

Economic Inactivity in Sunderland

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Learning and Work Institute

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Executive summary

Economic inactivity has been a persistent challenge for Sunderland. The Covid pandemic has exacerbated a situation created by decades of de-industrialisation. Despite the scale of challenge, many economically inactive residents want to find routes into employment. A strong collective of providers in the public, private and voluntary sectors have many years of experience of supporting those groups most likely to be economically inactive. In order to commission new programmes with the UK Shared Prosperity Fund, Sunderland City Council has consulted a range of organisations with expertise in this field. A call for evidence provided qualitative feedback on a number of key themes:

- changes in economically inactive residents' experiences post-pandemic
- changes to the way local organisations support economically inactive residents
- effective practice to support economically inactive residents
- gaps that need to be addressed in future

Responses from 35 organisations were analysed by the project team and fed back to a stakeholder workshop in February 2023. The workshop explored lessons learned, barriers to collaboration, and identified priorities for future commissioning.

Economically inactive residents have experienced an increased prevalence of mental health related conditions on a continuum from low self-esteem and anxiety through to clinical depression. There was reduced access to formal and informal support during the pandemic, which hasn't been fully re-established. Longer waiting lists for treatment has also affected those with physical health conditions and disabilities. Work readiness was also an issue for residents, including skills needs resulting from or exacerbated by periods of inactivity. Increased family and support commitments, in particular their caring responsibilities, have also deterred residents from seeking work.

However most economically inactive residents faced a combination of the issues above that require multiple interventions. Providers have adapted to address this

situation as well as working differently during lockdown and post-pandemic. In common with all employers, providers found they had to change organisational practices to support economically inactive residents. For example, staff and volunteers had to be retrained to deliver more services online. However, a major change was an increase in partnership working, partly enabled by online working, predominantly aimed at addressing the multiple issues faced by residents.

Effective partnership and collaboration was seen as essential for future delivery alongside providing practical support to clients (such as access to the internet to make online applications). Partnership working and support both underpin effective delivery, of which there were many examples. The key element was that all provision should be seen as part of an individual journey (engagement, planning, on-programme, progression, and sustainability). Each of these five stages are seen as important to residents gaining and retaining employment. However, there were fewer examples (from previous programmes) of how residents were supported once they were in the workplace.

The lessons learned from previous programmes identified other 'gaps' that needed to be addressed in future planning. Four common themes emerged:

- **partnership and collaboration** should be encouraged and developed with clear expectations, roles and responsibilities agreed at the outset
- **commissioning processes** should incentivise collaboration, with flexible funding based on clear realistic targets
- **the individual journey model** should be used to establish a common language for planning, delivery and measurement of success
- **personalised support** should be ensured at each stage of the individual journey (including in-work support to sustain outcomes). It should include a variety of approaches, for example financial advice, wellbeing support, and help accessing digital public and employment services.

It should be noted that all these themes interlink, and each is a key component of effective future planning to support economically inactive residents in Sunderland.

1. Introduction

1.1 Background and context

Economic inactivity has risen across the UK since the pandemic. Nationally, the rise has been driven by a mix of reasons from early retirements to long-term sickness. It is agreed that helping people outside the labour market who want to work is essential as our population ages.

The data show the diversity of economic inactivity, within three broad groups:

- **unable to work** due to health or caring responsibilities
- **don't need to work**, with people in better paid roles more likely to have retired early
- **need help to work**, with 1.7 million economically inactive people wanting to work but needing health, childcare, skills or employment support to do so.¹

However, the picture is not identical across the UK. Some regions and cities have seen higher rises in economic inactivity than the average. The reasons for this disparity are dependent on a range of interconnecting factors such as the health of the local population, age demography, and the composition of the labour market.

According to the Centre for Cities, Sunderland 'has had historically higher than average levels of inactivity due to sickness'.² In addition to long-term sickness, lower-skilled people are less likely to be in employment in Sunderland than in many other cities.³ In September 2022 there were an estimated 34,000 Sunderland residents (excluding students) who were economically inactive. Of these, 15,700 were classified as 'long-term sick' and 6,900 were 'looking after family / home'. The

¹ L&W (2023), *Missing Workers: understanding trends in economic inactivity*. Report available at: <https://learningandwork.org.uk/resources/research-and-reports/missing-workers/>

² Centre for Cities (2023), *Cities Outlook 2023*, see Figure 7. Report available at www.centreforcities.org

³ Ibid. *Cities Outlook 2023*. See Figure 9.

vast majority say they ‘do not want a job.’⁴ Despite this, there are still a significant number of individuals who fit in the third category above and **need help to work**. This is the target group for UK Shared Prosperity Fund activities, whereas other support is in place for those unable or who don’t need to work.

