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Access to Employment in NHS Health Care Support Worker Roles for People with Lived Experience of Homelessness: Programme Evaluation Final Report

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CONTENTS

1. Introduction

In April 2021 NHS England and Improvement (NHSE/I) (henceforth NHSE) working with various partner organisations, launched a pilot programme to facilitate access to employment in Health Care Support Workers (HCSW) roles for people with lived experience of homelessness[1] (henceforth referred to as the access to employment programme). Intrinsic to the project process was an evaluation of the programme's implementation and outcomes, and in early 2022 an independent researcher from the National Institute for Health and Care Research Policy Research Unit in Health and Social Care Workforce, at King's College London, was commissioned to undertake this work. The access to employment programme concluded in September 2022 and this final report presents the findings from the evaluation.

The report is divided into four main parts:

- **Context**: Setting out the programme's core design features and the King's approach to its evaluation.

- **National Perspective**: Examining the national drivers and processes underpinning the programme.

- **Trust Perspective**: Exploring the implementation and impact of the programme in NHS Trusts and on individual participants.

- **Summary and Conclusion:** Providing an overview of the findings and presenting a set of recommendations.

[1] In this report we do not dwell on definitions of homelessness. Suffice to note that for this report, people with experience of homelessness have at some point in their lives clearly been without a home. The absence of a home extends, however, beyond simply not having a roof over their head or 'rough sleeping'. Shelter's definition of homelessness includes those living with friends, in a hostel or bed and breakfast, and in 'poor conditions' placing health and broader well-being at risk. (What is homelessness? - Shelter England)

2. Context

2.1 Programme Design: Core Features

The access to employment programme emerged from within the NHSE Nursing Directorate, linked to its broader interest in addressing vacancies amongst HCSWs. The programme has been taken forward with a variety of partner organisations with an expertise in policy and practice related to homelessness- Pathway[2], Groundswell[3], and the Royal Society for Public Health (RSPH)[4] , along with the Department of Work and Pensions (DWP) providing national and local support at different stages.

In a Webinar presentation in early 2022, the aims of the access to employment programme were presented as:

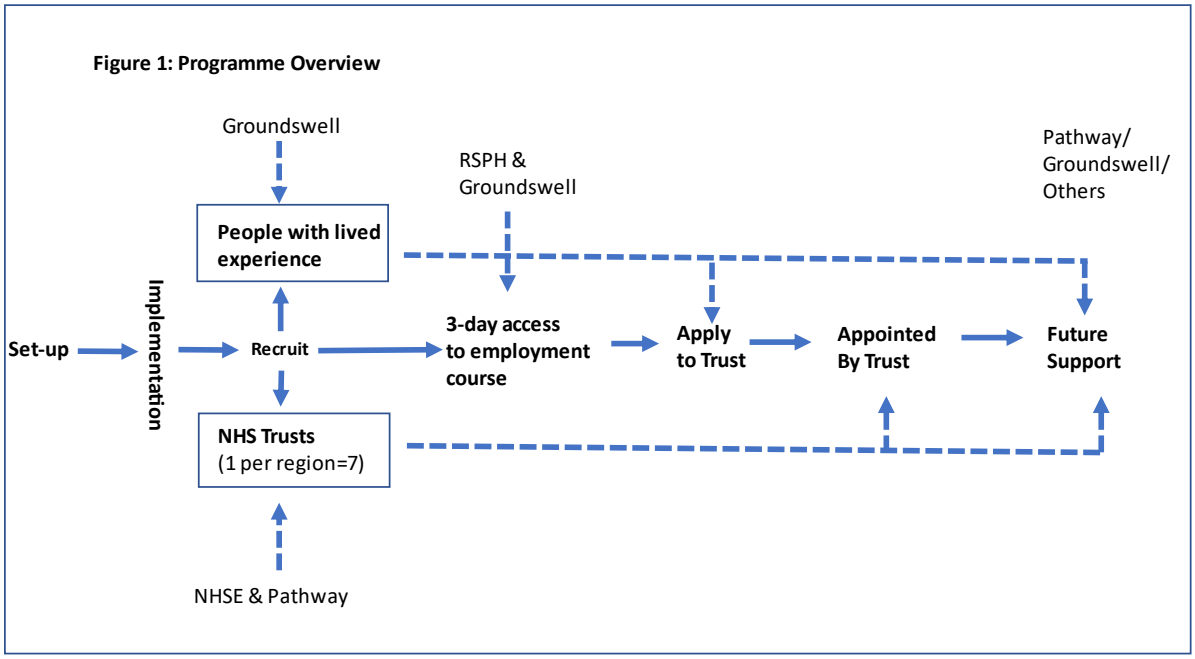
- Seeking to understand and address systemic and individual barriers to employment amongst those with lived experience of homelessness.
- Supporting those people with lived experience into HCSW roles.
- Developing and delivering a 'tailored coaching programme' as part of this process.

In pursuit of these aims, the access to employment programme was designed to involve 7 NHS Trusts, one from each region in NHS England, and comprised several parts, involving the various partner organisations in different ways. Figure 1 below summarises the programme design features and the respective partner contributions. The main features include:

- **Identifying and securing the involvement of the NHS Trusts**: with Pathway leading and supported by NHSE.
- **Recruiting individual participants with lived experience of homelessness onto the programme**: with Groundswell leading and using its contacts with voluntary and community sector organisations to source participants, supported by the DWP.
- **Delivering a 3-day a pre-employment course for participant Trusts in each of the Trust catchment areas**: as devised and delivered by the RSPH and supported by Groundswell.

[2] Home - Pathway
[3] Groundswell | Homelessness Charity UK
[4] RSPH | Royal Society for Public Health UK

- **Individual participants applying and Trusts appointing to a HCSW post**: with Groundswell providing ongoing support to Trusts and programme participants during these processes



In terms of scale, the programme envisaged around 10-12[5] participants attending the 3-day pre-employment course in each Trust catchment area, with sub-sets of these participants proceeding to a job application and then, if offered, appointment to a HCSW post. There was also an intention for Pathway to draw upon experience of the pilot to develop a toolkit for Trusts with a future interest in the programme.

The governance of the programme comprised a Steering Group- a regular meeting of senior representatives from the national partner organisations- and a sub-set of this group acting as a project management or operational team. A space on the Future NHS Collaboration Platform was set up, accessible to national partners and participating Trusts. In 2022 a regular Webinar was organised for Trusts, providing national support, updates on progress and an opportunity to share information on and experience of the programme. During the evaluation it was convened on three occasions.

[5] In collecting material for the report, different views were presented on the expected number of programmes participants. As will be seen, in part this lack of precision reflected the fact that the programme was not target driven. The figure of around dozen participant per Trusts on the 3-day course was suggested, with less precision on how many these individuals might the move into a HCSW job.

2.2 Evaluation Approach

As with any programme evaluation, the central issue governing the approach adopted by researchers related to the assessment criteria. Most obviously the programme could have been evaluated according to the headline aims highlighted above. However, in addition there was value in drilling down and sharpening this approach in several ways:

- With various national partner organisations and local NHS Trusts involved in the programme it remained important to examine respective stakeholder interests in the programme: whether they were shared or different. Moreover, beyond organisational aims, it was crucial to bring into the evaluation, programme participants with lived experience of homelessness: their reasons for and hopes in engaging with the programme, and whether these were realised.

- More prosaically, there was complementary work being undertaken to assess whether various aims were being met: for example, RSPH was evaluating the running of their 3-day pre-employment course. This did not rule out including the RSPH course as part of our evaluation, but clearly it needed to be set alongside this evaluation being conducted by the partners themselves.

- The key programme aims centred on 'understanding and addressing barriers' to employment amongst people with lived experience of homelessness. Such barriers and attempts to address them might emerge at different phases of the programme:

  - Learning about, preparing for, and joining the programme
  - Completing the 3-day pre-employment course
  - Applying to and being offered an HCSW post
  - Settling into and being supported in the role, essential to the sustainability of employment.

Drawing on these elements, Table 1 below provides an evaluation framework, along three main dimensions: stakeholders, their aims, and potential barriers during different phases of the programme.

Table 1: Evaluation Framework					
Stakeholder Perspective	**Aims**	**Phases: Barriers and Support**			
		1.Preparing/ Joining	**2.Delivering pre-employment course**	**3.Applying and be being appointed to a HCSW post**	**4.Supporting/ Sustaining employment**
National Partners					
NHS Trusts					
People with lived experience/ participants					

Our approach to the evaluation was sensitive to this framework in various ways. Mainly based on interviews, the evaluation gathered the views of key representatives from all of the national partner organisations and the participant Trusts, as well as a selection of people with lived experience, involved in the programme. As set out in Table 2 below, interviews were carried out with 22 different people. Interviews were completed with at least one representative from the four national partners organisations, and in most cases - NHSE, Groundswell and Pathway - more than one representative[6]. Interviews were also undertaken with representatives from the five Trusts actively involved in the programme:

Pennine Care (PC) NHS Foundation Trust (Northwest)

Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust (Northeast)

Black Country Healthcare (BCH) NHS Foundation Trust (Midlands)

East and North Hertfordshire (ENH) NHS Trust (East of England)

Portsmouth Hospitals University (PHU) NHS Trust (Southeast)

[6] While not formally a partner, attempts were made to speak to the DWP. However, with a change of personnel during the project it was not possible to arrange an interview with a representative of the DWP.

Table 2: List of Interviewees		
Role	**Organisation**	**Date of Interview**
1.CEO	Pathway	2/3/22
2.Senior Project Manager	Pathway	18/3
3.Director of National and Regional Programmes	Royal Society of Public Health	16/3
4.CEO	Groundswell	25/8
5.Employment Project Manager	Groundswell	29/3
6.Deputy Director People & Communications	Nursing Directorate, NHSE/I	25/2
7.Public Participation Lead	Nursing Directorate NHE/I	22/3
7.Senior Workforce Programme Manager	Nursing Directorate, NHSE/I	16/2
9.Prog participant	Northeast (NE)	25/5
10.Prog participant	NE	27/5
11.Prog participant	NE	25/5
12. Prog participant	Northwest (NW)	4/7
13. Prog participant	NW	5/7
14.Senior Nurse International Recruitment and Retention	CNTW NHSFT	29/3
15. Social Workers	CNTW	29/3 & 10/8
16.Head of Education and Workforce Development	Pennine Care	18/2 & 12/8
17. Head of Resourcing	East and North Herts NHS Trust	15/5 & 21/9
18.Pre-Employment Projects	Norfolk and Waveney CCG	26/5
19.Associate Director Workforce Transformation	Norfolk and Waveney CCG	26/5
20. Director of Nursing and Quality	Norfolk Community Health and Care Trusts	21/6
21.Employment and Recovery Operational Manager	Black Country Healthcare NHS FT	16/5 & 30/9
22.Head of Equality. Diversity and Inclusion	Portsmouth Hospitals University NHS Trust	25/8

National Partners **Programme participants/lived experience** **Trusts and local partners**

In the case of the Trust interviews, it was important to talk to organisational representatives relatively early in the evaluation as a means of gauging their aims and expectations for the programme. This was possible in all Trusts except for Portsmouth (PHU). Thus, at PC, CNTW, BCH and ENH interviews were conducted before the 3-day pre-employment course had been completed. The intention was to return to these Trusts toward the end of the programme, reviewing progress and whether hopes and expectations had been fulfilled. As indicated in Table 2 above follow-up interviews were conducted at CNTW, PC, BCH and ENH (by which time employment offers had been made and accepted). Portsmouth came relatively late to full engagement with the programme. Impressively the Trust was still able to complete the programme to the point where employment offers were made. However, within the timeframe of the evaluation only one interview was possible at this Trust.

The evaluation also sought to include representatives from Trusts expressing an interest in the programme, but for the present stepping back from full participation. In the case of the East of England an interview was conducted with members of the Norfolk and Waveney Clinical Commissioning Group workforce transformation team, involved in seeking to broker the involvement of Norfolk Community Health and Care (NCH&C) NHS Trust in the programme, and with the programme lead in this Trust.

Five people with lived experienced on the programme were interviewed. Attempts to meet with groups of participants during the 3-day training period proved difficult to arrange. However, with a total of 22 people attending the 3-day pre-employment programme across the five Trusts, this still represented a quarter of the participants, drawn from two of these regional events. It would have been of analytical value to interview these and other programme participants after the start of their employment at the Trusts and once in their work roles. Unfortunately, given the timing of the evaluation and the delayed starts to employment this was again not possible.[7]

A draft Information Sheet, providing potential interviewees with details of the evaluation, was sent for comment to selective members of the Steering Group. In response to feedback, the Information Sheet for people with lived experience was sharpened. The final Information Sheet was then sent to all prospective interviewees, with most of those approached agreeing to be interviewed. The national partner organisations and NHS Trust interviews were carried out online and lasted for between 30-45 minutes. The lived experience interviews were conducted by telephone and lasted between 10-15 minutes.

Extracts from all the interviews are included in the report. To help ensure anonymity they are not accompanied by an identifying reference code for the interviewee.

The regular webinars held with participating Trusts and national partner organisations were attended providing a further useful source of information for the evaluation.

While the evaluation commenced around a year after the programme was formally launched, with the programme taking some time to get into 'full swing' not least in the

[7] **Indeed, on completion of the evaluation most, if not all, of those offered employment were still waiting for their checks to be completed- discussed further below.**

Covid-19 pandemic context, it was still possible to retrospectively pick up on developments. An ***interim evaluation*** report was produced at the end of June 2022, with all Trust and national partner interviewees sent a draft to provide opportunities for feedback. Trusts and national partners were also sent a draft of this final report for comment and sign off.

The evaluation findings are presented in two parts:

- The first explores the issues from the perspective of the national partner organisations.

- The second, from the Trust perspective.

The views of those with lived experienced run through both sections but can mainly be found in the section on the Trust perspective.

3. The National Perspective

3.1 Backdrop

In terms of general policy and practice across the health and care domain, securing employment for people with lived experience of homelessness is a complex and crowded space. This reflects a consensus amongst stakeholders in the field that employment is a protection against, as well as a way out of, homelessness.[8] The homelessness charity Crisis notes that '88% of homeless people have previously had a job'[9], while Gray (2020:5)[10], in a recent paper for the Centre for Homelessness Impact, stresses:

> "The vast majority of those people (experiencing homelessness) want to work, ranging across the spectrum from those who have just lost their job to people facing the greatest barriers to employment, who may rarely or never have worked."

People with lived experience of homelessness, however, face multiple challenges in finding and maintaining employment, with myriad public and independent sector agencies providing advice, guidance, and support on related issues. In addressing access to employment for such people different models have been developed and applied, varying in the type of support provided, in how this support deals with and links to other challenges, and in its intended outcomes. Gray's paper usefully sets out the different forms this support can take, including:

- Information, advice, and guidance
- Training (functional skills, ICT/digital skills, interpersonal skills and vocational skills)
- Counselling and support to address barriers to engagement
- Support to identify, provide and/or access work placements
- Support with CVs, cover letters and interview training

[8] See for example: Sheikh, S. and Teeman, D. (2018) A Rapid Evidence Assessment of What Works in homelessness Services, SCIE. a_rapid_evidence_assessment_of_what_works_in_homelessness_services_2018.pdf (crisis.org.uk)
[9] Benefits and employment | Crisis UK
[10] Gray, T. (2020) Employment and homelessness in the context of the new economy following Covid-19, Centre for Homelessness Impact.

- Internships, apprenticeships, or volunteering opportunities
- Support for enterprise/self-employment
- Individualised mentoring and key worker support
- Provision of financial support to address barriers to engagement in work/education/training
- Post entry to employment/education/training support (often for a specified period).

