

A user-informed capabilities evaluation approach:

A case study of strengthening the social care system based on Hackney and Newham's Preventing Residents from Reaching Crisis programme

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**UCL Institute for
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Executive summary

During a time of exacerbated vulnerabilities brought on by COVID-19, Hackney and Newham Councils sought to foster a collaborative, knowledgeable and interconnected social service system to address residents' needs before they reached a crisis state. The intervention programme deployed by Hackney and Newham demonstrates investment into the capabilities of Hackney and Newham social service networks through the development of learning ecosystems, creation and maintenance of social relationships, and the nurturing of purposeful work and value. In particular, the intervention resulted in a greater than usual transferability of implementable knowledge by creating environments where knowledge was built and strengthened through immersive problem-solving and peer-enriched feedback loops instead of merely taught. Further, voluntary sector workers relayed an altered working relationship with the council as the intervention components, such as the alliance network, was positively associated with heightened levels of trust, a willingness to cooperate and, on the part of both the voluntary sector and the councils, an awareness of appropriate resources and services.

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1. COVID-19: A wake-up call to innovate the welfare system

Traditionally, barriers to services such as personal, financial, and organisational barriers (Gulliford et al. 2002) make it difficult for residents to access the necessary support and aid that would substantially improve the lives of many in need (Goddard 2008). The COVID-19 pandemic only served to exacerbate the vulnerability of residents and increase these barriers (Charles and Ewbank 2021). Overnight, the pandemic changed the ways in which residents and frontline service workers navigated and accessed services. Certain services offered by the council and voluntary sector disappeared as a heightened agenda of meeting basic needs took precedence. The UK government's Charity Commission found that 60% of charities that provided services lost income and experienced a shortage of volunteers. Services that were utilised before COVID by communities disappeared during the pandemic as the charitable sector had to funnel efforts towards delivering core projects. Amongst smaller charities one in four paused their activities completely.¹

The House of Lords Public Services Committee set up an inquiry into the impact that COVID-19 had on public services and found five weaknesses:²

- 1) insufficient support for prevention and early intervention services;
- 2) over centralised delivery of public services, poor communication from the centre, and a tendency for service providers to work in silos rather than integrate service provision;
- 3) a lack of integration especially between services working with vulnerable children and between health care and adult social care;
- 4) an inability and unwillingness to share data between services;
- 5) inequality of access to public services and user voice.

Despite the pandemic's challenges, the crisis brought on by COVID-19 also served as a catalyst for new ways of working and opportunities to rethink how the public sector can operate.

The Camden Renewal Commission is one example of where local government sought to spark ambitious policy and practical solutions to level up longstanding inequalities that were intensified through the COVID-19 pandemic.³ As the impacts of COVID-19 began to emerge, instead of focusing on how to recover from the pandemic, the London Borough of Camden devised a novel plan for responding to the crisis by embracing transformative renewal. The council looked to use the pandemic as an opportunity to re-examine its role in actively shaping the local economy by

¹ See <https://charitycommission.blog.gov.uk/2021/10/28/what-new-research-tells-us-about-the-impact-of-covid-19-on-charities/>

² See <https://lordslibrary.parliament.uk/public-services-impact-of-the-covid-19-pandemic/>

³ See <https://ucl.ac.uk/bartlett/public-purpose/news/2020/sep/iipp-partners-camden-council-launch-new-commission-economic-renewal>

considering the tools and resources it had available to respond to the borough's immediate as well as long-standing needs.

The council has enabled new ways of working by restructuring some of its internal teams to foster more innovative thinking that will help accelerate the planning and delivery of the renewal missions. Part of this restructuring includes the creation of new policy designer teams. These four teams bring together policy makers with different areas of specialisation, each under the direction of an elected councillor, to collaboratively encourage societal innovation in support of the missions. It is hoped that through this new approach and structure the council will better enable experimentation, risk-taking and stakeholder engagement.⁴⁵

Hackney and Newham are also trying to embrace new ways of working and thinking about the social welfare system, which transpired because of the greater need that arose during the pandemic. Whether because of, or despite of, the fact that Hackney and Newham suffer from some of the highest rates of deprivation in London, the mounting pressure of residents' needs have stimulated these councils to become more innovative in their approach to resident engagement and service delivery. For instance, virtually all staff have adopted new digital tools through remote working, building digital skills and confidence. As a result of a shared sense of urgency, there has been an amplified ability to be more dynamic, and to test and iterate new services. Working partnerships between local voluntary and community sector organisations (VCSOs) have become more balanced. There have also been gains in frontline staff trust, as staff have been encouraged and supported to respond more effectively and appropriately to residents' needs through newfound flexibility, resource investment and time.

Specifically, Hackney and Newham took active steps to rethink their welfare system and the way they engage with citizens by implementing a range of innovative intervention schemes that sought to alter the status quo of the welfare service system during an especially stressful time for both residents and the council.

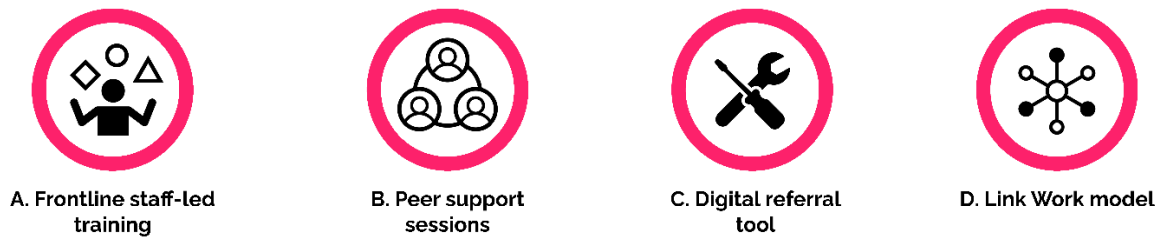
The aim of the Preventing Vulnerable Residents from Reaching Crisis programme was to address known barriers to the delivery of services and enhance support for residents through the implementation of four components: a peer support session, a digital tool, a training programme and a link work model.

⁴ See <https://medium.com/iipp-blog/a-public-value-approach-for-renewal-designing-missions-in-camden-4a5aed2951fc>

⁵ See <https://camdenrenewal.com/>

Figure 1: The four components of the 'Preventing Residents from Reaching Crisis' project

Toolkit for preventative work



Source: Preventing Residents from Reaching Crisis Toolkit: A toolkit to support the adoption of preventive approaches. Developed by Hackney and Newham.

Overall, the intended impact was to create a more integrated, knowledgeable, trusted and supported service system, as well as a service system that would enable an improved referral process and enhance residents' access to resources.

