

January
2017



An evaluation of the Mersey Care Professional Advice Area

Rebecca Harrison, Madeleine Cochrane, Collette Venturas, Hannah Timpson

ACKNOWLEDGEMENTS

There are a number of acknowledgements that the authors of the report would like to make, which are detailed below.

- Mersey Care staff who took part in the initial scoping phase of the evaluation as well as those who took part in the focus groups and interviews. Also those Mersey Care staff who were responsible for the recruitment of service user participants and professional services participants.
- Mersey Care service users who took part in the focus group.
- Professional services involved in the PAA who took part in the telephone interviews.
- Staff at the Public Health Institute, Liverpool John Moores University: Becky Willner - graphics design; Cath Lewis - proof reading.
- Rob Noonan, Edge Hill University (Formerly Public Health Institute) – data collection.

AUTHORS: Rebecca Harrison, Madeleine Cochrane, Collette Venturas, Hannah Timpson

Contents

Acknowledgements	1
1. Introduction	3
1.1 Background to the Professional Advice Area.....	3
2. Methodology	5
2.1 Social value measurement.....	5
2.2 Recruitment of participants.....	7
2.3 Analysis	8
2.4 Ethics.....	9
3. Findings	10
3.1 Current and former service users	10
3.2 Staff focus group and interview.....	13
3.3 Partner organisations.....	19
4. Discussion and recommendations	22
4.1 What does the data tell us?	22
4.2 Recommendations.....	23
4.3 Limitations.....	24
4.4 Future research	25
5. Appendices	26

1. INTRODUCTION

1.1 Background to the Professional Advice Area

In April 2015, Mersey Care obtained funding for one year to set up an Enterprise and Employment (EE) Hub. This hub aimed to help service users on their path to employment and to help link up Mersey Care services with local employment support services and recruiting businesses. After funding ended in April 2016, the EE-Hub was subsumed into the Professional Advice Area (PAA), which relocated to its permanent base in the Life Rooms, Walton in May 2016. On the whole, the aims and activities of the service have remained the same: Mersey Care's PAA aims to help people improve their personal development skills and gain meaningful employment.

Although predominantly created for Mersey Care service users, the service also accepts GP and any self-referrals from individuals residing within the Mersey Care footprint. Activities delivered at the PAA encompass a range of employability and personal development courses. These include: housing advice, CV writing, interview practice, business set up, self-employment start up, pathways advice and employability skills training.

Mersey Care recognises that many of their service users who are recovering from mental health issues, lack the necessary confidence, skills and experience to gain meaningful employment. The PAA works collaboratively with a number of key organisations in the public, private and third sectors. Details of current organisations and the support they provide are shown in Box 1.

The Public Health Institute (formerly Centre for Public Health) at Liverpool John Moores University were asked to undertake an evaluation to explore the social value of the Professional Advice Area (formerly the EE-Hub).

Box 1: Activities delivered at the Professional Advice Area

- **Chamber of Commerce** - The Chamber of Commerce will deliver a course to help those accessing the PAA service to find employment; sessions include identifying the type of work that you would like to do, along with identifying strengths and skills. They will also deliver mock interview sessions where individuals will be able to practice face to face and telephone interviews in a safe learning environment. Those taking part will be filmed so that they can observe their performance and will be given constructive feedback to help them reflect and improve their techniques.
- **Liverpool in Work** - Representatives from Liverpool in Work will help service users with CV and interview preparation. They will also support individuals to use IT to carry out job searches.
- **Lloyds bank** - Representatives from Lloyds Bank will be offering guided support to help individuals to write a CV, fill in a job application, and practice your interview skills.
- **Work Company** - The Work Company will provide key workers to support people to get back into work. They will help with CV and interview preparation using a tailored package that will continue when individuals have obtained work. They will also be able to complete a 'better off in work' calculation to ensure that those taking part do not suffer financially when they get back into work. They may be able to help individuals to gain work experience before you commit to employment.
- **Aintree Job Centre** - Employment Fair.
- **Entrepreneur in Residence** - This scheme is the first entrepreneur in residence available in the UK. Delivered by Gary Millar, the Assistant Mayor of Liverpool, the sessions are aimed to help fledgling businesses taking their first steps on the road to growth and jobs creation, fit-for-purpose support in the areas they need help, like branding, communications, HR, book keeping and marketing.
- **Community Concepts** - Community Concepts provides support for people who wish to develop or start their own business.
- **Liverpool Floating Support Services** - Liverpool Floating Support Services offer drop in sessions. The sessions aim to support individuals who are at risk of becoming homeless. The service provides a range of support options including: budgeting and debt management; filling in forms; accessing benefits; finding accommodation; and making home a secure and comfortable place to be.
- **Healthy Homes** - The Healthy Homes Programme (HHP) is run by Liverpool City Council. It aims to prevent ill health and injury resulting from poor quality housing conditions. The drop in sessions will cover: 1) Health proofing homes (from excess cold, damp and mould); 2) Home safety (to prevent falls on stairs, flat surfaces and hot surfaces and identifying any slip, trip or fall hazards); 3) How to access services provided by various support agencies such as Age Concern or the Benefit Maximisation Service; 4) Healthy eating; 5) Fuel poverty and keeping homes warm enough through the winter; and 6) Maximising income.

2. METHODOLOGY

2.1 Social value measurement

Initially it was hoped that it would be possible to incorporate the social value methodology of social return on investment (SROI) calculation to explore the financial amount of social value created by the PAA.¹ However, as the PAA has faced, and is still facing a number of ongoing implementation changes (including a change in location and staff, and an increase in partnerships with external organisations), a formative evaluation was deemed most useful to inform the current development of the PAA. This approach, however, still incorporated elements of social value methodology to look at the changes key stakeholders may have experienced or may hope to experience as a result of engaging with the PAA.

The aim of the formative evaluation was to elicit the views of all stakeholders involved in the PAA in order to understand:

- How the PAA is delivered - what does the service offer, who are its key partner organisations
- How the service meets the current needs and preferences of its stakeholders and what changes may need to be implemented to improve service delivery/provision
- What impact the PAA has upon those involved in the service – what changes or outcomes are experienced by its stakeholders (see Appendices 1.1 to 1.3 for details of the discussion guides).

Qualitative methods were deemed most appropriate for eliciting in-depth information regarding the experiences, knowledge and perceptions of key stakeholders. A mixture of focus groups and telephone interviews were undertaken, depending on participant preference. This approach is well suited to obtaining social value outcomes from projects of this nature.