These different forms of support have been configured in various ways in different generic support programmes. This is reflected in Table 3 below produced by the Homelessness Policy Research Institute at the University of Southern California, setting our four types of programme designed to support access to employment for people with experience of homelessness. With the colour coding reflecting the specific support services offered, these programme types are:

- Individual Placement and Support: perhaps the most developed, with its focus on rapidly finding participants permanent jobs but with limited opportunity to develop vocational skills or to be exposed to 'real work' experience.
- Social Enterprise: providing funding for those with lived experience to develop their own businesses, clearly allowing immediate 'real work' experience.
- Work Skills Training: heavily concentrated on support with the development of vocational skills with a view to finding permanent employment and underpinned by in-work support.
- Transitional Jobs: the one programme model focused on finding temporary rather than permanent employment as a route into the labour market, albeit underpinned by support with the development of vocational skills, internship opportunities and post programme follow-up.

Table 3: Type of Employment for People Experiencing Homelessness				
	Generic Programmes			
	Individual Placement and Support	***Social Enterprise Intervention***	***Moving Ahead Programme Work Skills Training***	***Transitional Jobs Programmes***
Programme Features				
Focus on permanent employment				
Focus on temporary, transitional employment				
Clinical mental health services				
Vocational skills training / courses				
Client assessment pre-programme participation				
Focus on rapid employment (no assessment period)				
Post-programme follow-up and support				
Internship / real work placement built into programme				

A more detailed discussion of the different models and the evidence on the relationship between homelessness and employment is beyond the scope of this report. However, it is worth noting a recent review of the literature by Marshall et al (2022)[11] on the effectiveness of employment-based initiative for people with lived experience of homelessness, which concludes research on this issue remains 'at an early stage of development'. Screening over 13,000 titles the authors reviewed only 79 papers, with just 16 meeting the selection criteria for inclusion in their meta-analysis[12]. Almost all of these 16 directly relevant studies were undertaken in the US. They revealed the mixed impact of employment interventions on four outcomes: the mental well-being, housing tenure, community integration, and substance use of those with experience of homelessness [13]. A closer examination of these (and other) studies suggests that the challenges faced by members of this group in seeking employment

[11] Marshall, C. (2022) Effectiveness of employment-based interventions for persons experiencing homelessness: A systematic review, *Health and Social Care in the Community* DOI: 10.1111/hsc.13892

[12] The selection criteria for the review were tight, specifically focusing on papers exploring the specific interventions outcomes. The fact that the author's search terms generated over 13,000 title suggests there is an more extensive more broadly related to such issues as the aims, design and implementation of such interventions.

[13] For specific studies see for example: Axe et al (2020) In search of employment: Tackling youth homelessness and unemployment, Children and Youth Services Review, 113; Ferguson, K. (2018) Employment outcomes from randomised controlled trials in two employment interactions with youth homelessness, Journal of the Society of Social Work, 9:1; Bretherton, J. and Pleace, N. (2019) Is work an answer to homelessness: Evaluating an employment programme for homeless adults, European Journal of Homelessness, 13:1

are heavily contingent on socio-economic and demographic characteristics including their age[14], gender[15], mental health[16] and childhood circumstances and treatment[17].

One UK initiative, the Tackling Multiple Disadvantages (TMD) project, designed to support access to employment for people with experience of homelessness in London is worth highlighting. On a much more significant scale in terms coverage and resourcing than the NHSE access to employment programme, the TMD project, nonetheless, provides a useful point of reference in terms both of process and outcome. With over £1.3 million of funding from the National Lottery Community Fund and the European Social Fund (the EU having a longstanding policy interest in this issue[18]), the project ran between 2017-2020.

Centring on 17 London Boroughs and involving various partner organisations[19] the programme covered 448 people with recent experience of homelessness, three quarters of the 600 participants targeted for recruitment to project[20]. The programme was based on an intensive and holistic support infrastructure: an individual needs assessment and action plan; help with various challenges, including those related to health, education, and housing; employability and labour market preparation as well as in-work support. With various aims, the project evaluation[21] suggested positive 'soft' outcomes in terms of improved motivation and emotional well-being, although the improvements in these metrics were lower than hoped for or targeted. In terms of 'harder' outcomes, Table 4 below suggests that few participants transitioned to education or training following the programme but with around a quarter, close to the target, moving into employment albeit

[14] CentrePoint (2020) Beyond he Numbers: The Scale of Youth Homelessness in the UK, London: CentrePoint;
Axe, J., Child, E. and Manion, K. (2020) In search of employment: Tackling youth homelessness and unemployment, Children and Youth Services Review, 113; DiGuiseppi, G. et al (2021) Social network correlates of education & employment service use by youth experiencing homelessness, Children and Youth Services Review, 219.
[15] Groton,D. and Radley, M. (2021) 'I've been through it': Assessing employment barriers among unaccompanied women experiencing homelessness, Social Work Research, 45(2): 88-100
[16] Poremski, D., Whitley, R. and Latimer, E. (2014) Barriers to obtaining employment for people with severe mental illness experiencing homelessness, Journal of Mental Health, 23(4):181-5
[17] Rosenberg, R. and Kim, Y. (2018) Aging out of foster care: homelessness, post-secondary education and employment, Journal of Child Welfare, 21:1
[18] Improving the Employability of (feantsa.org)
[19] Crisis, St Mungo's, Thames Reach and Mind in the City, Hackney and Waltham Forest
[20] So cost per participant around £3,000
[21] Friel, S., Murphy, H., Klenk, H., and Vaid. L. (2020)
Tackling Multiple Disadvantage Final Evaluation Report. London: Work and Learning Institute tmd-final-evaluation-report.pdf (crisis.org.uk)

with a markedly smaller proportion staying in their job for 26 weeks or more[22]. Given the total project funding this constituted a cost per job outcome of £10,953.

Table 4: TMD Project Outcome

Outcomes	Target	Actual
Into education or training on leaving	17%	4%
Progression into job searching	18%	2%
Into employment on leaving	28%	27%
26 Weeks Sustained Employment	16%	10%

3.2 The NHSE Programme: National Policy and Aims

The vibrancy of the employment-homelessness space in terms of issues, challenges, and actors, is reflected in the different policy aims informing the NHSE access to employment programme for people with lived experience of homelessness, and the range of national partners involved in designing and delivering it- Pathway, Groundswell and the RSPH.

Originating in and taken forward by the NHSE Nursing Directorate, the programme reflected the Chief Nursing Officer's personal interest and involvement in the health and well-being of people experiencing homelessness, especially during the Covid pandemic. It was a policy domain with the capacity to touch on a variety Directorate concerns, with the access to employment programme emerging at the confluence of various ongoing initiatives. There was scope for the programme to connect to the Directorate's keen interest in addressing HCSW vacancies. In a broader sense the programme also provided an opportunity to progress the Directorate's public involvement agenda, seeking a more inclusive approach to the design and delivery of health and care services, not least through changes to the nature and composition of the NHS workforce. As one interviewee noted in describing the programme drivers:

> "It was a combination of the two together- the drive around the homelessness agenda (during Covid) and the drive around the HCSW stuff- and somewhere along the line there was a 'what if' conversation."

[22] The evaluation report gives no clear indication of which sectors and organisation employment was found.

More specifically, the following underlying and often closely related programme objectives were highlighted by national interviewees:

- **Filling HCSW vacancies**

The funding for the lived experience of homelessness initiative derived from a HCSW programme launched in September 2019[23] and as administered by the Nursing Directorate's workforce team. Whilst a wide array of entry level jobs is available in the NHS, the access to employment programme was tied to employment in a particular job role: the HCSW. There are some 150,000 HCSWs working for the NHS in England with vacancy rates currently around 8-10%. Given the scale of vacancies, the access to employment pilot was acknowledged as likely to make only a small contribution. However, in the medium and longer term, evidence suggests that people traditionally marginalised in the labour market often provide a secure supply of committed and highly capable workers[24].

- **Community Engagement**

Resting on an interest in developing a workforce reflective and representative of the community it serves, there had been a longstanding policy concern with widening participation (WP) in the NHS workforce[25], extending involvement to a range of socio-groups, for example characterised by their ethnicity, gender, disability, and age. This WP theme was raised by several interviewees to contextualise the access to employment for people lived experience of homelessness programme:

> "In part it (the access to employment programme) is a standalone but there is work around widening participation, so it sits as part of that, looking at the factors that support people who do not think about this as a route."

[23] NHS England » Healthcare support worker programme
[24] Kessler et al (2021) Supported Employment Programmes in NHS Trusts, for Young People with Disabilities London: KCL
[25] Widening Participation it Matters_0.pdf (hee.nhs.uk)

Most recently WP has been framed by the notion of the anchor institution. This sees the NHS and its Trusts as a major local employer with scope to provide employment opportunities for the community in all its diversity, including those with lived experience of homelessness:

> "There is lots of work being done around anchor institutions in the health inequalities improvement team, so we linked loosely with that."

> "Hospitals are massive employers, and they should be thinking not only of providing great healthcare but also about employing people from the local community and perhaps slanting that intentionally to people who really would be helped by having a job."

As noted above, an anchor institution approach rests on the Trusts themselves creating new employment opportunities for groups often marginalised in the labour market. However, it also raises issues about how the NHS is perceived by members of such groups: whether the NHS is seen by them as an accessible and attractive employer:

> "All too often people don't realise that they could ever do that (job) because it is unreachable, and they see the NHS just as somewhere they go to access services rather than (seeing) they could potentially play a role."

It is an issue which encourages Trusts to deepen their relations with voluntary and community sector (VCS) organisations, important both in connecting to these groups and providing advice on employment to the individual and the employing Trust:

> "Part of this (the access to employment programme) is about the Trusts' relationship with voluntary organisations, maybe local authorities.…There is also a bit of once Trusts are on board, where do they go for guidance and support…. (Trusts need to) buddy up with voluntary organisations."

Indeed, the programme was also viewed by national partners as a way of encouraging new coalitions of Trust actors with a view to facilitating future initiatives designed to develop a more inclusive workforce. Thus, in exploring the process of programme implementation attention will be drawn below to the development of new networks within Trusts comprising different functional managers and leads - for example from nursing, Human Resource Management (HRM) and education - with a stake in and crucial to advancing the initiative. These internal networks were seen by national partners as useful to the implementation of future policies and procedures designed to support a more diverse workforce.

- **Changing organisational culture**

Rooted in and funded by the Nursing Directorate's HCSW programme, the access to employment programme was principally led by the Experience, Participation and Equalities (EPE) Division and specifically its Public Participation (PP) team. As an interviewee noted:

> "The (PP) team's remit doesn't really include helping people into employment."

However, with a remit "framed by the statutory duty to involve people in policy, strategy, commissioning and delivery of services", the team had been encouraged to engage with excluded, often stigmatised socio-economic groups:

> "We have done a lot of work around the exclusion and stigma associated with a lot of those groups: people in prison or sex workers or any of those groups. A really strong remit in (the PP) team is to speak to those people and find ways to hear the voice of those people who we don't hear or who struggle with access to our services."

In an employment context, this had prompted, in turn, an interest in developing a health and care workforce which involved people, including those with lived experience of homelessness, with those 'voices' and their rich underpinning life experiences:

> “There is quite a significant stigma and prejudice attached to the kind of histories people in our population (people with experience of homelessness) often have: so an engagement with criminal justice, with mental health services and addiction- those are things in the CV that don't go down so well. We would argue some of those lived experiences may make a person really quite an interesting proposition as an employee.”

Yet bringing such people into the NHS workforce required a significant change of organisational culture at Trust level, with an aim of the access to employment programme being to prompt such a change:

> “The statutory organisations don't know how to accept people into their employment in a compassionate and inclusive, trauma-informed way. That was the proviso (for the access to employment programme) it would be very much a developmental piece and there would need to be a lot of focus on the Trusts and the cultural change.”

It was recognised that changing organisational culture would take time, with the need for the programme to avoid seeking quick or significant numbers to fill HCSW vacancies.

> “There was an assurance we weren't going to be chasing numbers because one of the things I was very clear about was this is going to take time.”

The access to employment programme was seen as a means of challenging established values and assumptions in a positive and innovative way, with important downstream consequences for progressive employment practices, and more broadly for the nature and quality of service delivery:

> “If you diversify the workforce, you improve care, but you also start to build an awareness amongst the wider staff group of people who don’t look like you, which usually focuses on race, but we never talk about anything else really.”

> "Employing people from diverse groups with different experiences shifts the culture. How do you make systems not so complicated and without barriers, so people with different experiences can come in and change the way services are delivered, because they'll bring their experiences in terms of how they talk to other people and make things a bit more human."

In the context of the access to employment programme, Pathway and Groundswell were important partners in bringing about this culture change. Neither had been deeply engaged in supporting people with lived experience of homelessness into employment in the external labour market. The two organisations had, however, developed their own lived experience roles: in the former case, a care navigator and expert-by-experience and in the latter a healthcare peer advocate[26]:

> "Interest in employment has only recently emerged and this (the access to employment programme) has been the most specific thing that we've done around employment other than the fact that Pathway in the past employed people with lived experience, both in the central part of the organisation, working for charity HQ but also employing them in our hospital teams."

Indeed, many of the Groundswell services were delivered by people with lived experience, allowing the organisation to develop an internal capacity to support its own employees and volunteers:

> "At Groundswell we do have a lot of experience and understanding of what it takes to recruit and retain people who have had often, very traumatic and difficult lives. So, to a certain extent this (access to employment) project was very much part of our overall approach."

[26] Homeless Health Peer Advocacy (HHPA) - Groundswell

The main strength of both Pathway and Groundswell, however, lay in a much broader appreciation of the health consequences of homelessness, and in the many years spent seeking to address them.

- **Addressing health inequalities**

For the national partner organisations, employment as a route to wider well-being and as a means of addressing health inequalities amongst those with lived experience of homelessness was an underpinning rationale for their involvement in the access to employment programme. Most obviously this was the case for the Royal Society of Public Health, but as noted both Pathway and Groundswell were organisations deeply rooted in addressing the healthcare issues facing people experiencing homelessness:

> "(Pathway) tries to transform health and social care outcomes for people experiencing homelessness and other forms of multiple deprivation and we do that by changing the way the NHS functions from top to bottom."

Pathway had innovated by developing, currently 15, wrap-around multi-disciplinary teams positioned in NHS Trusts and providing enhanced specialist care to people experiencing homelessness:

> "We are trying to shine a light on the causes of the desperate collapse in health (of people experiencing homelessness), which is driven by these social and economic factors, and how we as a society choose to treat such people."

Similarly, Groundswell presented itself:

> "A homelessness charity with a health focus. It is about designing solutions for people with lived experience. Developing ways of working with lived experience so changing attitudes but also affecting health outcomes for people experiencing homelessness."

With various national aims informing the access to employment programme, centred on HCSW recruitment, community engagement, inclusion, cultural change and addressing health inequalities, the initiative was not easily classified or 'pigeon-holed'. Indeed, such varied aims encourages an interest in how they were furthered in the programme's national design and development.

The attempts by the national partners to take forward the programme comprised two main phases:

- A preliminary, set-up phase and

- An implementation phase, covering the introduction of core substantive parts of programme.

Each of these phases is considered in turn.

3.3 National Set-Up Phase

At a national level, the set-up part of the programme involved:

- Building a coalition of national partner organisations and clarifying their respective contributions.

- Designing the programme.

- Establishing the programme infrastructure.