2. An evaluation that reflects the values and needs of residents, frontline workers and the welfare system

2.1 Building capabilities are crucial to the wellbeing of the public sector

The public sector is responsible for the long-term resilience and stability of societies, and for shaping public outcomes. Unfortunately, governments have been placed in a reactive rather than proactive position as the state itself rarely receives the investment it needs and is instead positioned in the role of market-fixer due to the impacts of New Public Management thinking, the approach to public sector management has prevailed since the early 1990s (Mazzucato 2015). Correspondingly, the success of public sector agencies is measured through efficiency targets and narrow KPIs (Kattel et al 2013). Little focus has been placed on evaluating programmes based on the real value they produce and how they impact the capabilities of the service system (Drechsler 2005).

Governments require capacity to adapt and learn, to align public services and citizen needs, and to govern data and digital platforms. Public sector capacity and capability are crucial for delivering services that meaningfully shape and create an environment in which people can thrive. The world of public service organisations is a 'polycentric, multi-nodal, multi-sector, multi-level, multi-actor, multi-logic, multi-media, multi-practice place characterized by complexity, dynamism, uncertainty

and ambiguity in which a wide range of actors are engaged in public value creation and do so in shifting configurations' (Bryson et al 2017).

Investing into the capabilities of the social welfare system is crucial. That is because government interventions are only effective if the state has the corresponding capabilities to act. Areas that help to build up such capacity include investing in digital infrastructure, reducing silos, making welfare services more comprehensive, and enhancing procurement and delivery.

Dynamic capabilities can be understood as a 'learned and stable pattern of collective activity through which the organisation systematically generates and modifies its operating routines in pursuit of improved effectiveness' (Zollo and Winter 2002). Welfare systems ought to be designed around the users themselves, as advocated in Hilary Cottam's work, *Welfare 5.0: Why We Need a Social Revolution and How to Make It Happen* (Cottam 2020).

2.2 A user-centred capabilities approach

The way in which capabilities were defined and assessed as part of this evaluation were narrowed to concentrate on capabilities that are meaningful to the user of the service. This evaluation framework borrows from Cottam's work by focusing on core elements that user-centred welfare services should entail, including building relationships, enhancing learning, enabling health, revitalising the purpose of work, and embodying holistic thinking.

To define what user-centred capabilities would be captured for the main evaluation, resident interviews that were previously recorded were reviewed to isolate themes of importance for the resident. Highlighted within these resident transcripts were themes that strongly resonated with Cottam's thinking. Residents specifically spoke about their frustrations with a lack of knowledge about services, desire for consistent and trusted networks in the service system, cohesion between services, trained and confident staff, integrated information systems, and, overall, a desire to be engaged by services that demonstrated empathy and acknowledged residents' experiences.

The need for reliable information was consistently repeated, as residents did not necessarily expect to get immediate access to resources, but desired at least accurate and appropriate information when interacting with a frontline worker. Residents were frustrated that information such as what services they were eligible for, what help was available and who would be able to provide such help was not immediately apparent after interacting with a service worker. This was especially true in more complex cases. Residents also complained about being passed between service providers, and confusion about case progress and management. Overall, the user-centred capabilities approach accounts for the various contested values that come with considering a range of institutional and actor perspectives on success.

Based on the resident interview inputs outlined, the researchers ensured that the capabilities assessed in the evaluation greatly reflected resident user experience.

2.3 The particularities of measuring social innovation

Cost-benefit analysis (CBA) and cost-effectiveness analysis (CEA), as outlined in the *Green Book* (the UK Government's guidance on appraisal and evaluation),⁶ are widely recognised as high-quality appraising techniques, but they rely on the assumption that the contextual environment in which the policy or intervention takes place remains unchanged (Mazzucato et al 2020). While Hackney and Newham may have traditionally chosen to evaluate such a programme by measuring each of the four components through static evaluation practices, such as by evaluating success based on reduced call times, the two boroughs were open to a more comprehensive assessment approach, as there was an acknowledgment that traditional targets and indicators anchored only to efficiency say little about service effectiveness, impact and quality.

As this programme was more than the sum of its parts, with each element bolstering the others in both expected and unexpected ways, understanding the connections and the way these different elements interacted with each other and the wider system provided a more meaningful picture of the value created for residents, frontline workers, and the social welfare system. It also helped to capture anticipated outcomes if the programme was up scaled. Additionally, because the programme and its component parts were rolled out on a smaller scale in a dispersed and iterative fashion, capturing the larger effects, such as measuring the reduction in community deprivation scores, as would be traditionally done, would have been inappropriate.

Further, the four intervention components, consisting of training, a digital tool, peer support and a link work model, were instead framed as innovation mechanisms that sought to alter the status quo of the existing social welfare system. As set out in the 'Preventing Residents from Reaching Crisis' programme toolkit:

'Innovation in social change occurs when there is a change in practice, policies, programmes or resource flows. This differs from improvement in that it causes reorganization at a system and may occur at the organization level. Innovation processes assume that not all activities are alike and that these differences matter. For this reason, normal evaluation techniques which work in more static situations, such as standardization of inputs, consistency of treatment, uniformity of outcomes and clarity of causal linkages are unhelpful or even harmful to situations where innovation is being launched into a system'.

Preventing Residents from reaching Crisis Toolkit⁷

Thus, the approach taken was one that pulled from process and developmental evaluation methods, as this programme was an active pilot and so the focus was on learning and allowing for continuous development and adaptation within a changing environment. This way of assessment allows for refinement by acknowledging and embracing how structure, governance and relationships impact processes and outcomes.

⁶ See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/938046/The_Green_Book_2020.pdf

⁷ See <https://loti.london/resources/preventing-residents-from-reaching-crisis-toolkit/>

2.4 Capability assessment areas

To assess the impact of the intervention, a capabilities framework was used. Research was conducted to confirm and define which capabilities ought to be looked at within this evaluation by considering the user perspective of residents, incorporating innovation theory on the function of a social welfare system, and by examining the findings from similarly innovative intervention programmes that took place within the social service domain. A focus was placed on identifying the capabilities that are crucial to invest in to create a far more integrated, skilled and user-oriented system.

Based on this, six capability assessment areas emerged: knowledge, work culture and cohesion, engagement and trust, resource access and behaviour change, appropriate referrals and holistic care, and service system integration. How each of these six capability areas improve the social care system is outlined briefly below.

To collect information for this evaluation, between July and September 2021, 18 interviews were held with frontline workers who had participated in a combination of training sessions, peer support sessions, link work and/or engaged with the digital referral tool. The service care workers were selected based on the recommendations of our key contacts within Hackney and Newham Councils, who identified individuals who had participated in one or more of the four programme pillars. The interview questions were constructed with consideration of the research literature, as well as the context and research materials used by Hackney and Newham councils.

From these interviews, excerpts were thematically identified and catalogued within the six predetermined capability assessment areas.