1.2 Call for Evidence

In December 2022, Sunderland City Council (SCC) commissioned Learning and Work Institute (L&W) to support the delivery of a call for evidence requesting further qualitative evidence from stakeholders experienced in working with economically inactive residents in any capacity. The call for evidence focused on five key questions for organisations to address:

- To what extent have you seen the experiences of economically inactive residents change?
- To what extent have you changed the way your organisations works?
- What methods does your project use to engage with economically inactive adults?
- What delivery methods do you think have worked best?
- Looking to the future, where do you think the main gaps in provision are?

There were 35 organisational (or consortium) responses and one individual response to the call for evidence totalling in excess of 30,000 words. This is an average of over 800 words per response, indicative of the time spent responding and the level of detail provided. 12 organisations submitted supplementary evidence sources (such as impact reviews and case studies).

Respondent organisations can be found in the Appendix One.

1.3 Format of this report

This report is structured around the key questions in the call for evidence and those themes that emerged, either structured around the prompts or common issues raised by respondents.

⁴ Office for National Statistics, Nomis ‘Labour Market Profile—Sunderland’ accessed 26 February 2023: <https://www.nomisweb.co.uk/reports/lmp/la/1946157068/report.aspx?town=sunderland#tabeinact>

Section 2 aims to analyse responses around the theme of **changes in economically inactive residents' experiences** post-pandemic.

Section 3 focuses on **changes to the way local organisations support economically inactive residents**, and in particular, changes to strategies, staffing, resourcing, skills needs and support mechanisms.

Section 4 analyses responses to questions around **effective practice** regarding delivery methods and 'what works'.

Sections 2 to 4 also contain an analysis of feedback from a stakeholder workshop held at City Hall on 9th February 2023. The workshop was attended by representatives from 35 organisations, many of which also responded to the survey. The aim of the workshop was to 'play back' to delegates the themes identified in the initial survey analysis in order to test and develop the findings. No themes identified were thought to be inaccurate. However, delegates usefully added to them as well as exploring lessons learned and barriers to collaboration, before identifying priorities for future action. The attendees fed back via facilitated roundtable discussion groups. However, individuals also had the opportunity to feedback or ask questions via post-it notes.

Feedback given during the workshop informed **section 5** which focused on **implications for future commissioning**.

Organisations which attended the workshop can be found in the Appendix Two.

2.Changes in residents' experiences

2.1 Summary of themes raised in the survey

The survey findings broadly reflect national research into economic inactivity post-pandemic summarised above. In Sunderland, the pandemic exacerbated an already challenging situation for economically inactive residents.

The well-documented issue of long-term sickness was largely couched in terms of the increased prevalence of **mental health related conditions** (see 2.2 below).

Although 'mental health' was the term most used, examples cited were on a continuum from low self-esteem and anxiety through to clinical depression.

For those engaging with mental health services, there was reduced access to formal support due to longer waiting lists. This final aspect was also raised in relation to **physical health and disability** (2.3), which was raised by most respondents.

Responses around **work readiness and skills** (2.4) required for the workplace were raised and many examples given. Work readiness was also affected by residents' **family and support** commitments (2.5), in particular their caring responsibilities.

Most target groups mentioned faced **multiple and systemic** issues (2.6). All groups cited (see 2.7) experienced a number of causes of economic inactivity. It is unlikely that there will be a single cause and that those causes are interconnected (e.g. how financial hardship causes anxiety). Residents also experienced challenges in navigating the system designed to support them.

2.2 Mental health and social isolation

One of the causes linked to less severe mental health issues was increased social isolation. A number of respondents referred to residents feeling isolated. An effect was low levels of confidence that affect employability. The most common reference was to anxiety often related to other issues (family situation, financial hardship, and work readiness.)

Higher incidence references	Lower incidence references
<ul style="list-style-type: none"> • <i>anxiety</i> • <i>isolation</i> • <i>[low] confidence</i> 	<ul style="list-style-type: none"> • <i>low mood</i> • <i>depression</i> • <i>[low] self-worth / esteem</i>

2.3 Physical health and disability

For disabled people and clinically vulnerable adults there is still a fear of places where an illness can be contracted. This includes public transport as well as the workplace. Others cited access issues related to mobility or the ability to work inflexible hours. Long Covid was raised as an issue for some residents. Other long-term conditions and on-going ill-health were mentioned.

2.4 Skills and work readiness

The issue around residents' confidence was also raised in relation to skills levels. Low (or inappropriate) skills were described in terms of both 'hard' (technical or basic skills) and 'soft' (social skills and 'digital confidence'). The process of gaining new skills was seen as leading to increased levels of confidence. Low confidence was also related to a lack of (or outdated) understanding of the skills offer and the local labour market. Other issues arose from perceived changes to the workplace, such as inflexible or unsociable hours, short-term contracts, and lack of childcare.