Following an initial scoping meeting with the staff from Mersey Care, six key stakeholder groups were identified as being most involved or affected by the PAA. The evaluation aimed to recruit representatives to interview from each stakeholder group. Justification for the inclusion of each stakeholder group, along with recruitment details is outlined in Table 1. It was identified that the audience of the final report output would be key Mersey Care stakeholders and that the output would be used to secure additional funding for the PAA and the Life Rooms as a whole.

¹ Please go to www.socialvalueuk.org for further details relating to social value and social return on investment.

Table 1: Stakeholders of the Professional Advice Area

Stakeholder group	Justification for inclusion	Recruitment details
<p>Service users who were already Mersey Care service users</p>	<p><i>Key beneficiary group:</i> The service is aimed to help this stakeholder group maintain/improve their mental health and wellbeing in a safe and friendly environment. It is expected that service users will gain the necessary knowledge, skills, confidence and qualifications in order to gain meaningful employment or volunteer work.</p>	<p>Focus group</p>
<p>Carers of Mersey Care service users</p>	<p><i>Key beneficiary group:</i> This stakeholder group may be affected if the person they care for gains employment or volunteer work. It is expected their caring role will reduce and so this group is also able to access the PAA to gain support in helping them find meaningful employment or volunteer work.</p>	<p>In the initial scoping exercise for this evaluation, carers were identified as a key beneficiary group.</p> <p>It was considered that a questionnaire would be the best way of engaging with this group to look at any changes they may have experienced as a result of the person they care for engaging with the PAA. However, at the request of the evaluation commissioners, the focus of the evaluation changed to look at the PAA from more of a programme development perspective; and due to time resources and appropriateness of responses, carers were therefore excluded from the evaluation.</p>
<p>Partner organisations</p>	<p><i>Key beneficiary group:</i> Partner organisations provide their time and support. In return they are provided with a space (in the Life Rooms) to deliver their sessions in the community as well as the option to have mental health awareness training delivered to the staff working for</p>	<p>Telephone interviews</p>

	<p>their organisation. Partner organisations gain access to a wider audience of service users than they would traditionally have been able to and so it is expected that this will improve their ability to reach targets and secure future funding.</p>	
<p>Service users from the local community</p>	<p>This stakeholder group is able to access the professional advice area and the Life Rooms via their GP, external organisations or by referring themselves. This may include individuals who are affected by mental health issues that have not formally been identified or diagnosed by support services. It is anticipated that by the PAA being visible in the local community it will reduce the stigma associated with mental health.</p>	<p>Focus group</p>
<p>Mersey Care staff</p>	<p>Implementation of the new service requires additional support and expertise from Mersey Care staff. It is expected they will become the drivers of a culture change in terms of promoting the delivery of mental health services in the local community rather than within secondary care.</p>	<p>Focus group Telephone interview</p>
<p>Mersey Care NHS Trust</p>	<p>The Trust is providing investment in terms of infrastructure so that the PAA can be delivered in a central hub within the local community. It is expected that the long term outcomes of the PAA will include reducing the burden of mental health on staff working in secondary care services.</p>	<p>Details of the financial input of Mersey Care into the PAA would have been used to inform the calculation of a social return on investment (SROI) ratio. This, however, was not required as an SROI was not carried out.</p>

2.2 Recruitment of participants

Recruitment of each stakeholder group took place with support from the Mersey Care staff. Due to the nature of the evaluation, this approach was integral to ensure full participation from stakeholders. Mersey Care staff were asked to invite stakeholders to take part and to provide each with a Participant Information Sheet (PIS), detailing the purpose of the evaluation and what their involvement would entail. This information was primarily e-mailed to stakeholders, who were then asked to respond to the Mersey Care contact should they wish to take part in the evaluation. Mersey Care then informed the researchers at the Public Health Institute (PHI) of numbers of people available to take part in the

focus groups and interviews. The dates for the focus groups were arranged in collaboration with Mersey Care, and Mersey Care then booked rooms for the focus groups to be held in at the Life Rooms, Walton. Where interviews were to be conducted, the researchers at PHI contacted those stakeholders who had expressed an interest in taking part directly to arrange a convenient date and time for the interviews to take place.

Recruitment was successful with four of the six stakeholder groups:

- 1) service users from Mersey Care
- 2) service users from the local community
- 3) partner organisations
- 4) Mersey Care staff.

Initially it was planned that all data collection would be done through two-hour focus groups however, for some stakeholders short 30-minute telephone interviews were more convenient. A total of eight participants took part in the evaluation via two focus groups and three telephone interviews (Table 2).

Table 2: Data collection methods

Methods	Stakeholder groups	Total participants (n)
Focus group	<ul style="list-style-type: none"> • One focus group with 3 service users (1 of whom was a service user from the local community) • One focus group with 2 Mersey Care staff members • <i>*One focus group with 3 staff members and 3 service users</i> 	11
Telephone interview	<ul style="list-style-type: none"> • Telephone interviews with 2 staff from two partner organisations • Telephone interview with 1 Mersey Care staff member 	3

*The evaluation of the PAA was undertaken alongside an evaluation of Mersey Care’s People Participation Service (PPP) (Harrison, R. et al (2017). Measuring and evidencing the social value of the Mersey Care People Participation Programme). It was initially anticipated that the findings from an additional focus group with three staff members and three Mersey Care service user volunteers would inform this evaluation; however, the discussion focused primarily on the PPP with limited reference to the PAA. Wherever possible, aspects relevant to the PAA have been included within this evaluation.

The data that informed this evaluation were collected between June and October 2016.

2.3 Analysis

All qualitative data were digitally recorded to allow for transcription and thematic analyses was conducted. After reporting and interpreting the findings from each stakeholder group, the findings were triangulated and a further interpretation was made in order to inform the ways in which the PAA is working well and identify where change or improvements may be required. This information

informed a number of recommendations for the PAA service provision and delivery going forward, which are detailed in Section 4.

2.4 Ethics

Ethical approval was granted by the LJMU Research Ethics Committee (reference 16/EHC/008). All participants who agreed to take part in the evaluation were provided with a PIS explaining the purpose of taking part in the evaluation. Written consent was obtained from those participating in the focus groups and verbal consent was gained from those taking part in the telephone interviews. Participants were assured of their voluntary participation, confidentiality and it was explained to them that they could avoid answering questions they were not comfortable with as well as withdraw their consent at any time.