Table 1: The six capability assessment areas with supporting literature

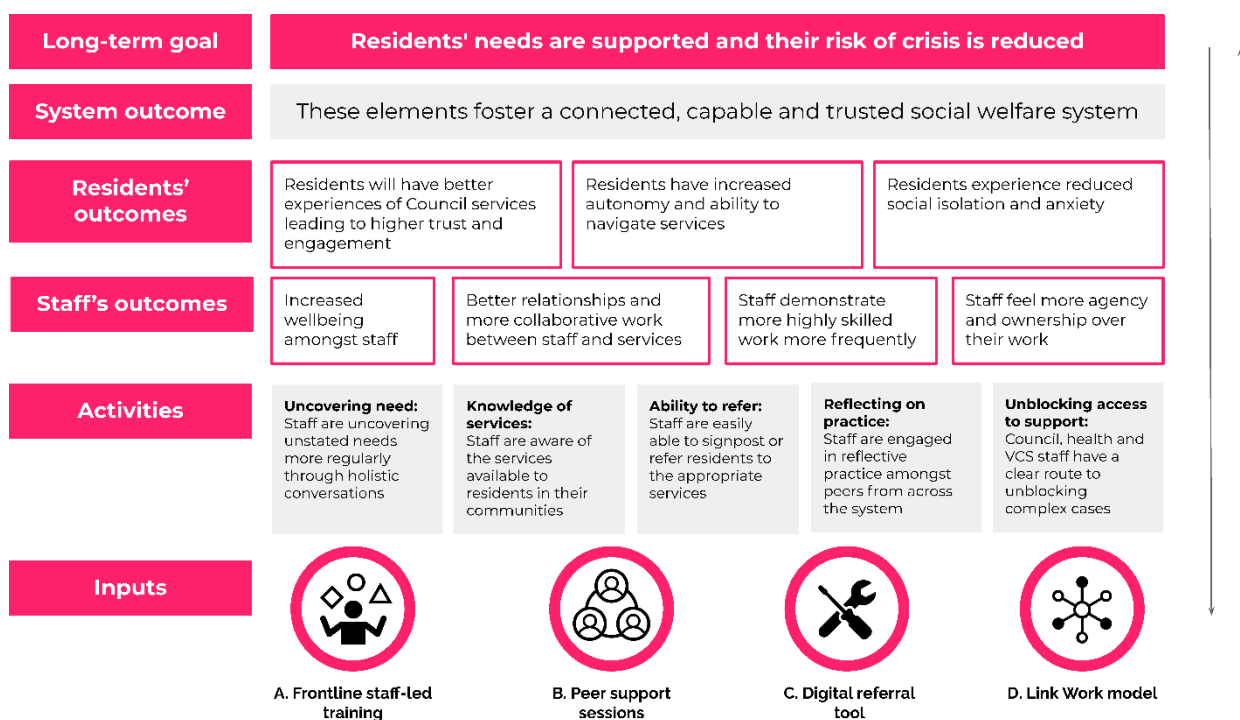
| Knowledge | Work culture and cohesion |
|---|---|
| <ul style="list-style-type: none"> ▪ Specialised training increased confidence and expertise on complex subjects (i.e. safeguarding, immigration) and, compared to general training, was found to be more relevant and useful for frontline workers ▪ Community development training, which focused on increasing knowledge around the availability of community resources, was especially important for ensuring resources were accessed (Wildman et al 2009) | <ul style="list-style-type: none"> ▪ Enhanced work culture and cohesion increased frontline staff team morale and well-being, and consequently fed into improving the resident's quality of life and well-being ▪ A positive work culture and increased feelings of support overall mitigated the impacts of work-related stress (Mercer et al 2017) |
| Engagement and trust | Resource access |
| <ul style="list-style-type: none"> ▪ Frontline workers who demonstrated a skill mix of excellent listening and empathy were more likely to have trusting relationships with residents ▪ Continuous and sustained engagement with a single frontline service worker led to improved self-esteem and increased confidence around attending and engaging with referral activities for the resident ▪ A sustained relationship between service worker and resident over time produced therapeutic effects (Kiely et al 2019) | <ul style="list-style-type: none"> ▪ For users, personalised support may better enable access to specific and appropriate resources within their community (Brandling and House 2009; Mossabir et al 2015) ▪ There was a correlation between a resident's enhanced ability to navigate community services and the increased strength of their relationship with their frontline service worker (Kiely et al 2019) |
| Appropriate referrals and holistic care | Service system integration |
| <ul style="list-style-type: none"> ▪ Effective onward referrals coincide with the resident receiving timely and appropriate help (Keenaghan et al 2012; Whitelaw et al 2017) ▪ Poorly written and communicated referrals lead to: <ul style="list-style-type: none"> ▪ repetition of investigations, an increasing burden on the system and increasing potential cost (François 2011) ▪ inappropriate service consultation whereby underlying causes are not addressed (Gandhi et al 2000) ▪ Streamlining of the referral process may enable greater efficiency and accessibility (Budd et al 2020) | <ul style="list-style-type: none"> ▪ Social prescribing models connect people with complex social care needs to statutory and community support (Polley et al 2017) ▪ When services are integrated in a way that is helpful for the system and resident users, such as by tapping into the voluntary sector or into underutilised services, the effect may be a more responsive and efficient local economy⁸ ▪ A combination of training, peer support and link work has been effective in integrating services (Mercer et al 2017) |

⁸ See Report of the annual social prescribing network conference. (2016). London: University of Westminster, Wellcome Trust, & College of Medicine: <https://.artshealthresources.org.uk/wp-content/uploads/2017/01/2016-Social-Prescribing-Network-First-Conference-Report.pdf>

3. Capabilities for the 21st century welfare system

This section now seeks to assess whether the ‘Preventing Vulnerable Residents from Reaching Crisis’ programme has helped develop and implement these capabilities among frontline public sector workers. Our assessment is based on the results gathered from interviewing these workers, analysing feedback from residents, and contextualising the original scope and objectives of the pilot. We argue that the pilot has created the foundation for building upon the key dynamic capabilities of learning by doing and building new relationships. At the same time, the pilot provides us with learning opportunities to further strengthen the capabilities of holistic thinking and creating purposeful work. The specific thinking about how each of the four pillars would accomplish this are shown in the graphic.

Figure 2: Theory of change framework from the ‘Preventing Residents from Reaching Crisis’ project



Source: Preventing Residents from Reaching Crisis Toolkit: A toolkit to support the adoption of preventive approaches. Developed by Hackney and Newham.

Overall, the intended impact was to create a more integrated, knowledgeable, trusted and supported service system, as well as a service system which would enable an improved referral system and enhance resident access to resources.