Respondents cited a perceived growth in employer demand for digital skills as workplaces adapt to hybrid working. However, there was also concern about 'digital by default' approaches to recruitment ('online applications') along with a lack of connectivity ('data poverty'), and wider digital exclusion (lack of access to 'kit').

Higher incidence references	Lower incidence references
<ul style="list-style-type: none"> • <i>lack of basic, digital or trade skills</i> • <i>perception of workplace change</i> • <i>confidence as a skills issue</i> • <i>deskilling or loss of social skills</i> • <i>workplace / recruitment practices</i> 	<ul style="list-style-type: none"> • <i>lack of connectivity</i> • <i>disillusioned or discouraged</i> • <i>lack of clear progression routes</i> • <i>understanding the labour market</i> • <i>financial capability</i>

2.5 Family and support

There were a complex set of issues related to changes to the experiences of economically inactive residents in relation to the support they needed to access work. The pandemic increased family caring responsibilities whether they were for children, elders, or those in recovery from a range of physical and mental health issues. Such reasons were related to issues around support or lack of it to enable people to look for work or decide to accept a job offer. We grouped these as ‘support related’, which relate to familiar barriers to education and / or employment: affordable and available childcare; the poverty ‘trap’ (or gap); affordable and timely travel / transport; and, affordable and available care for other adult family members. Other notable transport issues were related to shift-working and safety.

Higher incidence references	Lower incidence references
<ul style="list-style-type: none">• <i>Caring responsibilities</i>• <i>Transport issues</i>• <i>Benefits trap</i>	<ul style="list-style-type: none">• <i>Family breakdown</i>• <i>Workless households</i>• <i>Childcare costs</i>

2.6 Multiple and systemic

In addition to multiple issues (see 2.1) where residents experience different aspects of the themes above, many encountered systemic barriers to seeking employment. The most commonly cited of these was ‘the benefits trap’ (including Personal Independence Payments), where entering employment risks leaving someone financially worse off and/or risks affecting entitlements to other support they rely on. Others were digital public services, access to UK driving licences, and the lack of opportunities for disabled young people. Although support agencies could not change the system, there was felt to be a role in helping clients understand it and navigate it more effectively.

2.7 Groups and communities of interest

Respondents named over twenty ‘groups or communities of interest’ affected by economic inactivity. The following groups were listed by respondents to the call for evidence:

- social housing residents
- ex-offenders

- homeless people or those at risk of homelessness
- unemployed 19+
- families
- young people
- ethnic minorities
- disabled people
- asylum seekers
- parents / carers
- migrants / refugees
- adults with Learning Difficulties / Disabilities
- over 50s
- drug / addiction issues
- workless households
- Women 30+
- long-term unemployed
- disadvantaged communities
- veterans
- visually impaired
- women suffering abuse

It is noted that individuals often sit within a number of groups, communities of interest and/or place. From the survey responses it was possible to look at references to particular groups or communities of interest in relation to the themes described above. A basic componential matrix analysis of cited issues was undertaken, which showed all groups faced multiple issues. It is hard to draw definitive conclusions from the analysis, as respondents were not asked to respond, specifically in this way. However, it does serve to highlight that most groups face a range of issues and will require support in a number of areas. At the workshop respondents were asked to identify which groups faced particular issues. Responses are noted in the following section (2.8).

2.8 Workshop feedback

Attendees added a number of target groups to the list above (2.7):

- young people leaving care / care experienced
- victims of modern slavery / exploitation
- Roma communities
- neurodiverse people
- pre- and post-menopausal women
- low- or middle-income residents struggling with cost-of-living crisis
- returners to labour market

Although it was felt all groups were digitally excluded in some way this was often underpinned by literacy needs. Anxiety and mental ill health were also seen to underpin other issues. However, it was also felt some issues were more important for some groups. For example, over 60s experienced greater labour market discrimination. Older people were also more likely to experience social isolation. People with refugee status faced accommodation issues that impacts on the ability to look for work.

Many of the issues economically inactive residents face pre-date the pandemic, which exacerbated the situation. Alongside 'groups and communities of interest' due consideration needed to be given to 'community and place'. This was seen as reflecting the multiple issues some communities of place experience, and that decisions to not look for work were dependent on geography. For example, lack of access to affordable and available public transport is often a place-based issue.

Because economically inactive residents face multiple issues (or are members of multiple groups), their experience of economic activity can be dependent on clear communication about the support offer, local flexibility, place-based approaches, an increase in caring responsibilities, and basic skills needs.