3. FINDINGS

3.1 Current and former service users

Background of the focus group participants

The service user focus group was comprised of two males over the age of 40 and one female under the age of 25. All had accessed the PAA (or the Employment and Enterprise (EE) Hub as it has been known until April 2016) over the past 12 months for employment advice and CV support from the PAA's Employment Advisor. One service user had also attended the PAA's job seeker toolkit course, which they had been referred to by the PAA's Employment Advisor. Service users were unaware that the employment and CV advice that they had received from Mersey Care was part of a programme called the Professional Advice Area and they were not aware of a programme called the EE Hub. This finding was also echoed during the focus group that took place with the PPP staff and service user volunteers.

Services accessed

Two service users had been referred to the PAA by their GP and had accessed the PAA for a few months with the expectation that Mersey Care would help them gain a sense of direction and employment or volunteer work. One service user who already had a voluntary position assisting in the delivery of Mersey Care's Recovery College courses had accessed the PAA on one occasion for CV support.

"I'd like to get into employment yeah, that's my main objective with this place" (Service user 2)

Aim of employment support services for individuals with mental health problems

The service users felt that the key outcomes of an employment support service such as the PAA should be firstly, to help the service user gain a purpose and secondly, improve their social skills and enable them to meet people. More specifically, all service users described the social aspect of Mersey Care's courses as being paramount for helping them realise that they were not alone with their mental health problem and search for employment. The service was seen to help service users gain confidence in their ability to talk to others. In addition, all service users agreed that there should be the option to attend single sex groups/courses at the PAA as well as mixed-sex ones. One service user described how they felt uncomfortable discussing their problems in front of those of the opposite sex.

Awareness of services

Service users were less aware of the services on offer at the PAA and were unaware of who to contact regarding getting involved with volunteer work at Mersey Care. This lack of awareness of what the service was and what it offered was also clear during a focus group with both service user volunteers and staff from the People Participation Programme (PPP).

One service user explained how they would have liked to have got involved with voluntary work through Mersey Care by helping those who are suffering from depression. Two of the service users had an expectation that it was the role of the Employment Advisor to get in contact with them about any upcoming courses and volunteering opportunities at the PAA; they believed they would have benefited more from the PAA if they were more aware of the full range of courses on offer.

“no-one has told me anything about this place, the lack of communication in this place.”
(Service user 2)

It was, however, suggested by one of the service users that a leaflet in the post or induction days, which run more frequently, may inform new service users better about what the PAA was and what services it offered.

Intensity of support and courses

Two service users felt the support they received at the PAA was slow and insufficient, and they would have liked more guidance on how to access personal development courses and search for jobs. One service user described how it had taken several weeks before they had received feedback on their CV from the Employment Advisor. Similarly, the other service user described how they would have liked the Employment Advisor to inform them better on where there were gaps in their CV.

“If you don’t bother them, they don’t bother you... I’ve had loads of CVs, I come in the other week with qualifications which were never even looked at.” (Service user 2)

“She [the Advisor] was doing my CV, I had to wait about, I think about three months until I got my CV, and then after I got my CV it’s like she didn’t bother then. And for a person who’s never had a job, who was struck with depression at an early age.” (Service user 3)

Both of these service users felt the lack of support was due to the caseload being too large for one member of staff, i.e., the Employment Advisor. Moreover, the same service users described how the courses at the PAA often only ran once a week for a few hours, they felt this low intensity did not meet their needs. They preferred courses that ran more regularly during the week as this helped them to feel more productive and it ensured they socialised with people on a daily basis.

“[the Advisor’s] got too much to take on, she’s got too many clients.” (Service user 3)

Content of support and services

The service user who volunteered with Mersey Care was aware of the PAA’s work club, mock interview training, and Mersey Care’s general confidence and self-esteem courses. In particular they perceived the latter to be important for helping those with depression. The staff and service users from the PPP focus group also highlighted awareness of these courses, but did not necessarily associate them with the PAA. The other two service users were unaware of the mock interview training but felt this would be beneficial. Moreover, they felt Mersey Care’s personal development courses needed to involve more applied, practice-based learning such as seeing demonstrations and doing voluntary work and creative activities.

Two service users described how courses can be demotivating and counterproductive when they involve sitting in groups talking and hearing about each other’s problems. One service user described

how they would like the PAA to teach them the skills to be proactive in their own job search. They felt that the Employment Advisor's role should include helping them develop a personal development plan where goals are set and the Employment Advisor follows up the service user at least once a month to assess their progress. In addition, one service user felt the PAA should be offering accredited qualifications, which service users will need in the workplace such as Level 1 English, Maths and IT.

"there's a work club isn't there... a job seeking club and they do mock interviews on that."
(Service user 2)

Evidence of progress

All service users agreed that receiving a certificate after completing a course would improve their self-esteem as it was evidence of their progress. One service user went on to suggest that the course could be divided into stages such as Part 1 and Part 2. It was felt by the service users that this may give people a sense of direction after completing each stage. They described how they often felt depressed and lost after finishing personal development courses run by the Recovery College at Mersey Care.

"I think some of the courses could be like part 1 and part 2... the course ends and then you hit a brick wall." (Service user 2)

"I'm doing the same course at the job centre but I'm getting a certificate for it, teaching you the interview process and what to do in an interview... you're not going to build your confidence up without getting some sort of praise or some kind of effort out of it yourself."
(Service user 3)

Impact on family or friends

Two service users described how their family and friends had been affected by their depression and lack of employment. One of these service users went on to explain how their family and friends had expressed worry because they were sitting at home all day doing nothing. In contrast, the second service user explained how they would not let their family or friends know about their problems because they would not want them to worry.

Other personal development and employment support services accessed

Other services accessed by the service users included the Job Centre, the Umbrella Centre, Crosby Training, Talk Liverpool and RISE. One service user noted that the Umbrella Centre had a caring and personal approach, which they commended. Another service user felt the practical content (such as showing them how to sign up to job websites), the intensity (running every day for two weeks) and the tangible output (certificate) of the Job Centre's job seekers course made this course effective.

3.2 Staff focus group and interview

Two former staff members of the PAA took part in a focus group and a current PAA staff member was interviewed over the telephone.²

Staff felt that the PAA was a valuable service, which helped service users to gain the skills and knowledge that they needed to move into work. Compared to other services the PAA was also seen to be a place where service users did not feel under pressure to achieve, for example, being required to apply for a certain number of jobs. In addition, staff felt that some service users were previously unaware of the other support services available and would not have accessed them if it had not been for the PAA referring them into these services. Nevertheless, despite these positive comments there were issues raised concerning the delivery of the PAA, which are outlined in the *Challenges and barriers to the delivery of the PAA* section of this discussion.