3.1 Developing learning ecosystems

When reviewing initial feedback on their interactions with the council, residents consistently spoke of a lack of knowledge about services and the inadequately trained staff. A key objective of the preventative approach was, thus, to build the knowledge base and growth mindset of frontline workers across Hackney and Newham.

Knowledge was a crucial component of ensuring residents' needs were met. Through enhanced knowledge, service workers were able to confidently navigate the welfare system, and provide residents with appropriate and crucial information. Specific and focused information that informed service workers how to make quick referrals, signpost residents to other organisations and access resources enabled them to perform their jobs more effectively.

Historically, frontline staff experienced lack of confidence and discomfort, because at the time they lacked the necessary information to help the resident. Thus, many interviewees appreciated the existence of these training programmes, especially when the training programmes deepened their knowledge about services, organisations, safeguarding, privacy and referral processes. As one frontline worker stated, 'The main reason [to take these training sessions], was [to] just feel more prepared when we're giving support to our community members and not just go "I don't know." But help them with something constructive'.

Training and peer support sessions served as crucial knowledge and information exchange spaces to learn about the unique referral processes of different organisations and departments, as well as to exchange insights from peers about practice. Such information gathering was important to the appropriate referral process as interviewees often discussed their uncertainty and confusion surrounding the referral process: 'Because that's always one of my questions in the sessions anyway. I'd like to know what is a referral process, because it's great to hear all this amazing stuff, but how do I refer people to you'. One person directly cited how, as a result of attending a training session run by Citizens Advice, they had substantially more insight into the organisation and how to connect residents to it.

Training information sessions also created opportunities that would otherwise not have existed for service workers; opportunities to learn completely new things that might be simply useful or could possibly turn out to be crucial for performing a service worker's role. As one interviewee observed: 'We were providing joint sessions to frontline staff and we actually realised that a number of frontline staff as well as residents were not aware of the services that were available'. Interviewees spoke about learning completely new things: 'I did [a training session] recently as well about the IT accessibility in the borough and a lot of those things there I didn't know about'. Or, in the case of how to manage particular subjects, such as financing: 'I'm not qualified to do some financial advice, so attending the course was good, because then I've got more information on organisations that help with these things, so I'm able to send people in Newham'.

Through training sessions, frontline service workers were better able to immediately signpost residents and link them up with services through the information they gained and as a result of their strengthened network. Interviewees described the sessions as opportunities to better help and connect residents based on their own particular needs: '[Through the training sessions I] got more opportunities, resources now than I had before'. The knowledge and skills from the training sessions were deemed crucial for performing frontline worker roles in an enhanced and fruitful way that benefited both the frontline worker and resident.

While training sessions provided opportunities to expose service workers to new information, retention of this new information and implementation of the knowledge during relevant cases was not assured through training sessions alone. Some interviewees expressed an inability to recall the information when it was needed: 'Potentially a con is that, for example, we went to these sessions, like yesterday we did have someone who was being evicted and then we couldn't remember what to do. So it was, like, great at that time, we were like we are going to remember this, but when it actually gets to the practicalities of it, I guess I still need to be refreshing myself on what to do and say'.

One reason why training sessions may not have had the same knowledge 'stickiness' is likely a result of session frequency. Peer support sessions, on the other hand, because of their ten-week lifespan and problem-solving approach, helped reinforce knowledge and training, especially among link workers.

Real learning and knowledge acquisition was differentiated from passive, non-permeating information. Knowledge was strongly associated with peer support sessions and link work. Training sessions also provided knowledge, but it appeared that the structure of only having a single session gave service workers exposure to service options and contacts rather than creating a deep reservoir of learnings. Indeed, this parallels the thinking of Hilary Cottam's *Welfare 5.0* policy report, as 'Learning is not something that can be given to us and externally assessed through tests, rather it is a capability of enquiry that must be acquired and continually exercised like a muscle, through good company and teamwork' (Cottam 2020, p.33).

While short training sessions may provide exposure to information for frontline workers, real implementable learning took place when service workers were able to exercise that knowledge and problem-solve. Interviewees who spoke about problem-solving cases with others, such as through peer support sessions, or learning through first-hand experience with new services or complex referral processes, were able to recall more specific examples of new learnings: 'Because if you go to an information session and they give you all the information, I would have actually forgotten it by the time I had to use it. Having those actual practical case studies made a big difference and gave me the confidence to work out at least what to do next if I didn't know the answer straightaway'.

However, a word of caution should be raised about learning that is solely practice-based. Many frontline staff workers wished they had a clearer sense of what to do at the start of their role, based on set guidelines and standards. This desire for guidance was especially prominent with link workers, as the role entails a high degree of freedom in how to handle complex cases. Consequently, link workers were keen that future link workers should receive structured training early on to better manage the complexity, rather than relying on a learning by doing approach: 'More structured knowledge on topics such as safeguarding and immigration were recurrently called for, because of the regulations, and level of risk and uncertainty, associated with these topics. As one of the link workers stated: 'We didn't know [about] certain laws which means that ... we can't give certain immigration advice or information... we didn't know, so I could have [given residents] information there and then, which is basically what I shouldn't be doing'.

Frontline workers were very positive about the core conversations training, which helped them build empathy when interacting with customers, acknowledging any unconscious bias that may exist and exploring the residents' queries holistically. By bringing a group of employees together consistently over a ten-week period, the peer support sessions provided the opportunity to learn from each other. This not only built new relationships, but by sharing case details and encouraging each other to think of different ways to resolve this, it promoted active problem-solving, a key capability. Doing this repeatedly, in an environment where employees felt psychologically safe, ensured greater knowledge retention and access to a more diverse resource base. While not all employees interviewed were aware of or engaged with the Better Conversations digital toolkit, those who were found the resource extremely useful in accessing referral and service options in an easy, click-of-a-button way.

Among those more intimately engaged with the digital tool, it was found to be a useful platform to look up information on resource and service options, because the tool included a helpful search function and efficient knowledge categorisations. According to interviewees who used the tool, many applauded how

the tool improved over time and became increasingly more user-friendly and helpful. The digital tool allowed the service worker to quickly type in and figure out appropriate service options for a resident: 'Click on that and it just tells you what services are available so it makes a conversation a lot smoother. I'm sure it gives the person on the other end of the phone more confidence in the person that they are speaking to. So, I use it as much as I can, as much as needed depending on the client that I'm speaking to'. Further, frequent use of the tool was noted by at least one interviewee as enhancing their own ingrained knowledge of services, as they became more familiar with the options available through repetitive use of the tool and in turn the tool reinforced information uptake. The design team's approach of constantly refreshing the toolkit based on user feedback was also extremely well received, making later versions of the software more accessible.