3.Changes in the way organisations support economically inactive people

3.1 Strategy related changes

The move to hybrid working and/or blended delivery arose out of enforced lockdown and later as a response to client feedback. Hybrid-working can be defined as the organisation working partly online and partly face-to-face for both its internal and external processes. One aspect of the latter approach is blended delivery for clients. This was not always positive. Examples given were ‘online support (for older people) proved to be less successful’ and ‘can have negative setbacks like not having the participant fully engaged’. However, most instances referred to a mix of delivery methods being the norm. Several respondents said the balance was moving back towards face-to-face delivery methods. Some groups have ‘been slow to come back into the community’ and still engage online. For some providers this forced a rethink of approaches post-pandemic. The most effective delivery methods are analysed in section 4 below.

Hybrid working also led to increased partnership delivery with technology facilitating remote meetings with less demand on resources. The move towards greater collaboration and partnership was often cited in responses. Reasons given were: to widen scope of offer; reach into certain local communities; and working with specialist organisations. There was more collaborative work due to common challenges during the pandemic. Cross-referral, common identification of need, and referral via co-working were all mentioned in survey responses. Sometimes collaboration was enabled by co-location or embedded local delivery. Others referred to collaboration to enable employer engagement, developing joint marketing, providing a more ‘holistic’ service.

Higher incidence references	Lower incidence references
<ul style="list-style-type: none"> • <i>partnership and collaboration</i> • <i>hybrid and/or blended delivery</i> • <i>navigating the system</i> 	<ul style="list-style-type: none"> • <i>monitoring and evaluation</i> • <i>well-being strategy / delivery</i> • <i>use of social media</i> • <i>volunteer strategy</i> • <i>new booking system / marketing</i> • <i>invested in research</i> • <i>extended opening times</i> • <i>Matrix accreditation</i> • <i>redesign job roles</i>

3.2 Staffing and resource related changes

New ways of working meant there was an impact on staffing. Some referred to recruitment issues, particularly to new roles (such as ‘case worker’, ‘coach’ or ‘relationship manager’). In other instances, staff needed to be skilled-up to work in a hybrid way (including blended delivery).

Staff resource packs were cited in one response that helped staff provide information on hardship or emergency contacts, for example. Staff and volunteers also needed training in mental health or suicide awareness. Organisations invested in new (or different) venues, technology, websites, social media, learning platforms and online enrolment.

3.3 Skills and work-related changes

Clients also needed support to participate in blended delivery by enhancing digital capability through skills, access to data and kit. The increased importance of ‘soft’ skills (such as confidence and resilience) was stressed, often alongside the move to more ‘holistic’ delivery (including support for financial capability). Job readiness was addressed through work-placements, specialist courses, and the offer of retraining for those at risk of redundancy.

3.4 Support related changes

Organisations had to respond to the well-being needs of clients, volunteers and staff. Some of this related to training (as in 3.3 above) but there was also the need to provide practical support for clients. This support took the form of advice, counselling, and the provision of digital 'kit'.

A number of responses also gave examples of helping clients navigate the system: debt and money advice; providing clear progression routes or labour market information; and, supporting clients engage with 'digital by default' public services and employers making more use of online recruitment approaches. The system that economically inactive adults engage with post-pandemic has changed as employers and public services make greater use of digital technologies. However, economically inactive adults might not have the means to operate within the system. Although contact with clients may have increased (through greater frequency of coaching, for example) there was less impact due to other constraining factors (such as availability of suitable jobs).

4. Effective delivery methods and approaches

Respondents were asked about specific methods used to engage with economically inactive residents. Many of the examples reflected themes raised in section 3 under general organizational approaches. Some of these were developed by workshop attendees in their feedback.

4.1 Partnership and collaboration

Respondents gave examples of a range of delivery partnerships within the public, private, and / or third sectors. Reasons given fell into five interconnected types:

- to avoid duplication of offer
- to link with specific communities of place or interest
- to get specialist support
- to enable cross-referral
- to help provide holistic support

Some form of collaboration was seen as a necessary condition of many of the approaches adopted. For example, partnership with an employer led to guaranteed job interviews for clients. Often working with a community organisation established trust with clients or helped get the communication right.

However, there was also a range of approaches to partnership itself, from informal alliance to consortium-delivery. Organisations can often adopt different roles in different partnerships.