Delivery of the PAA

Staff from the PAA described five types of activities delivered at the PAA. As seen in the examples provided in Box 2, many activities are delivered by external partner organisations. Courses by external partner organisations are delivered at Mersey Care's Life Rooms, a new centre for learning, recovery, and health and wellbeing. It was reported that the types of courses delivered by the PAA depend upon what the partner organisations can offer.

Box 2. Five types of activities delivered at the PAA with examples

Courses aimed at preparing people for work:

- A six week employability course
- Mock interview training will be delivered by Liverpool and Sefton Chambers of Commerce

Work Zone Drop-ins:

- a CV drop-in service runs for two hours once a week

Enterprise start up advice:

- Merseyside Expanding Horizons provides advice around enterprise and business start-up

One-on-one support with an Employment Advisor:

- Unlike some of Mersey Care's services, the PAA provides less intensive support offered as it is offered on approximately a monthly basis
- From April 2015-March 2016 this support was delivered by two part-time Employment Advisors
- From April 2016-August 2016 this support was delivered by one full time Employment Advisor and supported part time by a senior member of Mersey Care staff

From January 2017 the PAA is being delivered by 2 full time Pathways Advisors. The role of the Pathways Advisors is to meet with service users and clients wishing to use the PAA, to discuss goal identifications and signpost to the appropriate service.

² Two of the staff members were employed until the end of August but were interviewed whilst they were still in post. For the purpose of reporting, however, they are referred to as 'former' staff members as they no longer work in the PAA.

The current member of staff has been working part-time in the PAA since September and was interviewed for this evaluation in October.

The current staff member stated that individuals could access the PAA in three ways: through referral from their GP (this related specifically to three GP surgeries working in collaboration with Mersey Care); through any Mersey Care organisations; and also through self-referral as they could just drop in to the Life Rooms in Walton. This member of staff highlighted that their role was to identify where service users need help; what they would like to do (e.g., training, volunteering) - details of which would be detailed on an expression of interest form; and then look at which services the service user needed to engage with to achieve this. This might include direct referral into the Mersey Care Recovery College where appropriate. It was felt that this person-centred approach (as opposed to an outcomes focussed approach) would impact upon the confidence that service users had in their own abilities and their self-esteem.

“The whole ethos behind Mersey Care has become over recent years, has become recovery focussed as opposed to hospitalising and medicalising. We are now very focussed on recovery and recovery can only ever be achieved by being person-centred....help them not tell them what to do to, but help them to make their decisions.” (Staff member 3)

Relationships with partner organisations

In return for the partner organisations’ collaboration with the PAA project, Mersey Care offer to deliver Mental Health Awareness courses to staff at the partner organisations. Staff from the PAA felt this was not only mutually beneficial to Mersey Care and their partner organisations, but it also has potential to raise awareness of mental health within other organisations. Staff described having had a positive experience of working with the partner organisations, explaining how the partners had been flexible and interested in making a contribution to Mersey Care’s services. Moreover, staff have been able to refer to organisations who provide additional one-to-one support for those with Autism and Asperger’s such as Tomorrow’s People.

The current PAA staff member also considered their role to be vital in building and developing networks with organisations who are able to provide jobs or who can provide pathways into jobs; whether that is volunteer work or another type of meaningful occupation.

Service users

Contact and attendance

The current member of staff stated that service users were able to access them in person and also by e-mail or over the telephone. Contact with service users upon initially engaging with the PAA was more frequent, whilst going through the process of establishing what the individual’s needs and requirements may be. It was, however, highlighted by the former staff that some service users only accessed the PAA once and never came back, although they were unsure of what the reasons for this might be.

The two former members of staff spoke about the Work Zone Drop-ins where approximately two to three people came each week. This number of service users was considered to be manageable, however, there were concerns over lack of resource should more people begin to attend. For example, it was highlighted that there are a number of regular service users dropping into the Life Rooms building on a daily basis to access the computers; who would also be able to access the PAA.

Those who may access the PAA service include those referred by their GP or the Job Centre. Often those being referred from the GP are those who are experiencing mild to moderate mental health issues and are on the waiting list for months waiting to access support from Talk Liverpool.³ It was felt that in some cases these individuals may require additional support upon accessing the PAA.

The majority of staff did not think the service users had a preference over having a drop-in session or having scheduled appointment. It was highlighted, however, that it was difficult to get service users to engage in group activities. The former staff described noticing a trend in service users preferring the one-to-one support rather than group work, even if this was just one-to-one monthly emails. It was acknowledged that some service users, such as those with autism, required more intensive support and also that one-to-one support was more resource heavy than group work.

Outcomes

It was estimated by the two former members of staff that around 10% of the PAA service users have gone on to gain paid full or part-time employment as a result of engaging with the PAA. For those who have gained employment or volunteer work, they expected this outcome would last for at least three months. The majority of service users were seen to have gone on to do volunteer work with Mersey Care and/or access courses run through Mersey Care's Recovery College. It was also highlighted that one service user had gone on to set up a business. When looking at other services outside of Mersey Care and the PAA that service users might access, the former staff believed most service users did not access other services. The current staff member felt their role was to develop networks with those who may be able to provide jobs or pathways into jobs that the service users may engage with.

All of the staff members felt that the PAA had a key role in contributing to the positive outcomes experienced by the service users. They felt specific outcomes associated with attending the PAA would include getting a confidence boost from getting involved in volunteer work through the PAA or gain a sense of direction by having talked with the staff at the PAA.

"..the PAA and EE-Hub always came with the idea that it's an expression of interest, not referrals. Anybody who wants to attend, who wants to get help and support can. Whereas our Supported Employment Services only have an external provider that's a referral through clinicians. So for example, we had a gentleman who completed the expression of interest form, came along, met with the employment advisor and then we had a phone call from Support Employment Services up at Sefton going absolutely mad about how dare we steal their clients who already went with them. One, we wouldn't have known because we wouldn't check if they're using another service and my point was well people are entitled to access it [the EE-Hub/PAA] if they want. And even if he did disclose that he's using your service, our conversation would be that's fine, what additional support do you want from us? What do you think we can offer?" (Staff member 1)

However, it was highlighted that there were no processes in place to evidence what changes the service users may go on to make or experience as a result of their engagement with the service. In

³ Talk Liverpool is a primary care service providing talking therapies.

addition, some service users only accessed the PAA once therefore making it difficult to ascertain what impact their help had actually had.