These elements were put in place with impressive speed, largely out of necessity to secure the funding. As noted, within the NHSE Nursing Directorate the project was supported by funds from the workforce team's HCSW programme, but principally led by the EPE Team with its strong emphasis on public involvement and recent engagement with the issue of

homelessness during the pandemic. Indeed, the capacity to quickly involve external organisational partners, especially Pathway and Groundswell, rested on established EPE Division links with them:

> "(The EPE Division) had worked really closely with Pathway and Groundswell on other things, in particular the Covid homelessness response; they were both critical partners. So, there was a strong relationship."

> "The project was definitely made possible because Pathway already had a relationship with NHSE and it was very much at a personal level….The relationships existed."

Designed at pace and informally, the project also had an opportunistic quality:

> "We had a week to turn it around… So it is an opportunistic project, that hopefully then opens a few cans of worms, and makes visible some of the thing we know we need to work on."

Given this pace of development, the partners did not have the luxury of reviewing and drawing upon the extensive literature and past practice on schemes to support people with lived experience into employment:

> "It was one of those projects that probably would have benefited from more developmental time, but we had to get the money, so it was a pretty hasty design."

With guaranteed funding for only a year, there was inevitably a limit to the scale of any programme. As set out in Figure 1 above, the final programme was relatively streamlined and uncomplicated: seeking to secure access to a HCSW role participants would attend a three-day pre-employment course and then apply for a post.

> "It (the programme) wasn't born out of consultations with Trusts, it was other people having a chat, and thinking this sounds like a good idea... It felt like a project

being written down on the back of an envelope, and off you go, without too much thought about how it would work, how Trusts would respond."

Further reflecting the rapidity of developments, the infrastructure for the programme emerged in an iterative and fluid way. A Steering Group, comprising representatives from the partner organisations was established to deal with strategic issues. However, as the project progressed, this group was dealing with the more practical day to day issues of implementation, leading to a decision to hive these off to a complementary Operational Group.

A standing group comprising the participant Trusts was not initially established. However, at a webinar in early 2022 called by the national team to provide support, the Trusts took up the offer to convene regular online meetings. These were seen as useful not only to Trusts sharing information and experience but also in maintaining engagement amongst organisations with a tentative interest in the programme:

"We had never intended to do this (the Webinar), but we got to the point where we felt that so many people were interested but not quite getting over the line, so we thought let's try to get them all together and the ones a bit further ahead can bring the others along."

3.4 National Implementation Phase

If the set-up phase was, by necessity, speedily concluded, the implementation phase took longer than originally envisaged, with the project extended beyond the 2021-22 financial year to September 2022. From a national perspective, an appreciation of the implementation process, and the challenges faced, can be structured around the early parts of the programme as set-out in Figure 1 above:

- Recruiting Trusts

- Engaging individuals with lived experience of homelessness onto the programme

- Delivering the 3-day pre-employment programme.

3.4.1 Recruiting Trusts

The initial part of the access to employment programme, principally led by Pathway, with the support the NHSE Nursing Directorate workforce team, sought to bring 7 Trusts, one from each of the respective NHSE regions, on-board. It proved to be a difficult process, although by the end of the pilot, the programme had been delivered in 5 Trusts:

- Cumbria, Northumberland, Tyne & Wear (CNTW) NHS FT (Northeast & Yorkshire)
- Pennine Care (PC) NHS FT (Northwest)
- East and North Herts (ENH) NHS Trust (East of England)[27]
- Black Country Healthcare (BCH) NHS FT (Midlands)
- University Hospitals Portsmouth (UHP) NHS Trust (Southeast) [28]

Two NHSE regions - London and the Southwest - were not covered, although at various times Trusts from these regions had engaged with and expressed an interest in being part of the programme:

- Imperial College Health NHS Trust (London)
- University Hospitals Dorset NHS Foundation Trust (Southwest)

More generally and in part related to the pandemic, the process of recruiting Trusts was an uneven one, with the pace of implementation varying by Trust. This unevenness reflected the different ways in which the three components of the recruitment phase were played out:

[27] Initially Norfolk Community Health and Care NHS Trust (NCH&C) was the participating Trust from the East of England, staying connected to the programme for quite some time. As NCH&H stepped back ENH replaced it as the East of England participating Trust.

[28] Another Trust from the southeast had earlier come forward as a participant but later withdraw from the process.

- Selecting the Trust.

- Presenting the details of the programme to the selected Trust.

- Securing eventual Trust sign-up to the programme.

- ***Selecting the Trusts***

The initial selection of Trusts was taken forward by NHSE regional nursing workforce leads, asked to nominate one organisation from their patch. It was standard practice to involve each NHS England region in any pilot scheme to avoid any selection bias, and with one Trust per region the initiative could legitimately claim to be national in scope. For certain national partners, this was perceived to add a perhaps unnecessary level of administrative formality to the process:

> "Slightly predictably, there was NHS bureaucracy, 'you have to have one Trusts in each region, and you have recruit through the regional leads in the national HCSW programme'. So, you are suddenly into a selection process, which is fine but proved tricky."

The process of regional nomination remained somewhat opaque. In large part this reflected the fact that regional leads were not interviewed as part of the evaluation. Amongst certain national partners there was, however, a degree of uncertainty about the nature of this nomination process:

> "I didn't fully understand how it all worked. They seemed to have multiple regional leads for different things and then more senior SROs."

More substantively, this uncertainty raised questions about what nomination implied about the level of Trust readiness to participate in the programme:

> "At the point the Trusts were nominated there was an assumption that they were ready, and that definitely wasn't the case….People saying they're interested wasn't the same as people saying they were ready to move."

Certainly, Trusts did not need to be 'ready to move' at this early nomination stage. However, the comment above was still indicative of a lack clarity about what nomination signalled in terms of preparedness to participate in the programme, and the work still likely required following nomination to secure Trust sign-up to it.

- **Presenting the programme details to Trusts**

The presentation of programme details became an important part of this sign-up process. The nominated Trusts received a letter from NHSE with a view to organising a 'kick-off' engagement meeting with them:

> "We were able to contact them off the back of those letters going out and there was not too much of a problem getting people to come back to us."

This initial meeting was undertaken by Pathway and a member of the NHSE Nursing Workforce team. It was intended to give the Trusts a deeper understanding of the requirements of the programme and to prompt the formation of a programme team. However, with most of the Trusts not ready to immediately run with the programme or indeed fully sign up to it at this stage, engagement became an extended process. This sometimes involved several meetings with an evolving 'cast 'of Trust actors as the organisation established and sharpened its approach to programme implementation:

> "We did think the Trusts were saying they want to do it and that was effectively a green light, we're doing this, not that there was going to be this whole process of having to explain everything and get them to think about it and then buy-in. So, it was a bit frustrating."

It was a process complicated by the fact that the 'right' people were not always 'in the room' at the outset, to sign-off involvement:

> "It varied as to whether the right people were at that engagement meeting. We may have made progress more quickly if we had had the right people at that initial engagement meeting; at some of the Trusts there has been a lot of back and forth in getting the sign off retrospectively."

> "It is getting through the bureaucracy of these big organisations to find the right person in the institution who controls these various bits."

In general, it was felt the more senior the figure present, the greater the likelihood of programme sign-off by the Trust. However, this was not invariably the case. At one Trust, senior managers were involved early on, only for the Trust to later step away from involvement. In the case of ENH the most senior managers were not involved but sign-up to the programme was relatively rapid and uncomplicated. This suggests there was no inevitability in a protracted engagement process, and that sign off might depend less on the seniority of the people present than on their capacity, energy and will to take matters forward.

There was also an issue of functional speciality. As will become clear, the programme required a coalition of managers from different Trust teams, especially from nursing, workforce education and human resource management. In some cases, such coalitions took time to construct. Indeed, after the initial engagement meeting operational responsibility for taking forward the programme was sometimes delegated to others in the Trust, where it could get 'lost'. In other cases, Trusts became 'overcautious':

> "A lot of the Trusts, particularly the HR teams viewed it (setting up the programme) as more complicated than it should have been and that was a barrier. They felt it wasn't in their gift to change their policies and procedures for recruiting and they would need that higher level executive buy-in, which then lengthened the timeframes."

- **Securing sign-up**

Notwithstanding these difficulties, eventual sign-up to the programme was always likely to prove a challenge against the backdrop of the Covid pandemic. Understandably Trusts were preoccupied with the pandemic, often citing lack of capacity to engage with the programme:

> "The Trust we'd hoped would go first, with Covid they pulled out."

> "It has been an ask of a Trust during a pandemic, and when they are trying to get elective recovery back up, while facing huge attrition as well, so massive burnout across the system. They rightly had other things to focus on."

In one Trust difficulties in engagement reflected involvement in a recent major HCSW recruitment drive limited its capacity to engage in the access to employment programme. In another instance, the Trust's withdrawal was related to an interest in developing this kind of work more at a system than organisational level. Indeed, a systems level approach to this issue might well be more sustainable in the future and an effective way of culturally embedding such a programme.

3.4.2 Engaging People with Lived Experience

Trust sign-up to the programme was typically confirmed by the setting of dates for the RSPH 3-day pre-employment course. The 3-dayer had been developed by the RSPH and trialled by it in a 'test and learn' event with a group of 8 learners in Manchester in September 2021. The training was 'very well received' and participant feedback was used to make changes to the final version of the training course[29]. Trust arrangements for launching their 3-day courses began some 7 or 8 months later in Spring/Summer 2022 and sparked a need to

[29] One of the issues that did arise at this event was a view amongst participants that 'the NHS did not want me' as an employee. This was borne of negative experiences in engaging with the health and care system in seeking support and services. The programme designers took on the board the need for the course to stress the value of the NHS as an employer and this issue was not greatly in evidence when the course was delivered for the Trusts (see below)

recruit people with lived experience of homelessness to participant in this event, and in effect the programme. The most significant element of this process was securing basic access to those individuals with lived experience who might be interested in joining. This required, in turn, engagement with broker organisations in contact with and sensitive to the needs and circumstances of such individuals. These organisations often lay in the voluntary and community sector (VCS). The local authority, through directly provided or commissioned housing and other support services, represented another important conduit to potential participants. In the context of the pilot, responsibility for finding participants principally rested with one of the national partners, Groundswell, with various challenges faced.

- **The 'Right' Connections**

In any given catchment area, the support provided by local authorities and organisations in the VCS to those experiencing homelessness was configured in different ways:

> "Homelessness (services) are an absolute mash up of how things are commissioned in all sorts of different locations; every local authority uses a different commissioning model- there is no one standard way."

With such variation it became crucial in seeking programme participants to map arrangements for the provision of homelessness services, and, if necessary, seek a 'gate-keeper' familiar with and able provide access to them:

> "You need somebody who knows how the local areas work because that's your route in. That can look quite different in different locations …. In (area name) I have gone in through Active Inclusion Parentships so working with the Citizens' Advice Bureau, and things have gone out to other organisation like Shelter and Crisis. I have also done some work with AKT LGTB Homeless charity[30] …In (another area name)- I have worked across couple of different boroughs, focusing mainly on (name) and (name),

[30] akt - LGBTQ+ youth homelessness charity

because they have been really receptive for this- and the Trust has bigger presences in each of those boroughs in terms of things there."

Access to the appropriate 'gate-keepers' could open-up useful networks:

"Yesterday a meeting with someone at (council name) has pulled together 7 organisations locally and we had a group call, did a bit of a presentation to get the final slots filled from there. Each of those people knows people in their organisations that would be suitable."

However, finding then working with such broker organisations and networks was a necessary, not a sufficient condition to securing the involvement of participants in the 3-day pre-employment course. Further steps needed to be taken, including:

- **The 'Right' Information**

Recruitment to the 3-day courses was dependent on developing clear, and accessible information and explanatory material on the programme: what was involved and with what outcomes. This was necessary not only for the potential individual participants. It was also essential for the broker VCS organisations, noted as crucial in connecting with these individuals but often busy with other priorities:

"As long as we have the right materials to engage with local partners to get people on board then it goes quite well. If you go somewhere and say these roles are coming up, all the services are incredibly busy and they're working with everybody, and it is finding a way into do that, so you have to go in with some really concrete solid information."

This information needed to provide reliable detail on the 3-day course and the broader access to employment programme, and be framed carefully to establish clear, realistic and meaningful expectations:

> "You need something like 'we have some training on these dates and these are the prerequisites for it'. You can have these woolly conversations, where you're warmly saying 'in a few months' time we'll have this': it doesn't work like that. I have had to set some expectations. We want to make sure people get support or try to start something and if it gets postponed that can be a really damaging experience for people."

In the context of the pilot, this publicity material relied on input from the Trusts, although organisational engagement with this issue remained uneven:

> "You need things from the Trust- what are the (available job) roles, where are they going to be, how are people going to be supported, what are the processes around recruitment, can they do an open recruitment process. All of those kinds of things need to be ironed out first."

3.5 Downstream Stages

As the access to employment programme progressed from the 3-day pre-employment course to the application for and appointment to a HCSW post, so attention switched to developments within the participating Trusts: the selection, appointment of and future support for participants. These elements will be covered in the next section of the report. There are, however, a few general observations worth making about the involvement of the national, and indeed regional, partners in these downstream stages:

- The NHSE workforce team has considerable experience of and expertise in supporting Trusts to recruit and on-board HCSWs as part of the broader HCSW programme. Trusts were able to access this expertise in the context of the wider HCSW programme during the entirety of the homelessness programme via a number of channels including, but not limited to, funding packages, direct support programmes, webinars, and recruitment events.

- At regional level general support for the recruitment and retention of HCSWs was available to participant Trusts as part of the more broadly framed NHSE HCSW programme[31].

- The need to support people with lived experience longer term as they moved into employment in their HCSW role was recognised. After all the project aimed to encourage an inclusive Trust working culture providing the foundation for this support. However, there remained uncertainty amongst the national partners as to whether and who would be providing this support and how it would be delivered as part of the current programme:

> "It is not entirely clear exactly what that (support) looks likes because we don't know what to expect; we don't know how much support will be needed; are the Trusts going to be struggling? ….For me this is the bit that is most unknown and probably the bit that is not as well thought out at this stage."

[31] NHS England » Healthcare support worker programme

4. The Trust Perspective

This section focuses on the Trust perspective, drawing on data collected from the five Trusts engaged in the access to employment programme (mainly interviews 14-22 in Table 2 above). As noted, Trusts progressed at an uneven pace through the programme. However, by the end of August 2022, all 5 Trusts had completed the 3-day course, as well as the recruitment process. Table 5 below sets out an overview of programme developments in the five participants Trusts, as well as in NCH&C (one of the Trusts that withdrew).