4.2 Practical and personalised support

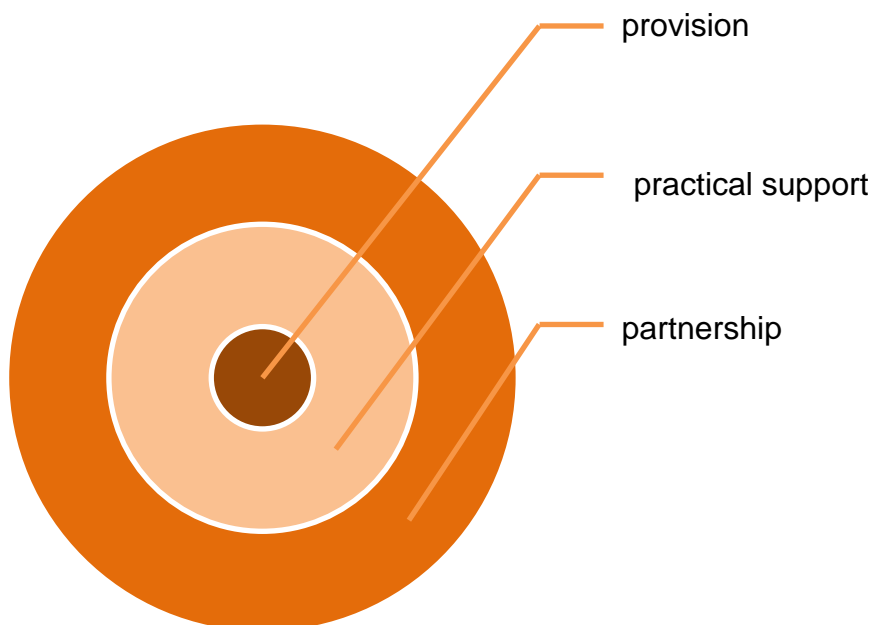
As noted in 3.4 above, delivery organisations have recognised the need to support clients in a number of practical ways. Those mentioned here were: providing digital kit and data, holistic advice (benefit, debt, and health), well-being reviews, and access to food banks.

As with partnership working, the provision of practical support often underpinned other operational approaches. Examples given were: the development of data bases;

the use of social media; the use of community venues; needs assessment and action planning; on-programme tailored delivery; use of individual progression data; drop-in and engagements events, open days, and opportunities for work experience.

Figure 1 below indicates how partnership working underpins practical support, which in turn underpins provision for clients. Neither partnership working or practical support for clients is a 'nice-to-have', but an essential component of effective delivery.

Figure 1. The relationship between partnership, practical support, and provision



4.3 Provision

As noted above, the quality and effectiveness of provision was dependent on the ability to support clients and the partnership underpinning it. Given this context, many examples were given of effective delivery approaches, such as:






- engagement events / outreach / targeted initiatives
- careers information, advice and guidance / progression routes
- individual action planning
- examples of skills courses
- volunteer / peer support






The development of basic skills (digital, literacy and numeracy) as well as soft skills (such as confidence) provided the foundation for economically inactive adults' access to further learning. Although few respondents directly referenced a 'learning' / 'client' / 'customer' journey approach, it is a useful and well-established way of organising examples of effective approaches against each stage of the 'participant' journey from 'engagement' to 'sustainability', including follow-on support after entry to employment or progression into education, training or other provision.

Table 1 sets out this approach against responses made to the call for evidence either to the survey or additional evidence submitted. Under each stage of the individual journey (engagement, planning, on-programme, progression, and sustainability), we have listed responses with minimal editing. The five stages also apply to the themes of 'underpinning partnership' and 'underpinning practical support'.

This analysis also indicates the frequency with which examples were given. For example, most responses were related to earlier stages of delivery with fewer examples of work on 'progression' and 'sustainability'.

Table 1. Mapping examples of effective approaches against the individual journey

PROVISION THEME (4.3)				
ENGAGEMENT	PLANNING	ON-PROGRAMME	PROGRESSION	SUSTAINABILITY
<ul style="list-style-type: none"> • <i>Non-judgemental approach</i> • <i>Building positive relationships</i> • <i>[Community project] as a means to engage</i> • <i>Clear route to employment (line of sight)</i> • <i>Courses designed on what clients want / need</i> • <i>Starter courses leading to referrals</i> • <i>Targeted age range</i> • <i>Targeting clients</i> • <i>Provide a range of options</i> • <i>Confidence/wellbeing as a starter</i> • <i>Previous clients come back to tell their story</i> • <i>Employer engagement team to make links with employers and match clients</i> 	<ul style="list-style-type: none"> • <i>Flexible delivery model</i> • <i>Client centred</i> • <i>Bespoke employer targeting</i> • <i>Initial assessment and action planning</i> • <i>Adapt provision to meet identified needs</i> • <i>[Embed] functional skills</i> • <i>Bespoke and individualised</i> • <i>Face-to-face in community settings</i> 	<ul style="list-style-type: none"> • <i>Developing confidence--soft skills teamwork</i> • <i>Tasks fun and practical</i> • <i>Contextual basic skills</i> • <i>Contextual confidence & employability skills</i> • <i>Group sizes to ensure clients' need met</i> • <i>Community delivery</i> • <i>Exploring all options not straight to employment</i> • <i>Basic skills inc. digital to access info</i> • <i>Soft skills –confidence, health, well-being</i> • <i>Interview techniques</i> • <i>ESOL support for employment</i> • <i>Time limited provision (optimal interventions)</i> • <i>Job search and CV workshops</i> • <i>Holistic approach inc. social skills</i> • <i>Flexible delivery model</i> 	<ul style="list-style-type: none"> • <i>Clear progression routes</i> • <i>Clients moving into volunteering</i> • <i>Volunteering and work experience</i> • <i>Networking events for clients</i> • <i>Preparation for next step</i> • <i>Evaluation of impact</i> • <i>Construction card of Health and Safety certificate.</i> 	<ul style="list-style-type: none"> • <i>Continue support once client employed</i> • <i>Volunteer transition to work</i> 