Better Conversations was mentioned as being useful by those who directly interacted with the platform as a means of countering the information and referral barrier that impedes access to resources through a streamlined and navigable platform. The more one used the tool was linked to an improved ability to provide the resource efficiently: 'The more you use it... the more you're equipped to just, off the top of your head, be able to provide certain information'. The digital tool could address one of the main challenges frontline workers mentioned related to why they felt limited in their ability to access resources for residents. Lack of information transparency and access concerning service options and referral processes hindered service workers. However, with the tool information transparency was also enhanced: 'A lot of residents cannot go online, either because of lack of knowledge or lack of resources. So, it's good for us to have the resources in front of us at the click of a button to find for them'.

Interviewees also reported that the Better Conversations tool helped to direct them to alternative services, because they were able to garner information as to service availability and capacity: 'So having that option [and flexibility to refer to different places] is kind of OK because Better Conversations has made that easy for us to be able to work out what organisation will be quicker in response'.

Finally, those who went through the link work component of the intervention were able to provide numerous instances of new knowledge acquired as compared to non-link workers. Link workers experienced rapid and intensive on-the-job learning. One interviewee said the learning process was a 'baptism by fire'. Link workers who had previous experience on the COVID-19 helpline appeared to benefit from carry-over learnings as many went through a similar knowledge uptake process during their helpline experience. The link work project in particular exposed workers to wide-ranging service network knowledge, because of the need to take on a holistic case approach. Service workers were required to persist and follow through with a variety of service organisations to address residents' complex needs, which was very different to simply referring to another service worker or signposting a resident to a service for the resident to navigate alone. Consequently, the very nature of the link worker role ensured that key capabilities, such as holistic case management, multi-agency alliancing and enhanced empathy, were built daily. Link workers became especially adept at making use of a variety of different resources and referral systems, as well as coming out of the link work experience with significant and intimate awareness of the resident experience and the operating model of the overarching welfare system.

As the above highlight, the four pillars of the preventative approach have largely been successful. While more focus could be created to ensure longer-term knowledge retention, particularly for one-off training courses, and balancing the need between building technical competencies (on safeguarding and immigration, for example) and 'soft skills', the preventative approach has created a path towards greater learning on the job, employees learning from each other and designing user-centred platforms.

Knowledge enhancement reached beyond the direct participants in the form of knowledge spillovers, which impacted others in the welfare network: 'We share the slides and information after the session with the rest of the team'. Knowledge sharing beyond the sphere of the intervention also resulted from peer support sessions. For instance, information about service options that occurred during a peer support session could also be relayed to the interviewee's own organisational network: 'Part of my role is supporting other colleagues here with their more complex work... I can keep on making suggestions about other agencies they could be involving around particular clients'.

3.2 Creating purposeful work

At the heart of building dynamic capabilities lies the need to create purposeful work that is not only well-paid, stable and recognised, but also provides value to the worker. Here, the link work pilot aimed to be path-defining. Link workers especially saw themselves as advocates for residents. Concern for the resident and desire to do 'right' by the resident was discussed as a key component of the link work position as link workers embodied the attitude of social service mediators and shielded the resident from a stressful and bureaucratic system: 'I mean, we're almost shielding people from the fact that they're being put through this process'.

By giving ownership of all resident interaction and case management to individual employees and by providing the space and time for them to nurture relationships with residents, the link work pilot sought to break free from the shackles of 'BAU' operating models that were defined by KPIs, queue wait times and volume of interactions.

In a role that, due to its nature, may have often felt demanding, the peer support sessions created a working environment for employees where their efforts, intent and knowledge were recognised. Those who went through peer support sessions also felt more at ease with their jobs and assured of their efforts. This played a role in calming anxieties, assuaging fears and helping avoid burn-out, as front-line workers grappled with feelings of not having done enough: 'Sometimes, unfortunately, the answer to a resident enquiry is no, with the best will in the world. There isn't anything else you could realistically do and at least you then think, well, OK, I now know I'm doing everything I can... which is helpful in terms of resolving self-doubt, even though it doesn't actually help the resident at all'.

Link work was also noted as creating a work culture of support and value: 'So we had our daily meetings for the link project, so anything that we found difficult we would just say in our meeting and then they would give us [ways of going about it]'. This environment allowed people to explore, test and iterate. Link workers said that, compared to other positions they had been in, they felt especially valued and fulfilled, despite encountering job difficulties and not wanting to extend their time on the link work project: 'I view my role as essential. Before... I didn't know what my role was, like... What am I really doing? I'm just transferring calls... I'm not really dealing with anything, but now I see myself essentially as almost an essential worker'.

While the link work pilot provided an opportunity for a more enriched work experience, link worker efforts were severely hampered by pre-existing structural and organisational barriers. Here, link workers were often left frustrated and dispirited by the lack of feedback loops, an inability to access all the information required and the siloed ways of working between departments. The narrow mandate, agency and authority of front-line workers further exacerbated issues regarding delivering accurate, timely information and services to residents. Few workers seemed able to provide resources themselves and they had to rely on

an entire service system for even the simple provision of resources. This frustration was very prominent among link workers who were tasked with ensuring residents' needs were addressed and many felt their hands were tied in terms of direct service delivery. As one link worker stated; 'If the communication [between departments] isn't good, the resident is really left out in the cold, because people who aren't in those departments [i.e. link workers] can't get access to the information very easily either, because it's confidential or sensitive information. You see, in the end we were trying to do something we didn't have the authority to really deliver'.

Further, link workers were especially exasperated by having to deal with an array of services and receiving the 'run around' of where to go. Link workers in their roles as resident advocates exhausted themselves to accomplish resident breakthroughs: 'They go to a community worker or mental health worker who can't get through to the council in the right way, who then refers it to a link worker who then doesn't have access... Due to this, the overarching sense among most link workers was that a key purpose of their role – making referrals smoother and more holistic for residents – was not being met.

For link work to have a larger system impact, recognition of the link work role by other organisations and council departments that link workers interacted with would be a necessary step. Other services were hesitant to engage with link workers in the way that aligned with fulfilling the link work role, because of a lack of awareness of the position, as well as how the tasks of the role seem to interfere with the orders and mandates of service workers and organisations: 'The fact that I'm a customer service officer, that reduces the sort of pull I have. I didn't get the support that I needed to get, but as soon as I went to somebody who had a better post, then the information started flying in'.

For the link work pilot to truly reach its potential for creating purposeful work, organisational barriers must be removed. Training, which was positively received, could also be expanded to consider how link workers can deal with sensitive issues of safeguarding and ethical dilemmas.

