensure that we're working towards the outcome and not through the lens of how different contracts are run. You need to break through those contracts and essentially ensure you're putting the customer first and you're thinking pathways.

[33:30] Linda O'Halloran

And give people who are stuck with legacy systems a clear outcome to work towards, including the providers because often they're completely constrained by what you've asked of them. Julie, thank you so much for coming and sharing a little bit about what you're doing and your vision for the future of the sector. We're behind you and looking forward to following your progress.

[33:52] Julie Leonard

Great, thanks for having me.

*Timings are approx