Contact details of the service users were available for follow-up, however, the former staff members said that there was currently a lack of systems in place to track the outcomes of the PAA. They felt that although a system may not capture everyone's outcomes, they felt it was important to try and track them in some way as Mersey Care has certain targets to meet. The staff recommended a tracking system being set up in the future and described being aware of one being set up at the Networking Employment. The current member of staff also highlighted the need for a pathway to be followed if the Employment Advisor becomes central point of contact. This was related to the functional monitoring of people's progress. This staff member felt that it was important to track service users on their journey rather than just helping someone to start on their journey and then losing contact.

Other potential beneficiaries identified by the former staff members were family members of those who were accessing the PAA. For example, the PAA provided a listening ear and onwards referral for a woman's daughter after she had unsuccessfully tried to gain support from other organisations. As a result of this it was felt that the mother's wellbeing had improved.

Challenges and barriers to the delivery of the PAA

Risk of duplicating the work of other services

Mersey Care already deliver a Supported Employment Service called Individual Place Support (IPS). A key difference between IPS and the PAA is that the IPS is an outreach service working within the community and people's homes, whilst the PAA is a drop-in service based at Mersey Care's Life Rooms. Rather than duplicating the work of IPS, the former staff from the PAA felt that the purpose of the PAA was to complement others services and offer an additional resource to people in need of employment support.

As far as the former staff were aware, they believed most service users are waiting to access other services, or are actively engaging in services offered at, for example, the Job Centre. Despite efforts of trying to ensure the PAA is a distinct service that does not duplicate the work of others, the fact that anyone can self-refer and access the PAA was felt to make this difficult. This was described as especially problematic because service users at the PAA are not required to disclose their current or previous service use to the PAA staff. It was highlighted that as a result of this other services had raised concerns regarding the risk of the PAA duplicating their work and "stealing" their clients. This was seen to be much less of a concern with in-house Mersey Care services where the PAA and in-house services were seen to complement each other.

"..they seem more comfortable to ask for help. Everyone can feel uncomfortable asking for help, the fact that they are coming back and asking for help means they recognise they have abilities and that they have limitations and they seem more confident coming back" (Staff member 3)

Large workload for one member of staff

The number of service users was reported to be approximately 18 people (in August) and 8 to 9 people (in October); thus highlighting the potential impact of large caseloads under the supervision of one member of staff. Although the PAA aims to refer service users to other services in order to reduce the burden on themselves and use other resources more efficiently, this was highlighted to differ in practice by the former staff members.

As the PAA is the first point of contact for some service users, the staff found some of them had diverse needs that required additional support outside of the remit of the PAA (i.e., going beyond training/employment/volunteering). This was felt to be time-consuming. Concerns were also raised by the former staff about having only one staff member working on the PAA project. These staff members felt a day-to-day support pathway would need to be set up to support this member of staff should issues arise outside of their skills/expertise that they need help with. It was highlighted that there may need to be some form of informal assessment of individuals accessing the PAA where their background was unknown (i.e., not being referred in from another Mersey Care service) so that any underlying issues that may need to be addressed can be identified and the right staff involved and service referrals made.

It was highlighted by the former staff members that due to resource demands a system had been created where people who drop-in complete a form and then the staff member will follow up the individuals when they have the capacity. The current staff member highlighted the importance of timely interactions with the service users and keeping them engaged with the service.

"I like to return either the phone call or the email initially within 24 hours and that is to introduce myself and say hiya and let's make an appointment, when's convenient for you to come in and pop in to see me... if I feel an email needs replying immediately then I'll do it immediately or I'll drop them an email saying I'll get back to you on Wednesday, or I'll get back to you on Friday, just so as people don't think they are being ignored." (Staff member 3)

Additional needs of service users

In addition to the CV drop-ins the staff reported providing an ad hoc drop-in service to individuals who turn up at the Life Rooms seeking support for their employment related issues. However, both of the former staff members reported finding that it was common for individuals to have additional needs and want to talk about personal issues (namely those relating to drugs and alcohol misuse) with the staff.

It was highlighted by the former staff members that a job club had previously been set up with the aim of the club becoming a sustainable peer-led club where members could provide mutual support to each other around finding a job. Attendance rates for the job club were low and so this was discontinued. It was believed that the location of the job club was a possible barrier to attendance as well as individuals requiring more one-to-one intensive support.

The Work Zone drop-ins were also seen to be typically attended by primary care service users such as individuals referred by their GP or those on Talk Liverpool's waiting list. The staff explained how individuals from secondary mental health services such as Mersey Care may possibly require more

intensive work than the PAA might necessarily be in a position to offer before employment and attendance at groups was considered an option.

Relationships with partner organisations

External partner organisations usually deliver sessions without a Mersey Care staff member present and staff described concerns around safeguarding issues. It was highlighted, however, that some of the partner organisations coming in to deliver courses or services do not have experience of working with people with mental health issues. It was therefore felt by the former staff members that not only training of staff, but also the presence of additional Mersey Care support was important. The staff members described scenarios where some partner organisations have had to deal with situations they did not expect to be faced with, for example, a service users becoming distressed or disclosing sensitive information.

The former members of staff admitted that the PAA service has met problems along the way but that this has helped inform strategies to overcome these problems. All of the staff agreed that good communication was key, especially in terms of explaining to other services how the PAA processes work and what the service aims to do. They also recognised that there was a need to define more clearly who the PAA was for especially as Mersey Care's funders require them to meet targets set for running a secondary mental health services rather than primary care.

"I think if anything, what is definitely going to have to be improved is the level of communication and I say that not so much as a criticism, with it being such a new position, I still and whoever comes after me we are still trying to best find out the best way for us all to communicate what is needed... that's the problem with all large organisations, it's just something that we've got to work on, and that's even to the extent of me making sure that I get to everyone within the Mersey Care organisations to let them know that this is facility is here and we want you to use. So I suppose it's not just people communicating with me but I've got to find best ways for communicating with other people." (Staff member 3)

The staff recognised the benefits of building more external partnerships and expanding their networks with existing partners such as Citizen's Advice Bureau. This was echoed by the current staff member who highlighted the importance of now having local organisations and charities 'on board' with the service.