UNDERPINNING PRACTICAL SUPPORT THEME (4.2)				
ENGAGEMENT	PLANNING	ON-PROGRAMME	PROGRESSION	SUSTAINABILITY
<ul style="list-style-type: none"> Local delivery Information, Advice and Guidance workers Case worker approach Support for being 'IT savvy' Residential opportunities One-to-one in local venue or own home Building trust Use of informal settings Client consultation Address additional needs Mental health support, signposting 	<ul style="list-style-type: none"> One-to-one, contextualised support Case worker / ongoing relationship Experienced qualified staff Tailored one-to-one support Client profiling / assessment Health and financial support Self-identified needs 	<ul style="list-style-type: none"> A safe working space with trusted staff Support: interview clothes, banking, ID documents In-work support (follow up) Additional support for people with extra needs LMI for clients Flexible delivery model Bespoke and individualised Job search Hands-on support in applying for jobs 	<ul style="list-style-type: none"> Progression planning Clients move on to support family members in their journey 	<ul style="list-style-type: none"> Personalised employability support Volunteers valued Specialist mental health support to help clients retain employment 
UNDERPINNING PARTNERSHIP THEME (4.1)				
<ul style="list-style-type: none"> Multi agency time limited projects Integrated work and health support 	<ul style="list-style-type: none"> Accessed in local community 	<ul style="list-style-type: none"> Multi-disciplinary team Specialist partners to support specific needs 	<ul style="list-style-type: none"> Guaranteed interview Work experience Work placements and work trials 	<ul style="list-style-type: none"> In work support with employers Volunteer work placements Addressing employer misconceptions

4.4 Workshop feedback

Attendees were in broad agreement with the themes identified from the survey. It was noted that many of the issues identified in sections 2 and 3 aligned with the delivery methods identified here.

However, participants were also keen to stress:

- there is a need to support collaboration to ensure it happens
- the need to remove financial competition barriers and develop something that encourages collaboration between providers
- the importance of independent, high-quality information, advice and guidance with a 'single point of contact' (such as 'Connexions'⁵ model)
- trust is based on genuine partnership working and shared values
- some organisations are better placed to take advantage of partnership working, but the opportunity should be available to all regardless of structure, size and capacity
- as there are different ways of working, data capture and use needs to be standardised
- the Community Led Local Development Personal Assessment Tool could be developed to measure softer outcomes / distance travelled
- the importance of 'pastoral support' for individuals
- a holistic / wraparound approach 'sets the tone' and breaks down barriers
- traditional outcomes are 'getting people into a job', but wider outcomes are important too (less pressure on NHS, individuals' health and wellbeing, coping strategies, keeping families together etc.)
- for partnership working, funding is not the only issue, infrastructure is also important to engage with people to get them on board.
- individuals need support after finding employment (toward successful completion of probation period) and employers' understanding of mental health needs after a long period of economic inactivity needs to be developed and embedded in their recruitment and workforce development strategy
- there needs to be support with the cost of starting work (purchase of clothing, travel costs, living costs until first payday)

⁵ https://www.edge.co.uk/documents/107/Learning_from_the_past_Paper_No._1_1.pdf

- the need to ensure individuals understand the financial implication of starting work, benefits advice, and understanding their payslips
- the need to ensure local accessibility to provision for individuals from certain areas and communities
- the quality of provision within the themes and how it is monitored is crucial
- individuals often volunteer 'out of choice' rather than necessity
- the need to ensure caring support for older relatives as well as dependent children
- travel is an issue of both 'confidence and cost'
- employers to attend engagement events and training provision to describe job roles

Attendees were asked about the usefulness of the 'individual journey' concept. The model was received positively and could form a basis for future planning. Points made were:

- the model needs to be 'people focussed rather than process focussed'
- a 'Sunderland framework' could be useful
- someone needs to coordinate **engagement work** ('join the dots between providers')
- the **engagement** and **progression** parts of the journey are really important, whereas current funding focuses on the **on-programme** stage
- **engagement** activity needs adequate funding
- there needs to be a single programme that everyone buys into ('pick and mix') with holistic initial assessment (health, skills, financial) to plan support (for all types of need)
- planners need to recognise the time the journey takes for some individuals, including progression to health and wellbeing outcomes as well as economic outcomes
- the **sustainability** stage is important as support needs to continue **in work** (telephone follow up, support to transition budgets from benefits, work with employers, advocacy around induction / settling-in issues in early days of employment).