3.3 Building and maintaining social relationships and institutional connections

As Cottam argues, the capability to build and sustain relationships takes knowledge, practice, time and experience (Cottam 2020). The four pillars of the preventative approach, particularly the peer support sessions and the social welfare alliance, have paved the way for a better connected, more holistic welfare provision. The biggest impact has been on the mutual trust and engagement built between Hackney and Newham councils, and the voluntary organisations supporting residents in the area. Historically, the voluntary sector felt that council services presented themselves as superior; that neither fully understood the extent of welfare support each can provide; and that engagement with the council was not open to all. By opening peer support sessions to employees from the voluntary sector, the council employees became better known, personal relationships developed which could be used to refer residents, and practical support for handling complex cases was shared. The alliances in turn not only fostered relationships between the councils and the voluntary sector, but between different voluntary organisations as well, further strengthening the access to resources and knowledge that would otherwise have been absent.

Through the digital tool's ability to link more services together on one platform, there was a belief that the tool could also foster a more holistic and enhanced referral process. The tool enabled a service provider to send out numerous referrals to a multitude of organisations at once. There was a feeling that the responses from the digital referrals were quicker and allowed for a more expedited process for the user, because the digital tool could connect resident cases to many organisations more seamlessly. As one

interviewee affirmed '[Better Conversations tool] was great... Organisations are quick to respond as well, whereas before it wasn't like that... Better Conversations makes it a lot better'. However, there were limitations with how connected external organisations were to the platform as some interviewees mentioned issues with reaching, for instance, housing services.

Training sessions that consisted both of the council and voluntary sector had an important role in building connections between these different organisations. As one interviewee stated 'the Newham Money [training] session involved quite a lot of organisations in Newham. I got to know different organisations that are working with the community but doing different, other stuff'. Voluntary sector workers who took part in the training sessions felt closer to the council. Enhanced trust between voluntary sector and council services was a meaningful outcome considering the relationship between voluntary agencies and the council was previously not so strong: 'So the fact that they came in and facilitated this really made it a lot easier for us to actually get direct contact within the council'.

The Newham training alliance in part created closer working ties between the voluntary sector and the council, especially among organisations that felt previously disconnected. Voluntary sector organisations that, prior to the intervention, were never included in training sessions or lacked awareness of others services felt more included through the alliance network: 'As a result of the training sessions we formed a number of relationships with either social prescribers or any other charities, because we now have a direct referral route with the social prescribers within Newham'.

The voluntary sector spoke of new knowledge and resources, new equipment and new possibilities as a result of the strengthened relationship as compared to pre-intervention times. Training sessions also resulted in heightened feelings of fairness and equity about how resources were distributed: 'If I couldn't get funding this time, I don't take it personally, I think "Oh well, so and so, you know somebody else, got it." It's a fair process. I never felt that before'. Service workers spoke about increased dialogue across the board indicating a culture that produced openness where once there were silos. 'It's the connection we have with them... If I need some help with the community, the relevant people I need to support me with something or if I don't understand something to do with the people that are being referred to us, the communication with the alliance is always open'.

Peer support sessions helped to create a sense of common experience and allyship between workers: 'It was a baptism of fire for me, dealing with hardships ... dealing with medical, financial, family issues, everything was new to me in terms of what these people were going through. I wasn't prepared for that. It was a shock. As time goes on, in the support sessions you speak up about these things and everyone is going through a similar scenario'. Interviewees who went through peer support sessions felt that they could bring up a range of difficult work scenarios, but also felt free to discuss difficulties outside of work: 'It's become a really trusted group and now people are talking about lots of personal, deep things'.

Yet on an individual basis, those who only attended a single training session, who were less involved in the alliance work, acknowledged that they did not make direct contact with fellow participants, nor did they necessarily show strong interest in connecting directly with those they became acquainted with during the training sessions in their own time: 'Interacting with other people from the sessions – it's really all stayed in the session to be honest. I haven't actually gone out and done that'. Many who already felt they had contacts before entering the sessions were more apt to feel this way.

Still, repeated involvement with sessions from the Newham training alliance impacted overall feelings of connection and cohesion: 'It was really nice to see the same faces at the training sessions. We recognised

each other and, for example, if I needed to refer someone to Newham Money, I know I could refer them to the person whom I know. I felt much more connected to the Newham council than ever before. As an organisation we feel more connected and more supported'.

The composition of a peer support group impacted the environment, experience and outcomes of the session. There were advantages and disadvantages to taking part in a mixed composition peer support group. Some people explicitly joined the peer support sessions in the hope of extending their contacts and creating a larger service network: 'My own aim was let's see if I can actually get to meet some people here who I could be doing some useful work with in the future'.

Historically, networks that have propelled resident cases forward through a confusing referral process are those that rely on organisational familiarity and named contacts. Corresponding directly with a named contact could make a substantial difference in how rapidly and thoroughly a case was addressed: 'And he [a specific named contact] was so quick, so responsive, so friendly ... And I think if I was going to email the general inbox then it wouldn't have been picked up as efficiently as it did'.

One interviewee who intended on networking as part of the peer support session felt disappointed about not having more representatives from services who could address their typical clients' needs. Others who came from the voluntary sector and were mainly surrounded by council staff during the meetings were initially concerned that the sessions would be less helpful: 'It was more internal from Hackney. So not really anyone who I could relate to what I was doing... It seemed to be more Hackney worker-based'. After going through the entire peer support session and reflecting on the overall experience, interviewees came around to highlighting the unique opportunity to connect with service workers they traditionally would have not seen as valuable to their work: 'I haven't had to use them yet, but if I needed to, I wouldn't feel uncomfortable contacting them to ask a question or raise a point. I guess it's just opened up a communication that wasn't there before'.

Peer group sessions that had a mixture of council workers and voluntary sector attendees also resulted in a greater understanding and appreciation for one another. It was important to have peer support sessions over a period of weeks, because, while one interviewee initially described the sessions as a 'whinging session about things that aren't working in the council', eventually that same interviewee also described how the sessions made them more empathetic and appreciative of council workers. By listening to more intimate conversations about council service experiences, council workers became more relatable and humbler in the eyes of the voluntary sector: 'Yeah, I think there's become this real acceptance of the worth of small community groups. Whereas before I think maybe there wasn't, more so busy bodies and interfering for what we're doing-type attitude, but now I think they appreciate [the voluntary sector]'.

By exposing service workers to each other and having them relay similar stories despite organisation and position, service workers began to understand how everyone faced equally difficult barriers on the job. This created a bridge between different workers, and altered attitudes and perceptions of other services: 'I guess it made me realise we all have very similar issues, even if it's completely different organisations. For example, if someone was feeling like their line manager felt they weren't doing enough, but they were doing enough... There are similar issues throughout, which is interesting'.

Peer support sessions also reduced feelings of siloed work and fostered a stronger vision of working towards a common purpose: 'So those sessions were really good to go to, ensuring we weren't on our own and we were working as part of a group and moving in the same direction really, and getting some support

and [being] able to talk about stuff, and you know, really good people... I really like the reflective nature of it as well, because sometimes there are no answers'.