It was suggested that the PAA should link up with Liverpool's Drug and Alcohol service so they can refer such individuals. Similarly, to address the needs of those individuals who were turning up from Probation, there was a perceived need to make better links with the local Probation service. There was concern about future staff needing to be adequately trained or supported for dealing with individuals who become distressed whilst seeking support at the PAA. The role of the Vocational Pathways Advisor needs to have broad and good networks for the role to help link people in with organisations in the local community.

It was expected that there would be more interest in the PAA than there had been since the Life Rooms had opened. It was felt that lack of awareness of the Life Rooms and the sign outside of the building

may be detracting people from entering the Life Rooms to see what is on offer. Staff mentioned that the signs outside of the Life Rooms were too corporate and may look more like the Life Rooms were an NHS office or clinic; thus deterring people from coming in. It was suggested that the sign could be changed so the free internet and café were instead advertised to draw people inside. Informing other Mersey Care teams and local GPs were additional suggestions for raising awareness of the PAA.

3.3 Partner organisations

Two staff members from two partner organisations were interviewed. One organisation provides tenancy support and has been working with Mersey Care since May 2016. This included the provision of a weekly three-hour drop-in service at the Life Rooms where eligible individuals would be referred into their service. The second organisation was set to provide support in employment and training and was in the process of starting to work with the Mersey Care PAA. This second organisation expected the PAA to refer people to their employability programmes such as their programme of volunteering and training or their mindfulness courses. They also felt they would be able to deliver training to Mersey Care that would benefit Mersey Care service users.

Purpose of the PAA

One of the participants' understanding of the PAA was that it was not just about getting people into employment but also preparing them for work by sending them on courses and addressing their mental health issues. The other participant felt the PAA was a preventative and early intervention approach. They highlighted that having a housing advice drop-in service run by their organisation, which was easily accessible in the community, enabled people to refer to their service so they could get the support they needed. It was felt that this support would prevent individuals from needing supported accommodation or becoming homeless.

"[It's] about supporting people before they kind of got into secondary mental health, so supporting people before that stage, before they need more intervention with regards to Mental Health services I don't know if I'm correct on that or not, so it's about supporting somebody, I think that's what it's about in regards to how can I word this, it's about early intervention." (Partner Organisation 2)

The other participant described further how they felt Mersey Care had set up the PAA to increase their partnerships with other organisations. They felt this was beneficial as not only would it enhance referral pathways but it would also provide Mersey Care with the opportunity to be able to share their expertise in mental health with other services.

"They [Mersey Care] want to increase their partnerships, increase their networks and work with people outside of the organisation more and moving forward...they want to find out more about who is out there, what other support is there and who can they connect with... everyone needs to be aware of what other support is out there or at least find out what other support is out there, I know other organisations have sort of flow diagrams, if they need this they go that way." (Partner Organisation 1)

“What I would hope to gain from working with Mersey Care is their specialist advice on providing support to people with Mental Health, as a barrier for getting into work.” (Partner Organisation 1)

Contracts and data sharing

Neither organisation currently had a formal written contract or a service level agreement set up with the PAA service, nor did they yet share data with Mersey Care. However, as the organisations already do this with other organisations they partner with/work for, they expected that it would be beneficial to share data with the PAA programme. The partner organisations described how their organisations had their own targets but did not currently have any set up with the PAA. At the time of data collection, within the tenancy support organisation data were collected on: attendance; service users’ primary and secondary needs and preferences (e.g. drop-ins or home visits); assessing whether the service users’ needs were met; and what outcomes were achieved. Data were collected via an online survey at the second organisation and included the service users: name; age; date of birth; postcodes; ethnic backgrounds; qualification levels; work history; and needs.

Communication with Mersey Care

One of the participants felt that compared to other partner organisations they work with, Mersey Care had communicated well with them. This participant felt the focus group that had been planned as part of this evaluation would have provided a good opportunity for all organisations to network and see how they can work together.

“I think it would be good to share ideas... I think it [the focus group] would have be beneficial and I also think it would have been a good networking event, other organisations to learn how we can all work together... could have shared information, and how we refer into each other... if we all know who is who and what our referral criteria is, then we can all work together in supporting people with mental health needs to ensure that they achieve their goals, health and wellbeing and employment, and that barriers are broken down and that people are accessing employment, it’s always better working together as far as I’m concerned.” (Partner Organisation 2)

Similarly, the other partner organisation felt open communication channels were important for successful partnerships. They described how both organisations need to be able to refer people to each organisation and to provide feedback to each other. As it was difficult to organise a focus group, one of the participants felt it would be beneficial for Mersey Care to send out a joint email to all of their partner organisations so as the partners can see who else Mersey Care is working with. It was felt this would help the referral process and lead to an increase in sharing of information.

“I think what might be a good idea, I don’t know maybe an email like a joint email, so you can kind of just see who the other agencies are as well, we could share our referral criteria, our organisations leaflets that kind of thing.” (Partner Organisation 2)

Challenges

Increasing uptake of PAA service users

The organisation who were already delivering the housing drop-in service at the Life Rooms felt that their Drop-in needed to be better advertised as they had not had as many people using the service as they had expected. This issue had been discussed with the staff at Mersey Care and it was agreed that the PAA programme would advertise the tenancy support Drop-in in their new programmes of activities that is disseminated to people who visit the Life Rooms. Similarly, it was felt that Mersey Care staff working on the reception at the Life Rooms have had a key role in signposting people to the drop-in service. It was felt that it would be useful for the PAA to have someone such as the Vocational Pathway Advisor to signpost people visiting the Life Rooms to the appropriate support services that are linked in with the PAA.

Funding restrictions

The participant from the employment organisation described a challenge in relation to funding that they have experienced working with other organisations. Some funding requires the organisation to only refer or take service users who meet a specific postcode or the criteria. Moreover, the participant described how sometimes they are required to refer service users via the GP, they were unsure as to whether this would be the case with when they work with Mersey Care in the future.

“Sometimes things have to go via GP referral pathways, so I don’t know if we can directly refer into Mersey Care or whether someone has to go through their GP, but for them to refer to us currently at the moment they can’t unless somebody meets other sets of criteria because it’s down to that funding element.” (Partner Organisation 1)

4. DISCUSSION AND RECOMMENDATIONS

4.1 What do the findings tell us?

Findings were elicited from service users, service user volunteers and staff members' views on the efficiency of the PAA and how it should be run that can be used to inform the structure and provision of the PAA service going forward.