- on the employer side, there are a limited number of disability confident employers in Sunderland – there is scope to expand this / work with employers to take on people with disabilities and health needs.
- **progression** through the journey could be defined by health and wellbeing as well as employment outcomes. How are ‘work readiness’ outcomes defined?
- one lead partner needs to coordinate it so there is a single holistic journey
- a hub-and-spoke model was suggested to coordinate interventions based on need
- a database/monitoring information system should be established at the start of the journey, setting parameters on what is to be recorded and shared (in line with funding requirements)
- must be based on an individualised approach to get any kind of results
- the model is dependent on investing the right amount of time and personalising solutions.
- Community Renewal Fund interventions offered an individual journey approach, which worked well and enabled organisations to invest time in individuals and allocate flexible funding to them.
- positive view of the individual journey but it needs infrastructure – knowledgeable individuals who can help individuals to navigate the system
- **sustainability** phase is particularly important
- the journey model is not a ‘one size fits all’ approach

Workshop attendees also fed back on what they regarded as ‘the implications for future planning’ of the individual journey approach, partnership working, and personalised support. These are summarized in the section 5 below.

5. Implications for future planning

5.1 Introduction

In the survey, respondents were asked to identify 'gaps' that needed to be addressed in future planning. Responses fell into one of three broad themes:

- commissioning processes
- target groups and sectors (whose need were not being fully met)
- provision (digital inclusion, bite-size awards, underpinning support)

These themes repeated many of the issues raised in sections 2 – 4. During the workshop attendees were asked to look at the implications for future planning. Sections 5.2 – 5.5 summarise workshop group feedback under four common themes:

- partnership and collaboration
- commissioning processes
- the individual journey model
- personalised support

It should be noted that all these themes interlink, and each is a key component of effective future planning.

5.2 Partnership and collaboration

Effective partnership working was seen as the foundation for many other activities. For example, with so many individuals facing multiple issues it is unlikely that one provider can address all their needs. Supporting people into employment demands partnership working with employers and effective alignment with employment services (such as Jobcentre Plus) and local authorities. Therefore, partnerships must not solely focus on delivery of programmes but should also be present in each part of the individual journey and the support clients need throughout the process.

Other points made were:

- partnerships must establish expectations, roles and responsibilities, as well as time and resource allocation
- a nominated lead partner is needed to coordinate and report on activities
- data should be shared across partners
- partnerships need to include recruitment agencies (to buy into the 'Sunderland framework')
- partnerships should assign a 'navigator' role, to ensure clients are guided through their journey with access to the relevant elements of support at the appropriate point
- sustainability should be embedded into partnership plans to support clients stay in a job

5.3 Commissioning processes

One of the purposes of the commissioning process is to ensure the right infrastructure is in place to deliver high-quality outcomes for residents. As we have seen above, enabling partnership working reduces duplication of effort and makes the system more efficient. It was felt that the development of a 'Sunderland framework' would increase buy-in and enable localised approaches.

Other points made were:

- commissioning processes should encourage / incentivise collaboration
- a city-wide, coordinated approach will reduce duplication
- commissioning processes should incentivise support once in-work, including help managing health conditions
- commissioners should consider per capita allocation against weighted allocation based on deprivation statistics
- funding should be in place to support immediate needs at point of contact
- it should be possible to flex the funding in year and within 'realistic' delivery timescales
- funding should be based on an individualised approach, addressing clients' aspirations and motivation
- commissioning should recognise the needs of the long-term sick and those caught in the 'benefits trap'

- there was limited support for a payment by results approach, particularly when working with the economically inactive client group, although appropriate performance measures are still required
- funding should help provide digital kit, broadband access to address digital exclusion and data poverty
- a directory of providers and possible partners should be compiled based on a mapping exercise

5.4 The individual journey model

There was broad support for the individual journey model to establish a common language and approach. Some felt that the model should recognise the effort that goes into the 'pre-engagement' phase. However, this could be a case of definitions. Further work would be needed on the model before it could be recognised as part of the possible 'Sunderland Framework' that one workshop group referred to.