Peer support sessions provided a window into the varied and yet similar frontline worker experience across the welfare system. Repeated sessions with the same group of colleagues resulted in empathy that transcended beyond those in the room. There was a shift in attitudes by those who went through peer support sessions as these individuals were more likely to provide assistance, because of a newly recognised appreciation of a shared experience: 'Definitely useful to stay in touch with [those from the] peer support... whose role is based around creating relationships, and signposting residents and building networks, so for me it's really important to have those connections'. The enhanced feelings of empathy and understanding among peer support session attendees created a more helpful and sympathetic mindset when engaging with other service workers. It also made frontline workers reflect more on their own organisational issues and how they themselves might help to unblock those barriers: 'We're listening to other people ... And as we work in silos, you really saw the benefit of particularly doing those sessions with community workers, because it helped you balance your take on a situation as well, because they've got a slightly different take'.

Looking inwards, the peer support sessions were instrumental in creating 'communities within communities'. Their frequency, structure and scope meant they were seen as a platform for employees of the council to come together and ask each other questions, share their stresses and emotions, and feel a sense of solidarity and purpose, all in a psychologically safe environment.

The intervention provided a necessary support function for frontline service workers who face emotional strain, intensive time commitments and work fatigue through their positions: 'A theme that emerged is that everyone... was finding some aspects of their job quite emotionally demanding and even I'd go so far as to say emotionally destructive'. The four intervention components address frontline staff stress and the need for support by providing spaces and tools to connect and network. This atmosphere allowed frontline workers to share their burdens and strain collectively, while also providing general support and tangible solutions for resident cases.

Peer support sessions supported a culture of open communication and provided a unique space where people could ask questions and not feel 'dumb' or restricted: 'Talking a lot more to each other and having that understanding of each other through those meetings and those support sessions, it gave us more confidence to be able to ask those questions'. People were able to open up and express themselves freely. They provided a place and 'a chance to share our experience... whatever happened [and] how we can go for help'.

Link work sessions and peer support sessions also provided practical support for handling complex cases. The peer support sessions in particular appear to have allowed people to workshop and discuss cases. In return interviewees spoke about how those in the sessions offered first-hand experience based on similar cases, and would also provide specific contacts to help resolve barriers and push forward cases: 'They offer their opinions and if that does not work then the manager steps in and says go to this person or I will find someone for you or send me an email and then I will, you know, get this information for you, so there is that support'. Colleagues who already knew each other outside of peer sessions reported becoming closer and spoke about increased open communication.

The link work component of the intervention also resulted in more holistic thinking and a new ability to navigate the referral process by dealing with a variety of service sectors and organisations. Link workers

were positioned to understand the larger network of services, and the effort required for contact and follow up. This, inevitably guided link workers to know how to best access resources. Link workers, because they were constantly liaising with different organisations and voluntary sectors, had more detailed knowledge on how to move residents forward through the referral process. The remit of a link worker was quite wide as residents could ask help for anything, and it could require a lot of energy and effort to address a single resident's needs: 'It's just them saying they want help with literally anything... in their life'.

While the intervention can be lauded for the steps it has taken to build new relationships, particularly between councils and the voluntary sector, internal and external to the council, sustaining these in the longer term remains key.

3.4 A service system that engages and builds trust with residents

Of the four intervention pillars, link work was most seen as a way to find solutions and empower residents. Link workers provided examples of how, through more constant interaction with residents and by knowing their situations in more detail, they were able to get to the bottom of issues and provide assistance. For instance, in one case a resident required food support: 'I signed her up for befriending calls once a week and I gave her the number 'cause she couldn't do online shopping. Iceland you can shop on the phone and give your debit card number, things like that, and she didn't know 'cause there was nobody that was there'.

Interviewees who dealt with link workers, but were not link workers themselves, spoke about the unique position that link workers were in to handle cases and find alternative solutions for complex cases: '[Link work was meant to] empower them to help themselves... And to find solutions within their circle, within their community, within friends and family'.

Link workers especially saw themselves as advocates for residents. Concern for the resident and desire to 'do right' by the resident was discussed as a key component to the link work position as link workers embodied an attitude of social service mediators, and shielding residents from a stressful and bureaucratic system: 'I mean, we're almost shielding people from the fact that they're being put through this process'.

The link work model in particular is based on building strong relationships with residents. For instance, when a link worker called up a resident, that resident immediately knew the interviewee's name and was able to engage in small talk: 'The more they open up and the more you speak to them as well, the more they feel relaxed with you. I have some of these people that, as soon as I speak to them, they know who I am and they go, "Oh hello [----]." ... There is a little banter before we carry on and we ask about, you know, how you doing? How is this going?' This interviewee stressed how they saw the engagement with the resident to be a reflection of trying to rebuild a more positive relationship between residents and the council: 'This particular person I'm talking about has already lost interest. She no longer trusts that the local government can help her. Really, she's already given up. [I'm] trying to make sure that she doesn't lose hope, trying to make sure that she understands that... we will help, you know, so I'm trying to repair the relationship between her and the local council'.

Within the link work project, it was understood that what mattered for engagement with the resident was not just listening and engaging during a one-time call, but rather the importance of consistent follow-ups. Follow-up and building a relationship over time with residents that have complex issues can explain why some link workers received positive feedback from a resident regardless of whether a case was fully resolved: 'They were just grateful that we took the time... It was not rushed... We didn't really just talk about their problems, but it was just like, oh, I guess... a human conversation'. The focus of link workers in

particular on listening and ensuring that conversations were not just a listing of problems and needs, but incorporated normal conversation dynamics likely had a positive impact for residents and made them feel more valued.

Enhanced engagement with residents also came from frontline workers spending more time on resident cases with an eye towards holistic case management, in order to identify the main issues: 'With the link work it was putting the resident in the centre of the service and saying, you know, tell us everything you need and let's see if we can connect you [with people] who can support you, rather than [telling residents] all I can do is deal with one particular query'. Engaged link workers in turn have an enhanced understanding of residents' needs and experiences.

Core conversations served as an important exposure and refresher session on how to empathise with and listen to residents: '[Core conversations] was a good refresher for the way that we're encouraged to work anyway. We're encouraged to ask open questions. We're encouraged to be active listeners. We're encouraged to be curious... And we're encouraged to be empathetic'. Those who went through core conversations training emphasised the importance of listening to residents rather than 'dictating to them what to do and letting them know that you're there for them'. Core conversations conveyed a message of open engagement with the resident and that service workers should encourage residents to speak their minds rather than hold back on relaying information and concerns. Such techniques seemed to be especially useful for especially vulnerable residents or unique cases. As one interviewee stated 'I've used [Core Conversations training] with young people that are going through stresses and various challenges when it comes to certain things in life'.