Table 5: Overview of Implementation at Trust Level

	Pennine	**CNTW**	**Herts**	**Black Country**	**Portsmouth**	**Norfolk CH and C**
Trust Profile	-Mental Health and Learning Disability (LD) Trust -Total Trust workforce- 3000 FTE -High Nurse and HCSW Turnover -HCSW B2/3 but upgrading all to B3	-Mental Health and Learning Disability (LD) Trust -High HCSW vacancies HCSW mainly B3	-Large district acute general hospital -1 main + 3 others -6000 workforce -1800 nurse/55 vacancies -730 CSWs/150 vacancies -Mainly B2/few B3 -Level 2 apprenticeship option	-Mental Health and Learning Disability (LD) & Autism Lead Provider Trust -Mainly B3 HCSWs	-Acute Trust -1 site -Mainly B2 HCSW	-Community Care Services
Programme Aims	-Connecting to Trust Users -Extension of service -Diverse workforce	- Creatively filling vacancies -Trust ethos -Diverse workforce	- HCSW vacancies -Workforce reflecting community	-Health inequalities -Extension of Individual Placement Service -Social inclusion	-Community engagement - HCSW vacancies -Aligned with Equality, Diversity & Inclusion (EDI) strategy	-Vacancies -Inclusion -Values driven
Programme Lead	Head of Education & Workforce Development, reporting to Executive Director Workforce	Senior Nurse for International Recruitment and Relocation Support Senior Professional in Nursing Directorate	Head of Resourcing Part of People/HR Team and in the corporate services directorate	Employment and Recovery Operational Manager Strategy & Partnerships team	Head of Equality, Diversity and Inclusion	Director of Nursing and Quality
Recruitment to & Preparation for the Programme	-Forward plan -Oversight People and Workforce Steering Group reporting to People and Workforce Committee -Director of Nursing -Recruitment manager -Head of Workforce -Workforce Improvement Lead -Operational Managers	-HCSW zero vacancy project -Recruitment and Retention Task Force (Exec Directors) -Risk assessment -Monthly updates -Group Nurse Director	- Driven by Resourcing and People Capability Teams -Monthly updates People Committee	-Recruitment & Retention Steering Group, chair: Deputy Chief Nurse -Assurances -Recruitment colleagues -Heads of services to find roles -possible steering group	- Reporting to Deputy Director People Management -Signed off by employee resourcing and then passed to EDI -Engaging education, recruitment, matrons and Direct of Nursing	-HR Directorate
Application & Appointment	-B2 Trainee post -12-15month fixed term -CV, Short list, interview -New person specification	- HCSW but also other roles -Blended B2/3 Fixed term -CV, interview all, sign post	-CSW but many entry level roles (back-up admin roles) - 6 department/good reputations for support	- B2 Trainee HCSW but Peer Support Worker angle in the future -Paper based -Standard trust procedures with	-Recruitment days after 3 days - Pass required at Math/ English test -To B2 HCSW role	-Patient Liaison role seen as inappropriate for programme

	& entry requirements -Central recruitment	- Newcastle community rather than in patients	-Briefing session - Person spec already broad - Working through process -Values based	support from Thrive specialist team Supported interview		
Support: Induction & On Boarding	12 month training Trained to meet B3 job spec Rotating placements Functional skills	-Action log -Support networks -Team based induction with central support	- Apprenticeship or in-house training	-Bespoke induction	- Normal HCSW induction	
Support: In Post	B4 Education Associate post Wards/teams with good learner evaluation Buddy Study days	-Buddy -Monthly get together	-Care in placement -Pastoral needs	-Regular reviews of support needs	-Unclear at this stage	

While heavily loaded with substantive detail, the table serves as a useful point of reference, with the points raised in it elaborated further below in the following parts:

- Trust aims
- Sign up to the programme
- Preparation
- The programme in action

4.1 Trust Aims

The organisational aims underpinning involvement in the access to employment programme are contextualised by the Trust profiles presented in Table 4 above. Thus, three of the five active Trusts were mental health and learning disability (MHLD) Trusts (PC, BCH and CNTW), with only ENH and PUH acute Trusts (and NCH&C a community health and care Trust). This pattern of Trust involvement suggests that the access to employment programme might have had more appeal to MHLD Trusts, reaching out to and deepening their connection to people already engaged with their services:

> "As a mental health and learning disabilities Trust it is really important to us that we actually support and encourage people who use our services to have fulfilling lives and to actually be able to maximise their potential."

Indeed, several of the MHLD Trusts had experience of employing or working with people with lived experience, for example, through the development of peer support roles, performed by those with a personal appreciation of mental health problems:

> "We do have a lot of peer support workers, that is generally people with mental health problems, either lived experience, or being carers."

At the same time, Trust aims for the access to employment programme emerged as diverse, largely reflecting those raised by the national partners, although often with a distinctive local framing narrative. These aims included the following:

- **HCSW vacancies**

The access to employment programme's value in addressing HCSW vacancies was evident in all the Trusts. It was especially prominent in ENH, partly reflecting a relatively high HCSW vacancy rate. At PUH the programme also initially sat within the employee resourcing team dealing with Trust's HCSW recruitment, suggesting its importance as a means of addressing staffing issues. In other Trusts the programme was also typically linked to the vacancy issue. In CNTW the programme was part of the Trust's 'HCSW zero vacancy project' and in another Trust the numbers to be taken on through the programme were formally part of the Trust's broader nursing recruitment plan. At BHC the programme reported to the Trust's recruitment and retention committee. Various Trusts emphasised the potential value of the programme as a future source of labour:

> "We do have a lot of vacancies and it is about being creative in how we fill those without just plugging the gap. It is about doing something meaningful that is going to benefit the Trust long term."

> "There's a zero-vacancies HCSWs project going on and (the programme) fits into that well. It is another avenue to get people into post and give those that may not have the opportunities of full-time employment that opportunity."

> "We are doing quite a lot of work on our CSW (Clinical Support Worker[32]) vacancies at the moment. We have a big action plan on recruitment and retention, and we thought this (programme) was worth looking into because we have lots of vacancies."

Equally, it was acknowledged that the recruitment of around maybe a couple of people as part of the access to employment programme in each of the respective Trusts was unlikely to constitute a significant contribution to dealing with HCSW vacancies. More to the fore were various overlapping aims related to the nature of the organisation and its culture, touching in turn on various aspects of policy and practice.

- **Diversity and Inclusion**

Often linked to the Trust's formal and perceived values and ethos, the programme was presented as a means of developing a more diverse and inclusive workforce:

> "Part of our vision, strategy, is to be as diverse as possible, to encourage people with lived experience, encourage people with any protected characteristics to apply so that we can support them to feel like a productive member of society."

> "It (the programme) just fits in with the whole ethos of the Trust in that we're trying to have as much diversity as possible. We do support people in lots of different areas and the access to employment programme is something that we haven't embarked on yet, but we know that there is so much value in it. There are a lot of experienced people either living on the streets or supporting people with that homelessness experience, so it was to add another avenue to what we're doing."

[32] The title used for HCSW in some Trusts

This presentation of the programme as a means of furthering inclusion was also to the fore in NCH&C which as a community healthcare Trust had been closely involved in rolling out the Covid vaccine to hard-to-reach groups. This has bred a Trust sensitivity to the challenges of homelessness in the community:

> "We ran the hard-to-reach vaccine programme from our Trust and we've done a lot of work with the hard-to-reach groups including homelessness and it (the access to employment programme) felt like a really good place to engage and do that piece of work….We were just really very aware in our Trust because we obviously cover the community, including the areas of deprivation we have in Norfolk and know about some of the difficulties people are experiencing."

The diversity and inclusion dimensions were most in evidence at PUH where responsibility for the access to employment programme moved from the People Management Directorate's employee resourcing team to its EDI team. Indeed, at PUH an explicit connection was made between the access to employment programme and other initiatives designed to bring marginalised labour market groups into the NHS workforce, for example young people with disabilities through Project Choice[33]:

> "We have a large disadvantaged community in Portsmouth so we know that there are people that we can be helping but we just need to find different ways to do so…. It's about looking at what we can do differently; how we can help the people in our community. This is not the only initiative we've done: last year, we brought in Project Choice, a supportive internship for young people with lived experience of disabilities."

[33] Project Choice - Supported Internships | Health Education England (hee.nhs.uk)

- **Community engagement**

Closely related to EDI issues, the access to employment programme was seen as a means of furthering attempts to develop a workforce reflecting the demographics of the local community served by the Trust. One Trust first heard about the programme at a system's level meeting on anchor institutions. An interviewee from another Trust noted that while there was a considerable degree of rhetoric on widening participation in her organisation, there was scope to give this greater substance:

> "We need to do something around our local community. We all say we want to do stuff to bring local people in and try to address underrepresented groups and stuff but actually we're not that good at doing it. This (the programme) was a double opportunity: a means of trying to bring people in that need some extra support but also trying to address some of our CSW vacancies."

- **Health inequalities**

Amongst the 3 mental health care Trusts involved in the programme, there was a particular appreciation of the health inequalities generated by homelessness and the value of employment in helping to address them:

> "It is a big thing in our Trust: a lot of people are on the ward purely because they are homeless. So, there is a team that works within all the wards to look at addressing that."

> "It is the health inequalities agenda really, getting people better outcomes."

As already implied, for these Trusts participation in the programme was seen as very much part of 'business as usual', contributing to existing service provision. As one interviewee succinctly put it:

> "The lived experience project is just an extension of all the other things we do."

This rationale was especially apparent at BCH, with its own employment service for those with mental health conditions, rooted in the established Individual Placement Support (IPS) model[34]. The Trust was involved in several externally funded initiatives to support those people marginalised in the labour market into employment, including Kick Start, an EU initiative Building Better Opportunities, and Thrive into Work[35], the latter with a dedicated homelessness angle. In this context, the NHSE access to employment programme might be seen as fitting in with this Trust's established portfolio of activities.

With these varied aims informing Trust involvement in the access to employment programme, attention can now turn to organisational approaches to its introduction.

4.2 Preparation for the Programme

In general, the Trust interviewees confirmed the challenges highlighted by the national partners in securing involvement in the access to employment programme. Trust capacity to engage, especially in the context of the pandemic, was limited and impacted the pace of implementation. In stepping away from the programme, NCH&C noted:

> "It probably wasn't the right time. I could hardly breathe[36], let alone take on yet another project."

With a streamlined and straightforward design, the access to employment programme could, nonetheless, be delivered in relatively short timeframe. The 3-day pre-employment course could, and, as will be seen, typically was linked to and in most cases immediately followed by the job applications, interviews and, where appropriate, offers. Coming late to the programme, PUH was still able to run through these stages in just a couple of weeks in August. The time and effort devoted by Trusts to programme delivery were noteworthy (see below) but largely expended during the preparation phase. In this sense, much of the work put in by Trusts was below the surface and prior to the programme kicking-in with the 3-dayer. This preparation touched on the following issues:

[34] What is IPS? - Individual Placement Support - IPS Grow
[35] Thrive into Work (wmca.org.uk)
[36] One hopes metaphorically

- **Positioning**

There were differences in the programme's organisational positioning, apparent in the various roles and team affiliations of the Trust programme leads. In three Trusts the lead was based in the Workforce or People Management Directorate, albeit in different teams: in one case as the Head of Education and Workforce Development (PC), in another, as head of resourcing (ENH**),** and in a third as head of EDI (PUH). Drawn from the Nursing Directorate, the Senior Nurse for International Recruitment's lead role in CNTW likely reflected the contribution envisaged by the lived experiences programme to wider attempts to address staff shortages in the nursing workforce. BCH was distinctive with a programme lead from an operational service directorate, adult mental care services, although the postholder subsequently joined the strategy team in corporate services, focused on service transformation.

These differences in positioning lent the access to employment programme a 'double edged' quality. On the one hand the programme was clearly able to gain traction in different functional areas within Trusts. On the other, it suggests Trust difficultly in framing the programme and in finding a place for it in their organisations. The delayed involvement of one Trust was certainly related to this latter difficulty:

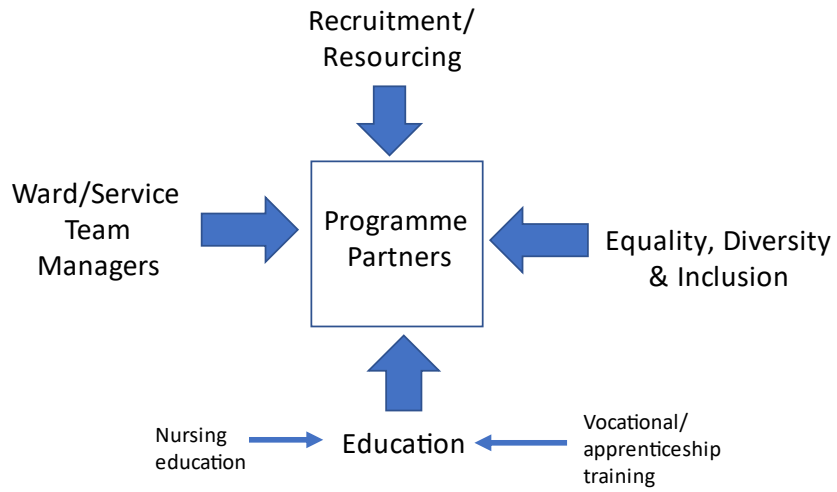
> "It took a while to get my head around what the (programme) offer actually was. I realized that no one was taking ownership of it, because it wasn't really clearly defined as to where it sat when they organized it. It doesn't clearly say this is a kind of recruitment drive or this is a recruitment and nursing drive… It took way too long to try and understand what the ask was."

Indeed, at PUH the shift from the programme as sitting within the employee resourcing team to being led the EDI team was indicative of a project in search of the 'right home'.

- **Partnering**

While progressing the access to employment programme needed a functional 'home' and lead, it also required the involvement of partners from various Trust teams, particularly at the nursing directorate and people management directorate interface. Potential, perhaps requisite, partners are set out in Figure 2 below.

Figure 2: Potential Partners



As a nursing support role, HCSWs were employed in and managed by the nursing directorate. But the programme's interest in HCSW recruitment encouraged the involvement of the HR directorate's employee resourcing team. With new recruits likely to require induction and in-role development, the nursing education team might also be involved. Indeed, where recruitment and development are linked to an apprenticeship, this suggests the possible involvement of the Trusts' vocational skills leads.

As part of the preparation those ward and team managers taking on a person with lived experience in their service area might additionally be engaged. Indeed, reflecting the specific aims informing organisational engagement with the programme, the composition of the internal partners involved might vary. We have seen that in one Trust the EDI team was pivotal to the introduction of the programme. In other Trusts EDI involvement was less apparent:

> “We haven't linked to the broader Trust EDI agenda. We do have strong links with the EDI team, and I am sure they will come on board but at this point we haven't done any work with them.”

> “We have a small EDI team and we've flagged it up with that team.”

A concentration on the development of these internal partnerships was especially apparent at PC. Strong initial commitment from the Trust’s Director of Nursing was seen as crucial to the programme’s implementation:

> “Having backing at board level made the other dominoes fall slightly more easily. It is not an uphill battle. I am not saying it has been easy, but it has been easier because we have had that executive level backing.”

This senior nurse management support at PC was complemented by the development of a broader coalition of functional specialists, especially drawn from recruitment, and including service and ward managers, the latter of course with the HCSW roles and vacancies:

> “I have significantly engaged with the key stakeholders in the Trust including our head of workforce. I have involved the workforce improvement lead. I have been going to the transformation meetings to tell them what I am doing. I’ve gone to our operational managers’ team meetings to update them.”

Alongside the establishment of such coalitions was the sequencing of partner involvement. At PC the programme lead was keen to develop key features of the programme before engaging such partners. This ensured that busy managers were not drawn into the ‘messy’ design detail but were rather presented with a clear picture of what would be involved:

> “I was keen to develop key features of the programme, including drafting the job description to ensure managers were not burdened with too much detail, but were still able to understand and engage with the programme effectively.”

In other Trusts, the coalition of partners took different forms. In ENH, for example, the Employee Resourcing team worked closely with the People Capabilities team, viewed as important in providing pastoral and other support for those with lived experiences once in post (see below):

> "The Capability Team [was important] because when they (people with lived experience) come in, they are going to need some pastoral support but also, they would facilitate training."

In most of the participant Trusts, the 3-day pre-employment event presented an opportunity and a particular spur to bring other organisational partners into the delivery of the programme. With part of this event devoted to supporting participants develop their CVs and apply for posts, Trust recruiting managers often attended, providing details of the application process. More broadly the 3-day event was used to familiarise participants with the nature of the HCSW role, bringing in varied actors to deliver their advice and experiences. At PUH, for example, one of the Trust's workers offering pastoral support to HCSWs gave a presentation at the 3-day event.