Employment and volunteering outcomes

The service users felt the PAA had the potential to impact upon the individuals accessing the service by helping them to develop a sense of purpose and direction, improve their social skills and also help them to gain employment or volunteering role. However, it was evident that the service users who took part in the focus group were not aware that the services they had been receiving were under the umbrella of the PAA. In order for the PAA service to be successful it was suggested that a number of changes or improvements may be made to the provision and delivery of the PAA service. These focussed around the provision of adequate guidance and support, particularly in relation to sign posting and staff from the PAA being in contact with service users about educational courses; as well the importance of providing opportunity for development in the form of creative activities and accredited qualifications that did not necessarily focus upon group activity.

Former and current staff considered the PAA service to be a valuable service that played a key role in contributing to positive outcomes experienced by service users (such as increased confidence and self-esteem and a gaining a meaningful role [in paid or unpaid employment]). They felt that the service enabled service users to access volunteering and education courses and that the main focus was not just about getting service users into work - this was also highlighted by the partner organisations taking part in the evaluation.

Social and emotional outcomes

All service users described how the social element of the PAA was integral to supporting an improvement in their wellbeing. Meeting others in similar situations gave opportunities to share experiences which consequently had a positive impact on self-confidence and self-esteem. Two service users described how their lack of employment and related depression had affected their family and friends. This information elicited from the service users provides suggestions of the ways in which the PAA brings about wider social value outcomes.

Communication and structure of the PAA

The evaluation found that the partnership model of PAA delivery was viewed as a positive. Maintaining and developing relationships with partner organisations was also considered mutually beneficial and was considered to have the positive outcome of improving awareness of mental health. The partner organisations also felt that the collaborative working had a positive impact upon mental health by providing prevention/early intervention services.

Participants described a lack of structure and communication within the PAA. Service users lacked awareness of the aims and services offered within the PAA. The staff members echoed a number of the key points raised by the service users such as the lack of awareness amongst service users and other key stakeholders as to what the PAA service offered. In conjunction with this, the partner

organisations also highlighted the importance of knowing who the other organisations involved in the PAA were.

Capacity was also raised as an issue by participants, where there was a clear need for more staff in to deal with service user demands and to offer a more efficient service. The PAA staff members described concerns around potential lack of resources to deal with potentially increasing numbers of service users accessing the service. Staff also emphasised the importance of developing effective outcome monitoring tools to track service user progress throughout their journey.

4.2 Recommendations

A number of recommendations are made in relation to the future development and practice of the PAA. These recommendations have been informed by the stakeholder engagement and findings of this evaluation:

- **The aims and objective of the PAA service need to be clearly defined** as well as showing how the PAA fits in with Mersey Care organisational structure and overarching aims and objectives.
- **The services available within the PAA need to be more clearly defined and communicated both within Mersey Care and to potential service users and engagement partners.** This should include what it is that the service provides, who runs and delivers the service, as well as how to access the service and who is the key contact. This information could be provided in a number of ways such as pamphlets and on websites. Regular events may be held with all partner organisations involved with the PAA to provide an opportunity for organisations to meet and find out what each other is doing.
- **In order to evaluate and evidence the value and impact of the PAA there is need for continuous evaluation to be carried out.** Systems should be put in place to track key outcomes/changes that may be experienced by key stakeholders involved with the PAA. It is also recommended that outcome measures should extend beyond simply whether service users gain employment or not and to also include softer outcomes such as changes in confidence, skills, and relationships which are arguably just as valuable and add to someone's employability chances.

It is suggested that in order to do this Mersey Care may wish to put in place a number of validated measurement tools such as the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which could be used to look at elements associated with some of the key outcomes identified such as increased sense of purpose, increased personal/social capital and improved relationships. Alongside this, more generally, it is recommended that Mersey Care conduct entry and exit interviews to look at the needs of service users coming into the PAA service. These interviews may help to identify what other services the service users access both within and external to Mersey Care as well as how service user needs have been met when they no longer engage with the service use the service. This might also include identifying whether length of time engaging with the PAA impacts upon outcomes/changes experienced.

These evaluations would look to include key stakeholder groups (in addition to service users) to ensure that the services are very much stakeholder driven; as well as identifying gaps that may

be present in the provision of resource to ensure that the best possible service is being provided and to evidence areas of best practice.

- **A day-to-day support pathway may be set up to support the Vocational Pathways Advisor** so they are able to sign post and refer to appropriate services if they encounter a service user who requires additional support that is outside of their knowledge/skills/expertise.
- **Opportunities to provide one-to-one support rather than group support may be investigated on a case-by-case basis.** As there is a preference for one-to-one support over group activities especially for those with autism, opportunities to provide this in the service should be made. In addition, further attention may be given to the provision of same sex or mixed-gender groups.
- **Partner organisations should be given adequate basic training to ensure they can deal with any initial issues they may encounter with service users.** They should also be fully aware of which Mersey Care staff they need to contact should any issues arise whilst carrying out sessions with PAA service users.
- It was highlighted that no formal Service Level Agreements (SLA) or data sharing agreements were in place with the two partner organisations who were interviewed. **All external services working with the PAA should have SLAs in place and data sharing agreements where it is deemed appropriate.** These agreements should outline/identify the key targets/outcomes they are hoping to achieve through their partnership with Mersey Care and how this will be monitored. Risk assessments should also be carried out where necessary before partner organisations undertake sessions with PAA service users.

4.3 Limitations

There are number of limitations to be acknowledged with this evaluation:

The nature of this research and the recruitment strategy meant that the sample size of service users, staff and partner organisations was small. Although this enabled the collection of in-depth views, experiences and perceptions, these are not necessarily representative of the views of the wider members of these stakeholder groups.

Initial plans for this research involved the inclusion of a questionnaire to be undertaken with carers of Mersey Care service users. It is recognised that undertaking research with this key group would have provided further evidence of wider social value outcomes. It was not, however, possible to engage with this key beneficiary group due to the changing focus of the evaluation over time. The evaluation had originally planned to carry out a questionnaire looking to elicit responses from carers around what had changed for them as a carer and also for the person that they cared for as a result of accessing the PAA. However, the focus of the evaluation changed to look at the PAA from more of a programme development perspective; and due to time resources and appropriateness of responses, carers were therefore excluded from the evaluation.

The evaluation represents discussions with key stakeholders at a single point in time. The discussions with former staff members took place before the new staff member was in position. It is therefore

possible that some of the elements highlighted by the former staff members may no longer be appropriate/applicable if the service has undergone change.