Through the training sessions interviewees felt more able to deploy the necessary skills to build trust with residents by listening and not judging or generalising situations. The sessions made interviewees more reflective and explicitly aware of their own unconscious bias and judgment. Reflection was encouraged, as was trying to encourage frontline workers to pull out more context surrounding resident cases in order to better understand residents' needs and identify underpinning issues. Training sessions that focused on the skills needed to listen to residents were especially important when dealing with particularly vulnerable residents and youth. Part of listening to residents also meant being better able to identify implicit signals of risk and need on calls, instilling recognition that residents' needs may not always be apparent: 'The [core conversations] training has also assisted me in the way I carry out my work. For example, don't bring your own judgement. You allow the client to explain themselves, you allow the client to explain the reason why...'. Interviewees noted that by applying these techniques they were able to build better relationships with residents and altered attitudes of how residents viewed the council and other service workers.

Participation in the training sessions provided frontline workers with other techniques to engage with residents that were useful when they were unable to provide concise information to immediately help the resident. Explaining and taking the resident through the specific and tangible actions the frontline worker had taken to address the case was an alternative to engaging residents when other information could not be relayed: 'Carry the client along to every action you take. The client now has confidence and trust in you. There is mutual understanding and awareness of your action'. Equally, through training sessions frontline workers learned how not to feel compelled to always provide an answer and instead focus on transparency: '[I learned] how to talk without promising anything, but being able to say I will research it and look for places I can signpost you to, and so it's kind of made me feel like we can provide more support than we could before'.

Peer support sessions created a space for frontline workers to further fine-tune different ways of engaging with residents. Through peer support sessions frontline workers were able to learn how to handle difficult and distraught residents. Interviewees spoke about going through their own cases and issues with interacting with residents, and learning from others about the many alternative ways of engaging the user. These sessions also enhanced trust and engagement practices by allowing for deeper exploration of what it meant to earn the trust of the user. The benefits and disadvantages of forming such trusting relationships with residents were explored among the service providers as peer support attendees grappled with their dual role of service provider and service gatekeeper: 'You know, given that some vulnerable families are quite alienated from establishment organisations... I think it's vital that people know where we're from... because they need to know who they're talking to. They're entitled to know who they're talking to, because [of] what they will be prepared to tell us... And that led to a question along the lines of "But do you think people would be more open with you if you didn't say you were from [----]?" And I said, well, they might be, but they might then have reason to regret what they've told me'.

While the capabilities assessed in this report foundationally took into account and were steered by resident user experiences and feedback, this evaluation has not captured the resident perspective of how engagement with the various intervention components of the system has directly impacted the user themselves. A thorough analysis of how the intervention impacted the user from their perspective is needed. This evaluation, rather, first needed to establish the roll out of the intervention components to better understand the possible pathways for resident impact. The evaluation sought to capture the first crucial link in the delivery of the intervention to understand how the intervention components were absorbed, and how they were manifested. Mapping out whether or not the various intervention components in fact impacted the workers and system, to what degree, and how the various elements engaged with one another has provided a much richer understanding of how the programme should be refined in order to see meaningful resident impact. Such learnings, and consequently alterations to the pilot programme, will ensure the intervention has been implemented and absorbed by both staff and system in a way that will certainly enable truly beneficial outcomes for residents.

4. Process is key: ways of empowering residents and sustaining meaningful engagement

4.1 Learning and improvement

COVID-19 placed an even greater strain on welfare systems that were already struggling to meet resident need and demand, making it evident that dynamic capabilities are crucial to effective governance (Mazzucato and Kattel 2020). Hackney and Newham may have helped to ameliorate this strain on services by investing in the capabilities of their welfare system, as demonstrated by the development of learning ecosystems, creation and maintenance of social relationships, and the nurturing of purposeful work and value. Yet, it is crucial to recognise that the programme relies heavily on its service workers to be the mechanism for change and improvement. The limited agency of link workers over cases, and the existing and varied saturation of referral forms, pathways, and resources within this multi-organisational setting, remain structural barriers, even when the system has the most skilled, educated, engaged, connected and empathetic service workers.

This programme must have a stronger emphasis on process innovation, to directly address the remaining barriers to resident resource access, and holistic referrals. Existing literature on dynamic capabilities identifies process innovation as key to a firm's ability to deliver better customer outcomes and build technological competencies (Ambrosini and Bowman 2009; Teece 2007). At the same time, path dependency and institutional inertia is often identified as an innovation barrier to radical change in public sector organisations (Teece 2007).

While the preventative approach pilot sought to free itself from this path dependency, by re-designing the referral process for residents engaged with link workers and through the Better Conversations tool, we argue that the underlying process failed to meet its objectives in two ways. First, as discussed previously, link workers felt restricted by the lack of information and perceived lack of collaboration from wider departments. This merely shifted the 'failure demand' from the resident to the link worker, with the actual effectiveness and timeliness of referrals at best perceived by the link workers to be the same as before and at worst perceived to have degraded. Second, the link worker pilot did not seem to focus on a strengths-based model of resident empowerment, but rather a more customer service-based idea of delivering services based on explicitly requested resources. This approach works well when a resident has identified an explicit need (for fuel vouchers, for vaccine information etc). However, where residents' needs and concerns are increasingly intertwined, ambiguous and often not fully known or understood by themselves, encouraging resident empowerment becomes key. Very few interviewees discussed their work under this theme.

4.2 Concluding remarks

Our welfare system has changed drastically since it was first conceived. Not only are public services now delivered through an often intertwined, complex and ambiguous web of multi-agency, multi-channel, and multi-sector actors, but, more fundamentally, the expectations of society and the socio-political structures in which we operate have changed as well. No amount of tinkering around the edges can prepare us for the challenges faced by a new technology revolution, the impending climate catastrophe, growing inequality and, as the pandemic has shown, the lack of good care and good work (Cottam 2020).

As Cottam states, 'Humans are designed to grow, heal when necessary and to continually develop' (ibid 2020, p.25), and it is this focus on supporting connections, creating purposeful work and continually learn, that we need in our public sector today to approach new problems in a systematic and coordinated way (Piening 2013).

While exciting new ways of working are a crucial step for the public sector, it is equally important that such momentum is not exclusively limited to challenging times. The ability to embed an innovation mentality that will result in the sustainable enhancement of overall capability is something worth capturing and understanding. Still, Hackney and Newham used this period of upheaval to provide a new way of thinking, instead of merely returning to the old working order. From the findings of Hackney and Newham this paper hopes to highlight key takeaways of how other local governments may approach service system investment and ignite further discussion on alternative welfare structures.

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