- **Arranging governance**

From a national perspective, we noted that securing Trust sign-off was an extended and at times difficult process. However, we also saw some unevenness in the internal management of the programme during these early stages. For example, ENH came to the programme relatively late but achieved Trust sign-off expeditiously:

> "We needed quick decisions, and we made those quick decisions and luckily for us the governance around this is fairly light so we could get on this and try to do it."

Elsewhere it was implied that the delegation of responsibility for the programme from a senior Trust manager to a dedicated programme lead might have streamlined engagement and helped the Trust prepare. In retrospect the Director of Nursing at NHC&C linked difficulties in taking the programme forward to a delay in seeking coalition partners and not designating and delegating to a lead:

> "If it had been any other time, I'd have given it over to somebody to lead. But my teams were completely stretched so I tried to manage it myself."

Typically, oversight of the programme was provided by a Trust workforce committee, with calls in some Trusts for involvement in the programme to be risk assessed, and then for the leads to regularly report back on progress:

- In PC, this was the Trust's People and Workforce Steering Group.

- In CNTW a presentation on the programme was initially made to the trust's Recruitment and Retention Task Group, with monthly updates to be given.

- In ENH a paper on progress was put to the Trust's People Committee 'every couple of months'.

- In BCH the lead put a proposal to participate to the Trust recruitment and retention steering group chaired by Deputy Director of Nursing, who 'asked me come back and give a bit more assurances and then they were happy to support it.' In this case, support was facilitated by the lead's experience and expertise in the field:

> "Because we've been around for so long and we've grown, we've got a bit of credibility internally with our stakeholders."

- **Resourcing**

It was made clear at the beginning of the project that NHSE would not be providing Trusts with additional resourcing for the access to employment programme. Trusts had already been provided with additional winter and summer funding in 2021 as part of the broader HCSW programme. The costs of delivering the 3-day pre-employment course were covered by the access to employment programme[37], while time, support and advice had also been

[37] Although one Trust did note they would be covering the cost of the training room, put in this case at £400

provided to the Trusts by the national partners, especially RSPH, Groundswell and Pathway. This should not detract from residual uncertainty at Trust level about resourcing. At one Trust, for example, issues were raised about covering the costs of the room for the 3-day event, suggesting perhaps a degree of miscommunication as to what course costs were actually covered:

> "(One of the) things that wasn't clear was costs and what the commitment was, who was covering what. Because we knew that this is an initiative, that NHS England was, you know, quite keen to support, but when it came to booking the room, it was unclear."

In the main, any use of resources by Trusts was associated with the time spent by various Trust staff (not only leads and partners but service managers and co-workers) in preparing, delivering, and supporting the programme and its participants. At the same time, the expenditure of such resource might be seen to have longer term returns for the Trusts in generating a sustainable organisational and cultural infrastructure for future programmes of this type.

- **Engaging programme participants**

Trust engagement with the people with lived experience can be traced to well before they applied for a job**.** Thus:

- Alongside Groundswell, there was scope for Trusts to use their contacts with VCS organisations to seek participants for the programme. This was especially the case with BCH, already providing employment services and therefore well connected in this respect.

- As noted, the Trusts were involved in the design of the 3-day pre-employment course, principally with a view to providing information on their Trust and the HCSW role. Typically, this input was on the third day, although some Trusts were keen to be present throughout the whole course:

"We organized with our people from our education, recruitment teams and so on to go on a couple of the days to introduce themselves, help candidates understand the job role, help with application forms and so on."

- As part of this process, some Trusts provided published material aimed at participants. For example, PC produced a leaflet for participants with the sub-headings: why you should work for us, 'our vision, purpose and values'; and who can apply, and the role.

- **Drafting (new) job descriptions and person specifications**

HCSW roles come at different levels of seniority and in various clinical settings, with implications for how the role is banded in pay terms and how the postholder is developed going forward. For the participant MHLD Trusts the HCSW workforce was predominantly a Band 3 one, with acute Trusts, by contrast, more likely to have a mainly Band 2 HCSWs workforce or a combination of Band 2s and 3s. In the context of the access to employment programme this raised issues about the appropriate entry level role for participants in terms of capability and qualification.

At PC considerable attention was devoted to the development of a new entry level HCSW role for those with lived experience. In general, the Trust was moving to upgrade all Band 2 HCSWs to Band 3. This prompted the introduction of a new Band 2 trainee role for the purpose of the access to employment programme. It provided for a fixed term 12-month period of training for postholders to acquire the capabilities to move into a permanent Band 3 HCSW role, including scope to acquire the maths and English functional skills (formerly an entry level requirement for any HCSW role at the Trust). Indeed, the introduction of this new role required the development of a new job description and person specification. This was seen a major challenge, but facilitated by the constructive involvement of the Trust's trade union representatives:

> "The biggest challenge was getting that job description and person spec sorted out, given we had a grievance underway at the same time[38]. Involving Staff Side made a huge difference around that because we were able to sell it to them as this is part of our pipeline of getting people in to grow our own, and if they could see that career pathways were available they became a lot more comfortable around things like this."

A similar approach was taken at BCH with a Band 2 trainee role suggested as the entry level role. At ENH, there was greater scope for programme participants to enter the Trust in a Band 2 CSW role and as with any other patient-facing entrant to the Trust at this level, once in post taking the Care Certificate[39] and with the option of moving into a Level 2 HCSW apprenticeship.

More broadly, there were examples of Trusts seeking to loosen, and adopt a more flexible approach to the job roles participants might be offered. In other words, they were not limiting job offers to HCSW roles:

> "One of the things is looking beyond, if somebody isn't suitable for an HCSW role at this time- what other vacancies do we have that maybe suitable- looking at catering, domestic or admin, so looking at alternatives. If they are not suitable for an HCSW role, build up to that."

> "We talked about CSWs but there are admin roles, so many entry level roles in organisation; it doesn't have to be just the CSW, we can think about it in estates and facilities and catering and entry level admin but we wanted to go small scale and see how we got on….. We've approached health records and entry level admin roles as well, not that we're marketing it as that, but we have it in our back pocket if someone isn't suitable."

[38] The trade unions were keen for all HCSW to at pay Band 3

[39] The Care Certificate is a national framework for induction based on the acquisition of a set of competencies. It is non-mandatory but adopted by most Trusts for its patient facing staff.

> "A manager came back, and she is going to be recruiting to Peer Support workers roles as well. So, there might be some HCA angle there."

Such an approach displayed a sensitivity to the uncertainties about the type of person coming forward through the programme and the type of job roles best suited to their capabilities and preferences. At the same time, this was a programme notionally designed to address HCSW vacancies. Indeed, the perceived inappropriateness of a new patient liaison role proposed for programme participants was one of the reasons NHC&C stepped back from the programme:

> "We created a new Patient Liaison role on the wards and thought it would be a really perfect sort of role and it transpired that it wasn't what was wanted. It was purely around finding people to go into healthcare assistant roles."

- **Selecting clinical areas and teams**

Trusts identified clinical areas and teams for participants and engaged the relevant line managers to brief and prepare them, adopting one of three approaches:

- ***Voluntaristic and bottom-up***, where Trusts asked clinical areas keen to participate in the programme to come forward. Such an approach could, however, throw-up the kind of roles deemed as 'inappropriate', not only in NHC&C but other Trusts as well:

> "I had a good response from our criminal justice service manager lead; the only shame is that she came back with admin jobs."

- ***Top-down*** based on a selection of clinical areas or teams the programme lead felt as 'best' able to take on participants, not least through their capacity to provide workplace support. This approach was to the fore at ENH, which identified specified wards for the appointees:

> "The reason we picked those wards was this particular manager, she is really supportive and has a reputation for running a really supportive environment. We did

earmark her. We said to her we have this homelessness project would you be up for it, and she was."

It was also in evidence at PC:

> "I am going to find a number of areas for the trainees. Ones where I get really good learner evaluations; ones where I know they're trying new things. If we get good success stories from them, others will come on board."

- ***Open*** and sensitive to the participant's interests and aptitude. This was also made possible at PC given entry to a trainee role with rotating placements, and the central management of these entrants by the Trust's education team. At CNTW this approach acquired a retrospective quality where appropriate Trust job opportunities were sought as employments offers were about to be made.

  Any one of these approaches required a communication exercise, whether to let prospective service or team managers know about the programme and its requirements, or to brief those already committed to participating, in terms of programme arrangements, procedures and outcomes. In ENH, for example Groundswell had agreed to come along and contribute to such a briefing session for managers in the selected departments.

- **Reviewing recruitment and selection procedures**

Trusts needed recruitment and selection procedures fit for purpose, in other words sensitive to the circumstances and needs of people with lived experience. Most participating Trusts reviewed their existing procedures with a view to avoiding unnecessary barriers to employment for these candidates. This was a delicate process with Trusts keen to ensure that any procedural modifications did not diminish the sense of achievement felt by individual participants in securing a post:

> "It is about getting the balance right between them genuinely feeling they deserved the job and making it easy. We don't want them to think they have been given it out

of charity. There has been a process they have gone through and achieved it fairly and squarely."

In general, and as part of the broader HCSW programme, several Trusts had already taken steps to modify their procedures in pursuit of a more inclusive HCSW workforce and as a means of more actively recruiting those 'new to care' into the role. For example, several of the Trusts had removed the requirement for 'previous care experience' in their person specifications and shifted towards values-based forms of recruitment, with implications for how the selection process was conducted. 'Reasonable adjustments' to the interview process included, for instance, allowing candidates early access to interview questions. These changes were feeding through to the recruitment of those with lived experience under the programme.

- **Developing support systems**

As part of their preparation, Trusts considered the extent to which a distinctive system of support should be developed for those joining the Trust from the access to employment programme. Trusts typically had their own standard systems to address: induction (or on-boarding) on joining the organisation; initial entry to the ward or team; and longer-term career development for their HCSW workforce. Indeed, Trusts had increasingly been supported in these respects through the NHSE HCSW programme with funding provided, for example, to establish dedicated HCSW educators and pastoral support roles.
The introduction of a more refined or bespoke system of support for those with lived experience, addressing the specific challenges faced by this group, was an option. However as with the adjustments to the recruitment process, participating Trusts were concerned to temper any dedicated support with a sensitivity to stigmatizing or 'throwing a spotlight' on successful candidates with lived experience:

"We don't want to make these individuals stand out and be different. We don't want to overprovide so that people are saying what's so different about this person, we didn't get this kind of induction. So it is about getting the balance right."

As means of striking this balance PC and ENH were keen to directly engage with the job holders themselves on their appointment to explore whether they wanted additional support and if so, how it might be managed:

At PC:

> "It is for each individual to decide how open they want to be about their circumstances. We are more than happy to talk through what that means."

At ENH:

> "We have told the ward manager that when they (the job holders) start we'd want to have a proper conversation with them about what support they (the job holder) needs. There is a piece about what they want to share; do they want to be treated any differently? They might want to be treated the same as everyone else. It is just a one-to-one conversation."

Fieldwork for this evaluation was completed before these support systems were fully implemented. It is, however, worth highlighting the following steps being taken to prepare in this respect:

- **A trainee model and central management**: At PC entry into a trainee HCSW role was underpinned by a well-structured, one year placement- based model for people with lived experience, with scope to review progression on it. This reviewing process and the chance to respond to emergent challenges over the year were facilitated by the central management of this cohort of lived experience starters. In an internal 'Tips' documents on the access to employment programme, the Trust noted:

> "Knowing how busy clinical services are at present has meant that we have decided to manage the cohort of trainee HCSW's centrally so that we can offer the level of managerial and pastoral support that may be required."

Similarly, and drawing on its experience from involvement in other employment support programmes, BCH was also keen to maintain contact with those coming from the programme:

> "We will keep in touch with those individuals. With Kick Starters we do regular reviews, and if any support is needed, any issues, we can link in with the manager."

- **Dedicated support roles**: At PC, central management and ongoing support was underpinned by the appointment of a dedicated Band 4 Education Associate role:

> "We're hoping to get an experienced HCSW who can provide some clinical skill support and pastoral support to the cohort. They'll be based in my team, but I will expect them to be out and about."

- **Careful selection of clinical areas**: Attention has been drawn to the selection of clinical teams with 'good reputations' for providing training and support.

- **A culture of mentoring:** More broadly several of the Trusts placed emphasis on developing a culture of mentorship across the organisation.

- **Buddying**: Various Trusts routinely used buddies to support new and developing HCSWs:

> "What we would look at is a buddy-system and this is what we do with all peer support workers."

- **Apprenticeship opportunities**: Trusts had also opened up opportunities for programme participants to develop through apprenticeships and other training activities (see in particular ENH and PC).

- **Networks and mutual support:** One Trust was contemplating the introduction of a 'monthly get together' for lived experience participants joining the Trust.

4.3 The Programme in Action at Trust Level

As noted above, by the time fieldwork for the evaluation was completed at the end of August 2022, all five participating Trusts had completed their 3-day pre-employment courses as well as the selection process, and made job offers. It can be seen from Table 6 below that 22 people with lived experience of homelessness attended the 3-day course, with 10 jobs being offered jobs (In all but one case those offered jobs had attended the 3-dayer). The numbers attending the 3-dayer were perhaps slightly lower than hoped for, with only PUH managing to secure the dozen participants originally envisaged for each of the respective Trust events. But the number of job-offers was possibly higher than expected, with close to half of the 3-dayer participants receiving such an offer.

Table 6: Outcomes

	Numbers on Pre-employment course	**Number of jobs offers**	**Functional skills**	**Role**
PC	4	3	Taught and tested as part of the traineeship	Band 2 HCSW trainee
CNTW	5	2	Not required	Support Homeless team Support worker community care team
BCH	1	1[40]	Not required	Fixed terms Band 2 HCSW (supernumerary) in 'Let's Talk' team in 'Loneliness Project'
ENH	4	3	Tested before application	Band 2 ward role (with apprenticeship)
PUH	8	1	Tested if apprenticeship option chosen	Band 2 ward role
Total	**22**	**10**		

In examining how the programme played out within Trusts this sub-section comprises two main parts:

- The 3-day pre-employment course.

[40] But not the person attending the 3-day programme

- Progression from application through to the job offer.

4.3.1 The 3-Day Pre-Employment Course

- **Participant Profile**

As noted in the methods section above, 5 of the 22 people with lived experience of homelessness attending the 3-day pre-employment course were interviewed. Given this small sample, some caution is needed in drawing broad conclusions on participant experiences. However, this number still represents a quarter of those joining the 3-day course, drawn from 2 of the 5 Trust-based events. Moreover, those interviewed had been through the whole of the programme, not only attending the 3-dayer but also applying for a job and progressing through the recruitment process. Indeed 4 of the 5 interviewees were offered job following the 3-dayer. A summary profile of those spoken to and their views on the programme are presented in Table 7 below.