Other points made were:

- a 'Sunderland Framework' would encourage collaboration, as a single programme which everyone buys into with a pick-and-mix of delivery measures
- the model needs to have funded infrastructure with knowledgeable staff to help navigate the system
- the model needs someone to oversee it ('pull it all together'), perhaps within a hub-spoke model to ensure consistency and coverage
- it is critical that a common approach to engagement is established to enable signposting and cross-referral
- there is a difference between engagement and participation
- recognise that the duration of support individuals need will vary (not a 'one size fits all approach') as people will progress at different speeds
- sustainability is an important part of the process
- partnerships need to define progression (and how 'work readiness' is defined too)
- volunteering should be recognised as a valid progression outcome and incentivised

- the model requires holistic initial assessment ('health, skills, financial' capabilities) which will affect planning and progression
- need to create a line of sight to Sunderland jobs through 'basic level jobs' through to higher level skills (L4 and above)
- all aspects or stages of the journey need to be quality assured

5.5 Personalised support

As we saw in section 4, personalised support underpinned other aspects of the journey individuals make from engagement activities to a sustainable job. Once individuals are in work, they still need support as do their employers. The high level of mental health and wellbeing needs will require ongoing support. However, the fact that many clients face multiple issues means they will continue to require multiple interventions and appropriate, individually tailored support, including after progression into work or education and training. Programmes should be designed to help individuals develop resilience and coping strategies.

There were numerous references to 'navigating the system'. There were several aspects to this:

- the perceived need for individual tailored support either by professionals or from peers (particularly with an intergenerational aspect) modelling positive behaviours and supporting resilience
- calls for greater use of volunteering in programme delivery where, for example, economically inactive over 50s, or asylum seekers, are able to share skills
- the need for a volunteering strategy that links to the overall plan and demonstrates the link between active volunteering (of all types) and the journey (for some) towards education, training, employment or other positive outcomes
- some of the navigation would be done digitally and /or online
- support for improved understanding of the labour market and the level and type of (new) jobs available (e.g. in the green economy) for those with no or limited work experience

- advice for employers in understanding certain groups better (such as disabled people and the long-term sick) and how these potential employees need supporting

5.6 Further information

L&W's recent report, *Missing Workers: Understanding Trends in Economic Inactivity*⁶, sheds light on the [reasons for the](#) recent rise in economic inactivity. L&W has also published a number of evidence reviews⁷, which summarise the best available international evidence on what works in employment, learning and skills. Available reviews relevant to this call for evidence include: improving attainment for disadvantaged students in the FE and adult learning sector; employment support for people with disabilities and health conditions; improving adult basic skills; and supporting progression from low pay.

⁶ <https://learningandwork.org.uk/resources/research-and-reports/missing-workers/>

⁷ <https://learningandwork.org.uk/resources/what-works/evidence-reviews/>

Appendices

Appendix One Respondents to the Call for Evidence (organisations)

Grace House

Brightsparks Training

Eden Training Academy

Sunderland Community Action Group

Sunderland Bangladesh International Centre

Sunderland Home Grown

Sunshine Co-operative

Apextra

FIRST Face to Face

Sunderland Training And Education Farm

Training in Care

Penshaw View Training

SNCBC

Housing Employment Network North East (HENNE) partners

International Community Organisation of Sunderland

Education Development Trust

Groundwork NE & Cumbria

Veterans in Crisis

Gentoo

Employment plus

Sunderland and County Durham Royal Society for the Blind

Wearside Women in Need

Tailored Leisure

Grindon Church Community Project

Washington Support Group for Men

The Bunker (Sunderland)

Northern Rights

Communities Together Sunderland West

Mental Health Concern

Hetton New Dawn

Uplift

Springboard Sunderland Trust

Three13 Training & Enterprise

Sunderland Maritime Heritage

The Wise Group

Appendix Two Workshop attendees (organisations)

Community Opportunities Ltd / SNCBC

Cultural Creatives CIC

Education Development Trust

FIRST Face to Face LTD

Foundation of Light

Gateshead Council Learning & Skills

Gentoo

Grace House North East

Groundwork

Housing Employment Network North East (HENNE)

International Community Organisation of Sunderland (ICOS)

Media Savvy CIC

North East Business & Innovation Centre (NEBIC)

Northern Rights

Oasis Community Housing

Pallion Action Group

Salvation Army

Southwick Neighbourhood Youth Project

Springboard Sunderland Trust

Sunderland All Together Consortium

Sunderland Bangladesh International Centre

Sunderland Black and Minority Ethnic Network (SBMEN)

Sunderland Home Grown CIC

Sunderland Maritime Heritage

Sunderland Training & Education Farm

Sunderland United Reform Church Partnership

Sunshine Co-operative CIC

Three13 Training & Enterprise

The Wise Group

Training in Care Ltd & The Care People CIC

Transform North East

University of Sunderland

Uplift Associates

Winnovation Training

Youth Almighty