4.4 Future research

- It was originally planned that this evaluation would involve **social value measurement using social return on investment analysis**. This was, however, not possible due to the changing nature of the project and service under evaluation. A future piece of work could be conducted once the PAA is more established.
- As the PAA is still in its relative infancy of being established, it would be useful to carry out a number of **service user case studies and track individuals' pathways through the service**. This would enable Mersey Care to carry out a more in depth qualitative study of service user experience and evidence best-practice.
- Concern was raised regarding duplication of the service provided at the PAA with other external organisations. Future research may look to **conduct a mapping exercise of these external organisations** and the services that they offer; routes of referral into these services; and how they are similar/differ to the PAA.
- Future work may also look to **link the services provided by the Mersey Care Life Rooms, Walton (including the PAA, People Participation Programme), Walton and the impact that providing support and services under one roof** have upon service users and the wider community.
- It was highlighted that a Job Club had been set up with the hope that it would become a peer-led service; however, this had not been successful. Peer-led services are used in a lot of third sector/voluntary organisation to much benefit, e.g., sustainability of services. Future research may look to **evaluate the role of peer-led services within the PAA** and potential barriers/challenges to this.

5. APPENDICES

Appendix 1: Discussion guides

Appendix 1.1 Additional discussion guide for service users



Professional Advice Area Discussion Guide

Focus group – service user volunteers

Description of effective services/activities/courses (attribution)

1. From your perspective, what support services/ activities/advice/courses have been effective at helping you improve your personal development skills and gain meaningful employment/volunteer work/vocational activities?
2. What specific characteristics of each service/activity/advice/course do you think contributed to you gaining meaningful employment/training/ volunteer work/vocational activity? (*e.g. follow up, frequency or intensity of support, tailored support, socialising in group/signposting*)
3. How did you become involved with accessing each service/activity/advice/course? (self-referral, referral from primary care or secondary care e.g. Mersey Care)

Inputs

4. What did you have to contribute to each service/activity/advice/course?
 - Quantify time in terms of frequency and duration

Outputs

5. Did you receive anything from attending or completing any of the activities or courses you attended? (e.g. certificate, qualification, indicator of progression by completion of stages, documented outcome)

Changes/ outcomes

6. What changes (changes can be positive or negative) did **you** experience as a result of engaging with services/activities/advice/courses?
 - Were any of these changes unexpected?
 - How long have the changes lasted?

- Which service/activities/advice/ courses contributed to these changes?
7. What changes do you think the **people or organisations** you worked with have experienced as a result of helping you get ready to go back to work/into volunteering/vocational activity?
- Were any of these changes unexpected?
 - How long do you think these changes will have lasted?

Deadweight

8. How likely do you think the changes would have happened if you had not of accessed these services, advice or activities?

Development of services/courses/activities

9. Did you experience any barriers or challenges during your time of preparing to go back to work/get into volunteering/get into vocational activities?
- How do you think these could be addressed in the future?
10. Is there anything else you would like to be done differently or believe could be done to improve services/ activities/advice/courses that exist for helping people get ready to go back to work?

Thank you for your time, is there anything else you would like to add?



A World Health Organization Collaborating Centre



SROI Engagement Activities Schedule of Questions for all stakeholders

Inputs

- What do you contribute to the Project? (time, capital investment, office space etc.)
- How would you value this input? (how much is the input worth in monetary terms?)

Outcomes/changes

- What has changed for you during x time?
- What do you do differently because of this change?
- What does this change mean to you?
- Which outcomes are the most important to you?
 - Stakeholders will be asked to order outcomes by importance (most to least) and identify the key outcomes

Establishing impact

- What would have happened if the Project was not available?
- How likely is it that the outcome/s you experienced would have happened anyway?
- What other people or services have contributed to the outcome/s?
- How much of the change is down to the Project?
- How long will the outcome last if the Project was not available or you stopped engaging?



Professional Advice Area Discussion Guide

Focus group - partner organisations

Background

1. How did you become a partner organisation for the Professional Advice Area?
2. From your perspective, what is the main purpose of the Professional Advice Area? What do you think this service should look like?

Inputs

3. Please describe your partnership with the Professional Advice Area, i.e. what do you contribute to the project?
 - Describe activities you deliver and the aim of them
 - Is this in the form of Service-Level Agreement?
 - Quantify time in terms of frequency and duration e.g. do you deliver your service within the Life Rooms once a week for half a day?

Changes/ outcomes

4. What changes (changes can be positive or negative) do you expect to experience **yourself** as a result of working with the Professionals Advice Area?
 - Have any of these changes already happened as a result of working with the Professional Advice Area?
 - Have any unexpected changes happened already?
 - How long do you expect the changes to last?
5. What changes do you expect the Professional Advice Area **service users** to experience as a result of your contribution?
 - Have any of these changes already happened as a result of working with the Professional Advice Area?
 - Have any unexpected changes happened already?
 - How long do you expect the changes to last?

6. What changes do you expect **Mersey Care** to experience as a result of your contribution?
- Have any of these changes already happened as a result of working with the Professional Advice Area?
 - Have any unexpected changes happened already?
 - How long do you expect the changes to last?

Deadweight and Attribution

7. How likely do you think the changes you have experienced/ expect to experience from partnering with the Professional Advice Area would have happened:
- Anyway?
 - With another service or organisation?

Development and delivery of the Professional Advice Area

8. What data do you currently collect around those accessing your service? How do you capture this data?
9. How do we share data (between the partnership organisations)?
10. What are your individual targets relating to your involvement in the PAA?
11. How do we meet all of our individual targets?
12. What does success look like?
- How do we expand on this?
13. In your opinion, how effective do you think the Professionals Advice Area has been/or will be in:
- Improving relationships between external organisations such as yourselves
 - Achieving its purpose in relation to supporting service users to improve their personal development skills and gain meaningful employment
 - Are we missing any services?
 - How do we package all of the components to ensure a seamless transition from access to exit? (FOR INFO: *e.g. we see the Vocational Pathways Advisor triaging everyone and signposting them to the IPS service, or a combination of support, or straight to one of our partners*)
14. Have you experienced any challenges or barriers working with the Professional Advice Area?
- Do you perceive there will be any other challenges or barriers?
 - How do you think these could be addressed?
15. Is there anything else you would like to be done differently or believe could be improved?

Thank you for your time, is there anything else you would like to add?