Table 7: Individual Participant Profiles and Engagement with the Programme

	Participant 1	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**
Background: **-sex**	-male	-male	-female	-male	-female
-age	-30s	-early 30s	-under 20	-20s	-40s
-previous employment	-sales (7/8years)	-care work	-limited	-as a support worker	-'quite a few jobs before children'
-circumstances	- mental health challenges -homelessness a decade ago		-still studying at college -in hostel		-fled domestic violence -drug addict for 30 years (now recovered) -rough sleeping -then refuge
Connection to Programme	-care co-ordinator as part of mental health recovery	-employment support through early intervention psychosis team	-hostel newsletter	-case worker	-through Jigsaw Homes. providing support
Reasons	-'retrain & refocus' - giving back	-attracted by NHS job -confident boost	-'interested in healthcare career'	-unclear	- 'I'm a kind person' -'Like to help' -'Like to socialise'

	- role models through care		-expand options		
Pre-employment Prog Feedback	-'engaging' -meeting others -link to person in NHS recruitment	-useful: enjoyed learning about role and NHS	-'I enjoyed the course overall, and I really liked there was catering' -knowledge on job application	-'The course was good. It was a good experience to go on the course.'	-'It was really good.' - 'little crammed'
Outcome & Ambitions	-post offered -plan NHS career: 'my plan is for the NHS to be one of the last places that work.' -qualifications to become nurse	-post offered -taking it 'day by day'	- continuing with college studies - 'love to do medicine'.	-seeking to do computer science degree -NHS role a stepping-stone	- not clear yet
Future challenges	-'my own mental health' -triggering events -emotional challenges	-'anxiety'	-'sometime I feel stressed'	- with experience as support worker 'no challenges'	-'My first job in a long while.'

Table 3 highlights various points:

- With the HCSW role mainly performed by women, it is striking that 3 of the participants were men.

- Although unemployed, 4 of the 5 participants had experience in service work, two having worked as a support care worker, albeit in the private sector rather than in the NHS. As well as the general prospect of employment, this suggests that the nature of the job on offer might well have been an attraction to potential participants.

- The participants' connection to the access to employment programme was mainly through a member of the individuals' broader support team, for example, a care coordinator, although in one case the participant had heard of the programme through a hostel newsletter. Several of the participant interviewees had been in more permanent accommodation for some time but continued to receive various forms of support. Those providing this support

were clearly an important source of information and advice on the access to employment programme.

- Reasons for joining the programme varied, with participants providing several rationales:
    - Seeking 'to give back' or 'help' others.
    - Transitioning from unemployment.
    - Finding role models through their engagement with services.
    - Being attracted by the 'NHS brand'.
    - Seeking a career.
    - 'Normalising' social life.

These reasons were reflected in various comments:

> "I have been dealing with care coordinators, nurses, therapists over time and when I've seen them working that's inspired me to want to take a position in the NHS and do similar things and use my lived experience to help other people. Up until this course I hadn't been looking for work. Me doing this course was about me thinking about doing work again."

> "With it being the NHS, it appealed a bit; the NHS is quite good to work for, a lot of prospects, so that is what appealed. Just wanted to update my CV as well because with us being unemployed for quite a bit, I have been on the sick and then unemployed for a short while I wanted something to give me a confidence boost."

> 'I like to socialise'.

- The participants had different aspirations going into the programme, ranging from the well-developed to the more open. One had clear plans to become a nurse, another saw the HCSW job more as a stop gap to further study in computer sciences. Others were less certain, 'taking it day-by-day'.

- The participants retained residual anxieties, recognising future challenges associated especially with their own mental health:

> "My own mental health is going to be a bit of a challenge. I might be involved in things that are quite triggering for me, that I might come across… The service I am going into is more on a personal level, rather than business level, so there might be certain thing that are emotionally challenging. It is going to be a learning curve."

> "I struggle with my anxiety, had a knock to my confidence."

> "This will be my first job in a long while."

In some cases, these anxieties were mitigated by the fact that some of the individuals had performed a support worker role before.

- **Participant Reflections**

Table 7 above suggests that in general individual participant experiences on the 3-day pre-employment course were positive[41]. Those interviewed used terms such as 'enjoyable', 'useful', 'engaging' and 'good', with the scope to interact with peers and others especially welcome:

> "It (the course) was really, really good, a lot of activities. It was engaging. I got to meet a few different people, who were in a similar or slightly differently positioned and looking for work, and the most important was someone who works in recruitment at the NHS who was at the course, so I was able to make that connection. So, the whole course was really good, each day engaging and very informative and I feel I got a lot from it."

[41] Given that 6 of the 7 participants had been offered jobs there positive of view of the 3-day event is perhaps not unexpected. It would also have been useful to interview those with different outcome experiences.

> "I have recommended it to other people. I know quite a few people who would go on it."

For one participant, a single qualification to this positive picture centred on what was perceived as the intense nature of the course:

> "The only thing I thought was it crammed a lot into 3 days. I think it should have been over a few more days, so you weren't rushed through it."

- **Trust Reflections and Practical Challenges**

In general Trust comments on the 3-day pre-employment event were also positive. As noted, Trusts had the opportunity to input into the 3 days, with information for participants about their organisations, the HCSW role and the procedures underpinning applications to it. ENH was keen to build on this involvement, and perhaps include a visit to the Trust as part of the 3-days. Nonetheless, those Trust actors attending the event reported positive experiences:

> "She (the pastoral support worker at PUH) said it was a privilege to go (to the 3-day pre-employment event) and meet the candidates from the project. (At the event) she spoke about the role of a healthcare support worker at length, what the job entails; we talked about, which part of the role we most enjoyed, trials, and tribulations, as being a healthcare support worker."

In more tangible terms, some Trusts assessed the 3-dayer in terms of the number of employable people it provided, and as stressed in most cases the conversion rate from attendance to application was high. As the PC interviewee noted:

> "The programme went well. Out of the 4 who attended, 3 have been interviewed and are going through pre-employment checks at the moment."

There were practical challenges to organising the 3-day pre-employment course, reflected in the fact that two of the Trusts postponed events given low attendance, partly explained by Covid outbreaks. Another Trust 3-day event coincided with a train strike and the heatwave,

contributing the breakup of the delivery, with Day 3 being run a week after Days 1 and 2. Another Trust only secured one participant but still ran with the Trust 3-day event.

More substantively the challenges associated with the 3 days assumed the following form:

- **Supported accommodation and benefits**: It became clear relatively late in the process that for potential participants in supported housing accommodation take up of paid employment could lead to reductions in benefit, naturally generating financial difficulty. This resulted in the withdrawal of some participants from the 3-dayer:

> "There was one big issue: 5 or 6 people who attended and lived in supported accommodation in (area name) and their support workers told them that if they were to get a job, they'd lose all their benefits and they would lose their accommodation. They only did the first day. It was a shame because 2 of them had experience of working in care and support workers in residential care."

> "Supported accommodation was the biggest issue: if they are in supported accommodation there is something around they'll lose benefits if they start work."

With the DWP nationally **involved in the** project, the unexpected emergence of such a significant barrier to involvement was surprising. With a noteworthy number of drops-out it suggested the importance of:

- Checking potential participants housing arrangements (and the benefits implications of paid employment).
- Partnering with organisations able to provide a pathway to employment rooted in alternative housing arrangements.
- Maintaining contact with those in supported housing who complete the 3-day programme, to support them into employment if and when their housing arrangements changed.

Indeed, PC was exploring whether there was scope to help applicants to move out of supported accommodation, as a means of helping them into employment:

"Going forward we have considered looking to get them out of supported accommodation before they start work. I was going to talk to one someone who works in a housing association to see if anything we could do about that."

- **Event location:** A more prosaic, but still important issue related to the simple location of the 3-day event. Participants were not always comfortable attending at a hotel, and at PC the location for a re-scheduled 3-day event shifted from a hotel to a community centre:

  "Some of the people found it off putting to go to a hotel so (the event) was organised in a community centre".

- **Participants' Expenses**: Clearly there were costs, particularly associated with travel for the participants in attending the event. In at least one Trust, upfront, rather than deferred payment to cover these expenses appeared to facilitate attendance:

  "At the first event we gave people the choice of having their travel expenses before in preparation or to put in receipts for them afterwards. We learnt that it was best if they had the travel stuff beforehand."

- **Other healthcare needs:** Some participants came along to the 3-day event with other healthcare needs, undermining their confidence, and in need of attention:

  "A lot of people were really anxious because they needed dental care. We tried to reassure them but that did cause some issues."

- **Unseen barriers:** There were other, unforeseen barriers, for example potential participants being moved out the area at short notice in their search for accommodation. As one Trust interviewee noted:

  "One of the big learnings from this is if we want to do this kind of thing successfully, we need much closer ties with DWP and local authorities because what has become

clear to me is there are lots of different barriers that aren't always tangible or visible. So out of those (pre-employment) cohorts 2 people I know were 'lifted' one night and moved to another area; apparently that can just happen."

4.3.2 Progression from application through to the job offer

There was an important overlap between the pre-employment event and the Trust application process, with Groundswell engaged in helping participants during the 3 days to prepare their CVs and applications. For the lived experience participants this was an unexpected but welcome level of support during the 3-dayer. As a programme participant noted:

> "The NHS has a system to apply for jobs which is filling in an online form and that can take 20 to 40 minutes. I find it really time consuming when I tried applying for things like that before. What happened is I got help and support from (Groundswell) and ongoing support, where there was help, to restructure my CV and include my experience in something else as transferable experience. So, I had that support in the form of 2 calls afterwards with (Groundswell). I was given almost like homework between the 2 calls …. The process was really good. We had after care and support which was really good; it was something I wouldn't have expected. The course ends and it's over but it was getting the help and the guidance afterwards as well."

In the main the recruitment process went smoothly, again reflected in the number of job offers made. There were differences (and similarities) between the Trusts in the procedural approach adopted[42] with some variations in outcomes (see Table 7 above). These are apparent in a consideration of developments post-3-day event at each of the respective Trusts:

[42] The timing of the interviews did not allow for a discussion with Trust leads on the recruitment and selection of participants- these procedures had yet to be put into practice. However, some information was gleaned particularly from the Trust webinars and participants interviews, on how the process had gone in a couple of the Trusts.

- **Cumbria, Northumberland, Tyne and Wear:** At CNTW 2 of the 5 participants at the 3-day event applied and were offered jobs. 2 of the other candidates were viewed as not yet ready for work:

> "They weren't at a place where they would want to be looking at work."

The selection process at CTNW was the most direct and informal of all the participants Trusts. It was based on hard copy CVs rather than an online application form and a relatively informal interview with one of the Trust's programme leads. The hard copy CV and the interview notes were then submitted by the programme lead to the HR Team for the Disclosure and Barring Services (DBS) and other checks. The two participants interviewees were positive about the CNTW process:

> "It wasn't too bad an application process. I just submitted a CV and cover letter and then had an informal chat."

> "The members of the Trust present at the course gave us application forms, slightly easier to fill in than the online ones, and these related more to transferable skills, than actual experience, and that form and CV guidance form was then forwarded to the (Trust lead) who I met then…The process was really good. We had after care and support which was really good."

The CNTW job offers were in Band 3 support worker roles, one in a community treatment team, the other in a homelessness team. The latter was an especially good fit with the new appointee, although limited planning went into the identification of these teams as the source of jobs. Indeed, at CNTW the process findings jobs for the participants emerged as somewhat *ad hoc* way with the lead simply looking across Trusts for advertised HCSW posts:

> "The two areas were advertised in the Trust bulletin. After I interviewed them, I was looking at the Trust job site and there was Band 3 support worker needed in the teams, and I just contacted the team managers"

- **Pennine Care:** At PC 3 of the 4 participants attending the 3-dayer applied and were all offered posts, although in contrast to CNTW these posts took the form of Band 2 HCSW trainee roles on 12-month fixed term contracts, rather than substantive roles within service teams. The one participant on the 3-dayer not applying was once more not deemed as ready for employment, still being involved in their college studies.

The application process in terms of CV submissions and interviews ran smoothly:

> "They completed 3 days, submitted their CVs and we short listed them. We called them for a proper interview, and they did really well. All were successful."

There were some minor downstream issues as those offered jobs were required to register online for pre-employment checks. The initial part of this process was managed by accompanying the candidates to the Trust's IT suite immediately following the job interviews and supporting them sign-on to the Trac system. However, the follow-up system requirements to complete the process caused some difficulties for the candidates. They were required to secure access to IT equipment and navigate their way through the necessary stages and provide the requisite information:

> "We ran the interviews and took them into the IT suite to help them, but they then went away and started to do the rest of it. But once they had gone onto Trac they received an email telling them they had to fill in fit for jobs form, a DBS form and that's where it started to fall down, because they weren't with us while they were doing it."

These difficulties contributed to delays in completing the checks and consequently in the participants starting employment at the Trust. From job offer to starting at the Trust was likely to be a period of 3 or 4 months:

"We were hoping they were going to be able to start in our September (2022) cohort but given where we are at with the pre-employment checks it might be the October cohort (2022), which is a long time after us interviewing them".

- **Portsmouth**: As highlighted in Table 6 above, PUH presented a distinctive pattern in terms of participant engagement in the programme: a relatively high number of 12 individuals attending the 3-day course but with only 1 receiving a job offer. It is a pattern largely explained by a recruitment process, which in contrast to the short and seamless processes in the other Trusts, was more extended. Following the 3-dayer, participants interested in applying for an HCSW post at the Trust were required to attend a recruitment day at which they took a short numeracy and literacy test (in lieu of evidence of their qualifications). 4 of the 12 participants came to the recruitment day with the following results:

    - 1 passed the test, this individual then moving onto an interview and receiving a job offer.
    - 1 was still completing their studies and deemed not ready for employment.
    - 2 were unsuccessful in the test, although the Trust is seeking to retain contact with them and provide further support with future test attempts:

        "The recruitment team has gone back to or is going back to give them a copy of the test for them to practice and we're planning to invite them again. So, we're not giving up on those two."

The Trust was in the process of examining why 8 of those attending the 3-dayer did not join the recruitment day and progress their interest in a job (although one might assume the additional travel and other costs incurred in coming to the recruitment day and the anxieties associated with taking a test, likely contributed.)

-East and North Herts: At ENH 4 people attended the 3-day pre-employment event, with all submitting their CV and applying for posts. 3 were offered Band 2 HCSW posts in 2 ward areas, managed by the same senior nurse. The other applicant had 'health issues' suggesting a frontline care role was not the best option for them at this time. However, the Trust was

keen to signpost this individual to a volunteering role, retaining contact with them and keen to find them alternative employment in the future:

> "We hope to link in with that person and help them into employment… We're really conscious we don't lose that person after all that time in the classroom"

The access to employment interviews at ENH were undertaken as part of the Trust's regular recruitment round and involved a ward manager as well as a member of apprenticeship team responsible for all HCSWs training at the Trust. To fit in with the timing of this general HCSW recruitment round, there was a pause of a couple of weeks between the completion of the 3-day pre-employment course and attendance at the interview. The Trust felt that in the future this gap might usefully be removed to create a more seamless process, although the value of participants being given time to reflect on and prepare for the interviews was also noted:

> "Sometimes it is nice for people that have been on the (3-day) course to take stock, a bit of reflection, just to make absolutely sure it is right for them. If we went wading in with interviews at the end of day 3 they might think it is a bit hasty."

Certainly, the delay did not appear to detrimentally affect the participants' interview performance. The ward manager involved in the interviews commented on the high quality of the 4 applicants and gave them feedback on the interview:

> "She was really impressed with the skills they exhibited through the interview, giving their confidence a boost".

Applicants at ENH were not required to log on to Trac or manage their application through the system[43]. This avoided some of the IT issues highlighted at PC and helped to streamline

[43] The Trust staff manually loaded the information provided by the applicants onto Trac, rather the applicants themselves doing so themselves.

the process for applicants. It did, however, require the Trust to then seek information from applicants which might otherwise have been provided through Trac. In short, the trade-off for side stepping Trac and creating a less complex process for the applicants, was the need to collect the information required for pre-employment checks by other means:

> "They didn't do a Trac application form, which is a good thing because that is off putting in itself, because it is long. But it (the form) does force you to provide details of your referees and all the things we need to get your checks going. We made it easy for them to apply and they didn't have an application form, but what we're having to do afterwards is follow up on the bits we didn't have."

As with the other Trusts there remained challenges at ENH in completing employment checks around occupational health and DBS, with some applicants having problems providing, for example, fixed previous addresses and references:

> "DBS checks aren't as easy to apply for because someone might not have a fixed abode...We are doing all the risk assessment but not being too prescriptive that it puts them off."

As this interviewee continued:

> "It has flagged up to me how long our processes take. If they were applying for a job in Tesco, and were offered it, they'd probably start the next day. The wheels roll quite slowly in the NHS, and we need to keep them warm and wanting to come".

'Keeping them warm' involved shaping expectations by warning applicants of the delay so ensuring they were not put off by the length of pre-employment process:

> "When they look at the DBS form that gets sent through to them, we need to make sure that they don't baulk at it and go I can't provide 5 years of addresses, so I am not going to bother and drift off."

As this interviewee succinctly and usefully noted there was a need to find ways of 'getting the information we need, without making it too onerous.'

At this stage the Trust also needed to retain an ongoing sensitivity to the support some applicant required. One of the successful ENH applicants had ongoing difficulties with their accommodation arrangements, with the Trust seeking ways to help, perhaps by providing temporary access to Trust's accommodation facilities:

> "This person was living in very temporary accommodation; we are just having a conversation about whether we can support them with reduced rent for 3 months in our hospital accommodation."

ENH had also finessed the issue of a numeracy and literacy skill test. In contrast to PUH, passing such a test was not an entry requirement for employment to a Band 2 HCSW role. Postholders had the option of taking a level 3 apprenticeship as they started at the Trust, requiring a functional skill qualification. If choosing this route, the Trust would then support them in securing this qualification, but they were also free to continue into the HCSW role without moving into apprenticeship and its need for functional skills. Interestingly the 3 individuals offered jobs at the Trust had chosen to move into an apprenticeship and successfully completed this test, but 'we still would have had them because it (the test) was optional".

-Black Country: BHC involvement with the programme was distinctive, with the programme driven and sitting in a front-line service department providing support to those with mental health problems. Perhaps as consequence BHC's engagement with the national programme was also the most tenuous of the 5 Trusts. Groundswell did make considerable effort to generate, through local connections, participants for the 3-day course. Only one person turned up to the event, and although the course ran for this individual, she chose not to apply for a job at the Trust for reason yet to be explored.

Indirectly the programme did, however, generate 1 job offer. Trust participation in a system network centred on supporting volunteers produced an applicant with lived experience of homelessness and keen for a career in nursing. Working as a volunteer in another Trust and supported by BHC in her application, this individual was given a bespoke job link to HCSW vacancies. A fairly informal interview followed this person's application:

> "We tried to keep the interview relatively informal, not too many questions, and tried to keep the question broad in terms of being able to answer them."

The resulting job offer was to a Band 2 role in the Trust's 'Let's Talk' team, part of a 'loneliness project' within the lead's own department. This role had much in common with the PC HCSW training role, in being fixed term, in this case for 6 months, and allowing the postholder to learn on the job with a view to opening future options. However, the employment arrangements for this role were again distinctive. The programme lead was able to secure internal time-limited funding for this post, providing the postholder with supernumerary status in the team and allowing for an unusually rich learning experience:

> "I asked for some non-recurrent money that we had internally. Rather than trying to control or nudge people along to advertising their jobs in their departments this funding was for a supernumerary role, so no impact on substantive posts, but very much a training role with a view to having sustainable employment."

4.4 Learning, Challenges and the Future

At the time of writing, job offers had been made in all participating Trusts but with none of these individuals yet to start in the post. In the cases of PC and ENH, explicit attention was drawn to the time taken to complete pre-employment checks, a delay found in the other Trusts as well. The absence of people in their prospective HCSW roles placed limits on the scope of this evaluation. It negated the chance to explore the sustainability of employment and its impact upon those in posts with lived experience of homelessness and perhaps their colleagues and managers. Attention was drawn above to the support systems Trusts had put place for those in post, but clearly these had yet to come into effect.

The absence of people in post made it difficult for the Trusts themselves to reflect upon the programme and whether and how they might want to take it forward. As one interviewee noted:

> "What I find difficult is because we've not yet had anybody start, I don't think we've come across maybe some of the trickiest things that we need to deal with in terms of adjustments. So, it's one of those limbo things.

At the same time, this uncertainty was typically underpinned by a positive Trust disposition towards the programme and a provisional wish to continue with one. Asked whether the Trust would continue with the initiative at their Trust one respondent noted:

> "Yeah. Absolutely. We pushed to get it in because we didn't want to miss this opportunity to learn something, but we need to have a full cycle of somebody actually starting so we have a better understanding of what's going to be required."

Another interviewee expressed similar views, noting the value of the project was yet to be established, lying in whether the jobs created were sustainable, but in principle keen to continue with a programme:

> "I haven't seen the outputs yet. If they start and stay what a brilliant story in 12 months times. But it is hard to know because we're not there yet. If we can get them and they stay six months, I think that would be brilliant and we'd want to do this anyway. I'd definitely be interested in doing something and continuing it but before we did that, I'd want to see this cycle through."

Continued enthusiasm for a programme can be related to the pilot generating job offers. But this enthusiasm was also linked to the programme generating broader benefits related to organisational change and culture and to community engagement. These benefits included:

- Raising homelessness as a workforce issue: At PUH the programme was seen to have raised an interest in people with experience of homelessness not only amongst future applicants for Trust jobs but for existing members of its workforce as well:

> "I'm mindful that there are probably existing people in our organization that have experienced or are experiencing homelessness especially with rising costs. So I feel almost like whilst I know the aim is to get people in, I think there's an opportunity for us to have some more awareness of just our workforce in general. So yes, I would love to be able to do that in whichever guise."

- Strengthening links with VCS organisations: The importance of retaining and strengthening links with VCS organisation as means of securing people with experience of homelessness as a source of labour:

> "I've learnt that actually I wasn't even thinking about charities and organizations that dealt with homelessness in particular and because recruitment is not my day-to-day job, I hadn't really thought about those who aren't applying for jobs at the Trust."

> "We are learning all the time about the different community groups we can link with."

- Extending the inclusion agenda to others socio-economic groups: The pilot had encouraged Trusts to look at supporting employment amongst other excluded groups, and make links to other Trust programmes designed to support workforce inclusion:

> "It's opened up my eyes and I think there's a lot of possibility not just for homelessness, just that main question of 'who isn't applying?'. Who are we not getting through to who we might?"

> "We do quite a lot through our Widening Participation agenda: the Prince's Trust and accelerated steps into work programmes for 18- to 30-year-old. On the back of that we run programmes for military veterans and for people with learning

disabilities. We would like to work with local authorities to get people who have been looked after children into entry level roles. We now have a head of EDI which is helping with that because a lot of the time capacity has an impact on what we can and can't do."

- Extending practice from the programme: For example, at PC the Band 2 trainee HCSW role was originally introduced exclusively for applicants with lived experience, but was then taken-up more generally at the Trust as an entry role for all applicants:

  "When I set this programme up it (the Band 2 trainee role) was for this group (of people with lived experience) and then we got involved with Indeed to do the collective recruitment so we have actually used it for all of our trainees and it is getting some really good feedback".

- Encouraging a new strategic conversation: The programme acted as a catalyst for a new strategic conversation at senior management levels on the development of a more inclusive workforce. This was especially the case at BCH, which viewed the programme as raising the profile of people with lived experience of homelessness as potential employees. In so doing, it added a new dimension to the Trust's longer standing interest in recruiting people with lived experience to peer support roles:

  "I was sent an email by our director of strategy, she copied in the director of finance and the chief operating officer. It said could you give us bullet points on your ideas on recruitment that we are going to be discussing as executives. This was one of the things I put down. So I think on paper it might be only one person (offered a job) at the moment and it doesn't sound like an major impact but if you look at it from a more strategic point of view it has opened those conversations and shown how we need to recruit differently."

At the same time the future delivery of an access to employment programme was presented by Trust interviewees as contingent on various factors:

- Future partners: One Trust was keen to continue with a programme but working with one of the partners, Groundswell, seen as pivotal in delivering the pilot and crucial in finding and supporting participants in any future scheme:

> "Moving forward I would like to do it again with Groundswell, possibly in the central area, because this one has covered people in (area name). So it would be good to do it in a different area."

- Costs: Depending on the design of a future programme, costs currently met by the pilot would need to be met for: the delivery of the 3-day pre-employment course; securing and supporting participants; and possibly downstream support for people in post. As noted above, the time devoted to the programme by Trusts' leads, for example in sorting out pre-employment checks, had been significant. There had been some 'one-off' costs in terms dealing with issues from the introduction of new programme, but the continued effort needed to maintain such a programme should not be discounted:

> "I would like to get them in post and see how that first 3 or 4 months goes and then do another cohort. But resource and finance will be an issue because this was a funded programme, with support from Groundswell and Pathway and RSPH, and if that funding goes we won't have that support in the background and that would make it much more challenging given the resource I have available to do it.

- Other work roles: Notionally the pilot was centred on securing access to healthcare support worker roles. Clearly there is scope to extend the jobs offered to people with lived experience:

> "Currently they are nursing support roles. Going forward we'd like to extend it to our AHPs (Allied Health Professionals) as well. Our vacancies, which led to this work being done, were initially in nursing roles, but we do have all sorts of clinical support worker role they could potentially move into if they found they didn't like the nursing support role. One of the things I have learnt is if we do run another

programme for people with lived experience homelessness, I don't want it to be restricted to just healthcare support workers, that limited the pool we attracted."

5. Overview

5.1 Summary

The NHSE access to employment pilot programme can be seen as part of a long-standing and broader stream of policy and practice in many developed countries centred on supporting people with lived experience of homelessness into employment. Thus, the NHSE programme stands alongside a plethora of initiatives in the wider economy providing various forms of employment support for these individuals, ranging from advice and signposting to training, internships, and placements. However, the NHSE programme can also be viewed as distinctive in important respects. It is a programme with a dedicated focus on supporting people experiencing homelessness into frontline healthcare roles and concerned with highlighting barriers to employment in this specific context.

In evaluating the NHSE initiative over 20 key actors were interviewed, in several cases more than once to track the programme's progress. Crucially these interviewees included people with lived experience of homelessness who participated in the programme, providing an insight into their experiences of it. In the main the interviewees were drawn from the national partner organisations involved in the programme and from the 5 Trusts implementing it. This allowed the introduction of the programme to be evaluated from both the national and Trust perspective, bringing to the fore how developments at these two levels connected and played out.

Our evaluation suggests that national context and developments impacted how the access to employment programme was perceived and taken forward at Trust level. The initiative emerged from the NHSE nursing directorate and drew on funding available at the end of the 2020-21 financial year from a workforce team project designed to address HCSW vacancies. The access to employment programme was led, however, by the directorate's EPE Division, and in particular by the Public Participation (PP) team sitting within it. The EPE Division and its PP team had a broad remit to further public involvement in service design and delivery, including bringing people with lived experience into the NHS workforce. The work the EPE

Division and its PP team undertook to further and safeguard the well-being of people experiencing homelessness during the Covid pandemic brought this socio-economic group onto the EPE's agenda and provided an opportunity to link to the nursing directorate's workforce team and its HCSW initiative.

The EPE Division's existing connections brought expert organisations from the voluntary and community sector - Pathway, Groundswell and the RSPH - into the design and delivery of the access to employment programme. This partnership working allowed the programme to develop at speed, drawing upon the complementary capabilities of these organisations. With a short lead time to secure the funding, the partners had little opportunity to systematically review and evaluate programme design options. Indeed, with limited time, and resource, to develop a more elaborate scheme, the programme was streamlined and modest in its form and initial coverage. The aim was to involve 1 Trust from each NHSE 7 regions, in a programme which comprised a 3-day pre-employment course involving the participants with lived experience of homelessness, who then moved swiftly and seamlessly through to job application, recruitment and hopefully job offer at Trust level.

National context and developments interfaced with the introduction of the programmes at Trust level in positive ways. It was an initiative which connected with various Trust aims not only related to dealing with HCSW vacancies but to broader issues of change in organisational culture, the pursuit of community engagement, and workforce inclusion. The national partners had developed a clear and manageable model, with Trust access to an established RSPH pre-employment programme and to the considerable expertise of the partnership organisations, as they implemented it. For example, securing participants for the programme was perhaps the key challenge for Trusts, crucially facilitated by Groundswell with its knowledge and links to local authorities and organisations in the voluntary and community sector supporting people with experience of homelessness. Indeed, Groundswell continued to provide valued support to Trusts and programme participants throughout the application, recruitment, and selection processes.

At the same time there were tensions with the participant Trusts facing uncertainties and constraints derived from national developments. Thus, in general, the capacity of Trusts to

introduce the programme was initially and understandably limited by the pressures associated with the Covid-19 pandemic. But the pace of implementation by Trusts was also uneven, apparent in differences in the timing and approach to Trust sign off. In part this reflected Trust uncertainly about the scale and nature of the change required to their procedures, with implications for whether and at what level senior management needed to sign off the programme. The early involvement of a senior manager could speed sign-off. In one Trust, for example, support from the Director of Nursing for the programme boosted and added organisational legitimacy to its introduction. But such involvement was not an essential requirement. Thus, in another Trust the programme was introduced with a light touch sign-off.

More substantively with the programme informed by a range of national aims and touching on issues of labour supply, public involvement, and community engagement, it could be difficult for Trusts to position the programme in their organisations. As one interviewee noted, at times it was difficult to 'grasp the programme's ask'. Indicative of a programme in a 'search of a home' was the fact that the leads in the respective Trusts were drawn from different teams and departments within the Trust: employee resourcing, education, EDI and a frontline service team. Indeed, in one the Trust the programme, initially sat with the employee resourcing team, only making progress when it passed the Trust's EDI team.

The imprint of the national programme design was also evident in the requirement to place participants in HCSW roles. It might legitimately be argued that providing employment opportunities in a wider range of job roles ran the risk of making it even harder to position the programme in organisational terms. In fact, some individual participants were attracted to the programme by their previous work experience as support workers. However, given likely variation in work preferences, experiences, and aptitudes, people with lived experiences were being directed towards a single job role, albeit one taking various forms and found in myriad clinical settings. In one Trust the narrowness of the opportunity was mitigated by appointment to a HCSW trainee post with a year-long programme of preparation and placements, allowing participants to experience the role in different clinical settings. Other Trusts adopted a loose definition of a HCSW role, prepared to consider a range of job options for applicants. There was, however, at least one Trust which withdrew

early on from the initiative because the job available to programme participants was not an HCSW role.

Partly related, the design of the national programme as outlined above, and for reasons highlighted, was inevitably and understandably modest. Participants, often with challenging and complex lives were applying and entering a frontline care role following 3-day pre-employment course, and, in most cases, the standard Trust induction. The access to employment programme was able to devote only limited attention and resource to dealing with the broader range of challenges these individuals might face in their lives, and likely to impact their capacity to engage with employment in the medium and longer term.

The level of preparation and support provided was in stark contrast to that provided by the highly resourced Tackling Multiple Disadvantages (TMD) project noted earlier, and this programme resulted in barely 1 in 10 of participants being in employment after 26 weeks. It was also in contrast to the supportive infrastructure underpinning employment support for another marginalised labour group, young people with disabilities, which over recent years the NHS had been keen to engage in its workforce. Thus, the employment support provided for these young people on the Project Choice and Search programmes, introduced by many Trusts in recent years, takes the form of a 12-month internship with rotating job placements and one-to-one job coaching [44]. Certainly, these supported internship programmes rest on a distinctive financial model which ensures funding through monies attached to individual participants under their Education, Health, and Care Plans. However, the broader question remains as to whether the NHSE access to employment programme for people with lived experience of homelessness provided the type and level support required to ensure sustained employment.

Notwithstanding these tensions and uncertainties, there were various important positive outcomes from the NHSE access to employment programme, touching on the range of national and Trust aims underpinning it. The most tangible outcomes were as follows:

[44] Supported Employment Programme in NHS Trusts for Young People with Disabilities: Piecing the Puzzle Together | Health Education England (hee.nhs.uk)

- 5 Trusts from different regions were involved in the programme. While this fell slightly short of the proposed 1 Trust in each of NHSE's 7 regions, all 5 Trusts completed the programme in full, making at least one job offer.

- The 3-day pre-employment event was held in each of the 5 Trust catchment areas, attracting a total 22 individuals with lived experience. Numbers attending were perhaps slightly lower than hoped for. However as noted above, the TMD programme also fell well short of the number of participants it targeted.

- Job offers were made in each in the 5 participants Trusts, with a total of 10 being made in total. This was perhaps slightly higher than expected. Indeed, the conversion rate from attendance at the 3-dayer to job offer was high. In 3 Trusts, almost all those participants attending this event were interviewed and then offered a job. Indeed, close to half the participants on the access to employment project were offered jobs, compared to a quarter on the TMD programme finding employment in the short term.

- This offer rate is a testament to the support provide by and quality of the 3- day pre programme course and even those attendees not offered jobs had been brought into labour market, with the Trusts keen to signpost them to other opportunities and provide them with further support.

In a broader, slightly less tangible sense, there were programme outcomes linked to organisational change and cultural awareness. They included:

- Raising homelessness as an issue of importance to the Trust not only in terms a future labour supply but also in relation to its current workforce.

- Adding substance to Trust rhetoric on workforce inclusion and community engagement.

- Generating unexpected but welcome benefits, for example the Band 2 HCSW trainee post in one Trust, originally created for the programme participants, but then more generally adopted across the organisation as a new HCSW entry role.

The programme was viewed positively by all participant Trusts. They were keen to continue with the initiative, although with qualifications. The capacity of the programme to deliver sustainable employment for people with lived experience of homelessness remained an open question. On completion of the NHSE programme, participants with job offers were still awaiting a start date for employment, pending completion of their pre-employment checks. Consequently, Trusts felt that the programme still had some way to run before its value could be judged, with much depending on how well participants settled into their new jobs.

A future programme was also seen as seen by Trusts as likely to be contingent on:

- The continued involvement of partner organisations such as Groundswell and Pathway, with their expertise in supporting people with lived experiences of homeless.

- The availability of resourcing to deliver the programme.

- Extending the programme to support access to a wider range of job opportunities.

5.2 Barriers and Challenges

At the outset of this report, it was suggested that the criteria for our evaluation notionally rested on the aims the programme pilot set for itself, with attention drawn to the main project objective as: 'seeking to understand and address systemic and individual barriers to employment amongst those with lived experience of homelessness'. We argued that these barriers might be considered from the perspective of different stakeholders- national partners, Trusts and individual programme participants- and related to different stages of the programme - preparing, delivery the pre-employment elements, applying to and

sustaining employment with the Trust. Using the analytical template originally presented, Table 8 below presents the barriers highlighted in the evaluation. The one under-populated part of this table relates to the final, supporting and sustaining employment phase, where, as stressed above, any barriers and their management have yet to emerge.

Table 8: Barriers and Challenges				
Stakeholder Perspective	**Phases**			
	1.Preparing/ Joining	**2.Delivering pre-employment course**	**3.Applying to a HCSW post**	**4.Supporting/ Sustaining employment**
National Partners/ Actors	-Clarity of purpose/ask -The 'right' programme design -Regional buy-in -Future engagement/value -Securing funding/support -'Right' partners -	-Mapping & understanding the local support infrastructure for people experiencing homelessness -Finding gatekeeper to key networks and to those experiencing homelessness -Providing accurate & precise information on the course	- Retaining contact with individual participants and providing re-assurance post 3-day programme prior to interview and during pre-employment checks	-Lack of clarity over whether and who would provide follow-up in-work support -Establishing form of support and who will provide it
NHS Trusts	-Connection to system level developments -Finding employment support prog. -Accountability/ governance -Securing funding/ resourcing -Organisational positioning -Appropriate partners/securing functional coalitions -Appropriate work role -Job description -Entry requirements -Appropriate work settings/teams -Briefing service managers	-Establishing programme design/form -Finding a delivery-mechanism/ provider -Finding accessible site/location -Developing input for 3-day training -Securing participants -Working with VCS brokers -Accurate joining information -'Right' organisational partners present -Adequately preparing and signing post participants -Dealing with broader participant health, housing & benefits	-'Reasonable adjustments' to JD -'Reasonable adjustments' to interview/ selection process - Reviewing entry requirements especially functional skills -Ensuring IT/online access, capability, and support -Securing information for pre-employment checks -Length of time between job offer and start date	-Induction arrangements -Career development opportunities -Balancing the requisite support with unwelcome attention and stigmatisation -Tracking ongoing well-being and needs

People with lived experience	-Work readiness -Full understanding of the programme design, requirements & opportunities -Available advice/information on the issue above and on the implications of programme participation for housing arrangement and benefits	-Ensuring costs of attending are covered -Being comfortable with the event venue -Clarity on purpose and outcome of event -Signposted and supported post event -Meeting non employment at the event e.g. healthcare needs	-Ongoing support in applying for the post, in preparing for interview and during/with pre-employment checks -Remaining connected to the Trust post job offer before start: i.e. during completion of pre employment checks and before	-In-role support if and when required -Addressing non-challenges/ Concerns

In compiling the Table from the report's findings, the term 'barrier' has been interpreted in a loose way. Many of the issues raised in Table are challenges rather than barriers, the implication being that they can be, and indeed in the case of the Trusts involved, have been overcome. Our evaluation also suggested that some of the issues raised by the programme assumed the form of dilemmas for the stakeholders, more than barriers. It is also worth noting that some barriers or challenges, for example the length of time to complete the pre-employment checks for those offered jobs, is a general problem in appointing to HCSW roles, and not limited to this programme.

Table 8 is dense in terms of the number of points raised and, rather work through them all, the following general themes emerge:

- **National partners:**

    - For the national partners the initial dilemma revolved around whether to run with an ambitious programme given the short lead time for its development. Clearly the 'green light' for the project has been rewarded with some significant positive outcomes, especially in terms of job offers. The challenge lies more in the future through building on this learning, with a view to further developing, resourcing and rolling out an access to employment programme for people with lived experience of homelessness across NHSE.

    - More substantively, the major challenges facing national partners during the pilot was engaging with Trusts, especially to secure sign off for the project.

This suggest the crucial importance of communication in delivering such a project: finding the right people and teams, and conveying the programme 'ask' was difficult, raising issues centred on national, perhaps regional, communication and presentation of the programme.

- **NHS Trusts**:

  - The dilemma for the Trusts centred on the degree to which they should develop bespoke procedures and arrangements for programme participants with lived experience, to reflect the challenges these people faced, at the risk of diminishing the achievement of securing a job and drawing unwanted and unnecessary attention to their circumstances. In the main, Trusts had already made 'reasonable adjustments' to their recruitment and selection procedures for various 'protected' groups, and adopted approaches to resolve his dilemma, largely resting on future chats with the individuals themselves and being guided by what worked best for them.

  - As implied, the challenges of preparation should not be overstated given ongoing refinements to recruitment and selection procedures in a broader EDI context, but upfront work emerged as essential. This centred on: bringing in the right internal partners including various team leads and ward managers, finding roles in the 'right' clinical areas; assessing the contribution to (and future the design of) a pre-employment programme; and revising and revising job descriptions and person specifications. However, much of this preparation might be viewed as 'one-off' as the programme was introduced.

  - Substantively the most challenging element of the programme for Trusts was recruiting participants onto it in the first place, particularly onto the 3-day course. In large part these challenges reflected the difficulties the participant individuals themselves faced in joining (see below). For the Trusts, the challenge was to connect to those organisations in the community with the links to and expertise in dealing with those with lived experience. An aim of

the programme was to encourage Trust to develop such links. In the pilot the Trusts heavily relied on Groundswell. Small but important steps were taken by Trusts to facilitate attendance at the 3-dayer by covering costs and ensuring an accessible venue. But whether they can develop the capacity to make these deeper community connections going forward remains an open question.

- Entry requirements, especially associated with functional skills could be a barrier. In the main Trusts had managed this difficulty by ensuring such skills were developed following appointment to an HCSW role. More broadly, some participants were simply not 'work-ready'. This does raise the question of whether participants to such a programme should be screened and re-directed to the other support. In the context of the current programme, screening was arguably not practicable or desirable: even those participants viewed as not work-ready seemed to view their involvement as a positive experience, acquiring new capabilities and being re-connected to the labour market.

- Pre-employment checks could become barriers, linked to the broader issue of the Trusts gathering the necessary background information from those offered jobs. In part this was an IT issue. Where Trusts used Trac for this process, participants could face difficulties in accessing IT equipment and navigating the system. A couple of Trusts stepped outside of Trac, although this then created problems of collecting the requisite information in a timely and efficient way. It was also an issue centred on the capacity of participants to readily access the necessary information for checks. Whatever the causes, for those leading complex lives, the often-considerable delay between job offer and start could be problematic.

- For Trusts a major challenge remained whether and how the person with lived experience settled into their job. Indeed, any broader organisational

challenges around the development a more inclusive and supportive Trust culture remained below the surface, but with potential to emerge in time.

- **People with lived experience of homelessness**

    - With so few participants on the programme interviewed for this evaluation, it was difficult to provide many insights into the barriers they faced. However, the many challenges confronted in their often difficult and complex lives have been well rehearsed in the literature and are in fact better understood by the various national partner organisations involved in this project.

    - The interface between housing arrangements, benefits and employment emerged is a major systemic barrier, with those in supported accommodation likely to lose benefits on taking a job.

    - As noted, the capacity of participants to the provide the basic information, for example previous addresses, a fixed abode, references, information on their health, required to complete the pre-employment checks, can also often be limited.

    - Indeed, more generally, these individuals often lead uncertain and unstable lives, not least related to their search for more stable housing arrangements, which can lead to departure from an area at very short notice.

5.3 Recommendations

Given the report's national and Trust perspective, any recommendations might usefully be addressed to these two audiences.

National recommendations. In terms of the national perspective, the general recommendation is that:

- NHSE, with partners, build on the experience and learning derived from access to employment programme to find ways of continuing to support the employment of people with lived experience of homelessness.

It is further recommended that this be taken forward by:

- Creating a working group comprising NHSE, existing partners and other interested NHSE and bodies from the VCS and local government to:

    - Consider how the learning from the pilot can be disseminated to Trusts
    - Continue monitoring developments in the 5 Trusts, in particular the sustainability of the jobs created, and the level and type support postholders require. This longer term of evaluation of the pilot would provide a fuller insight into the programme's value to Trusts.
    - More systematically evaluate the various models of available to support employment for those with lived experience, with a view to identifying developing a more robust and comprehensive programme options and packages. These options might include models which included pre and post-support, internship and placement opportunities, preparation for and access employment to a wide range of jobs, support for the broader socio-economic challenges faced by this group of people.
    - Examine a means of financing new models on a sustainable basis and providing Trusts with a recurring source of funding to support them.
    - Ensure the proposed toolkit for the programme is developed, published and disseminated.

- Continue to find ways of addressing the perverse incentive for those in supported accommodation to avoid employment, given the likelihood of reduced benefits.

Trust recommendations. Given different approaches to the implementation of the programme by Trusts, there is a need for caution in making firm recommendations on how to deliver employment support. Clearly different approaches are available and might be adopted to reflect Trust circumstance and need. However, Figure 3 below provides an overview of the recommended stages of a programme and the decisions points within in them. In summary, Trusts are recommended to:

- Be clear about why they are participating in the programme, with implications for how it is positioned, and led in the Trust.

- Explore different design options in terms of the nature and level of employment support provided to those with lived experience.

- Prepare for the programme in terms of: finding internal and external partners to help deliver it; developing job descriptions and person specifications for the chosen roles; reviewing and if necessary refining recruitment and selection procedures; and communicating with and informing potential participants.

- Build capacity to engage and strengthen links with organisations in VCS, local authorities and local DWP services with the expertise and contacts to generate and help manage participants for and on the programme.

- Provide broader support to applicants with housing and health needs.

- Ensure support for applicants to IT equipment and in navigating through the systems, especially in the context of the pre-employment checks.

- Retain contact with the participants in the often-extended time between the job offer and start date.

- Find systems to support the participant once in post, at all times in discussion with them and sensitive to their needs and circumstances.

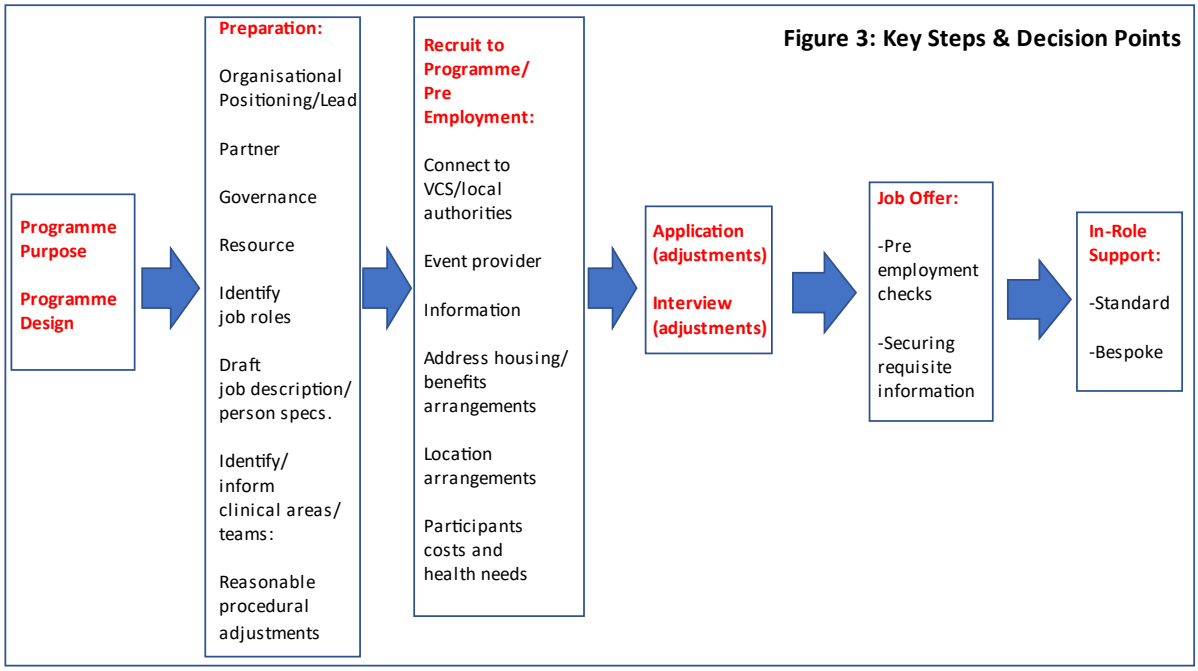


Figure 3: Key Steps & Decision Points

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