



# RESEARCH & INNOVATION TOOLKIT

## IMPROVING INDIVIDUAL HEALTH AND WELLBEING ACROSS THE WIRRAL

Tackling entrenched problems in service  
delivery to improve outcomes for residents

# BACKGROUND



## LIFE EXPECTANCY

Life expectancy is 14.6 years lower for men and 9.7 years lower for women in the most deprived areas of Wirral than in the least deprived areas.

## ONE IN EVERY SEVEN

One in every seven working age residents claim health related workless benefits in the constituency of Birkenhead, compared to the national rate of 1 in 17.

## THE PERMANENTLY SICK

The permanently sick and disabled and the unemployed have the lowest mental wellbeing.

## MENTAL HEALTH PROBLEMS

Mental health problems account for 51% of all claims for ESA.

# BACKGROUND



- Joint commission, looking at health and wellbeing, and health-related worklessness in the Wirral.
- Recognition of the need to build the capacity of communities to take responsibility for their own health; using asset based community development techniques.
- Ethnographic approach, focussing on observing and interviewing real people

# RESEARCH PROCESS AND SAMPLE

A mixed method approach was taken in order to gather data from many different perspectives.



20+

20+ **Ethnographic interviews** with residents (10 X non-esa claimants and esa claimants)

25+

**Place-based ethnography** including attending 25+ groups and services

150

More than **150 local residents** spoken to

**Stakeholder interviews** with local group leaders, service providers and frontline staff including: involve north west, ingeus, people plus, magenta housing, job centre plus\*

\*see Appendix I for full list of stakeholders consulted

# APPROACH SO FAR . . .



# WHAT NEEDS TO HAPPEN NEXT?



**Research has been shared with local professionals and leaders and there has been agreement about the need for the *need for transformation of services and investment strategy.***

- Actions can be taken to ensure outcomes are improved for people across the Wirral:
- Agreement on who should take the lead in addressing problems, but also establishment of shared responsibility for solutions so there is momentum for change.
- Recognition that problems are so entrenched and complex that a solution is not going to be found ‘overnight’.
- Commitment to a process to learning, prototyping, experimenting – with a view to identifying ways to transform how services are provided and commissioned.

# 'NEGATIVE' FEEDBACK LOOP

## BARRIERS TO PROGRESSION

### SERVICE FACTORS

NO CLEAR PATH,  
AND BARRIERS APPEAR  
INSURMOUNTABLE

OVERLY BASIC SUPPORT



UNREALISTIC GOALS



NAVIGABLE SERVICES



PERVERSE INCENTIVES



POOR  
OUTCOMES

### PERSONAL FACTORS

DANGER OF CREATING DEPENDENCY  
AND LACK OF AGENCY, LEADING  
TO POOR MENTAL WELLBEING

SOCIAL ISOLATION



POOR MENTAL HEALTH



DEMOTIVATION



# OVERLY BASIC SUPPORT:

SERVICES TARGETED AT THE LOWEST COMMON DENOMINATOR PREVENT PROGRESSION



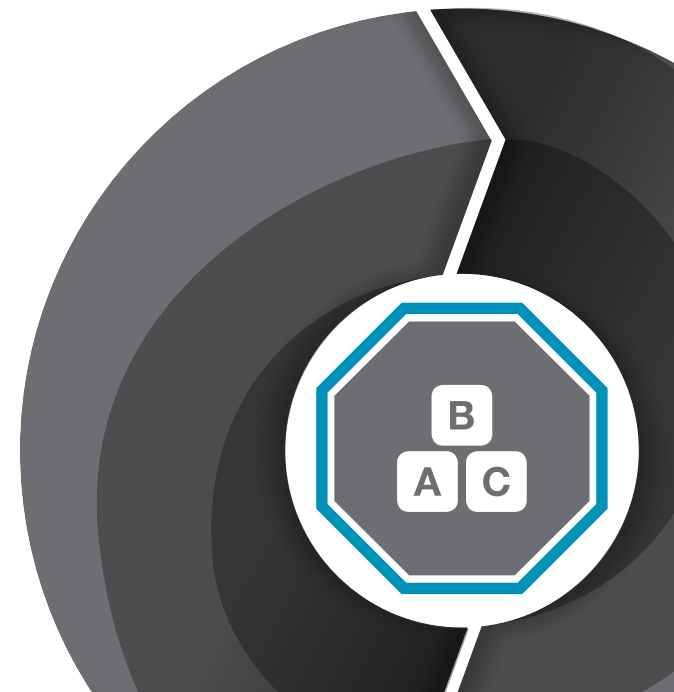
*“She told one of the men off last week for going too fast. He hasn’t been back since.” – attendee at fitness class*



# OVERLY BASIC SUPPORT:

SERVICES TARGETED AT THE LOWEST COMMON DENOMINATOR PREVENT PROGRESSION

- A lot of the support we saw on offer was aimed at a beginners level, which was appropriate for some, but less so for individuals with greater ability.
- Setting activities and programmes at the lowest common denominator means that some individuals aren't challenged, with ability and/or health only maintained rather than improved. Content may even patronise and de-skill individuals. It could also deter people from accessing further support.
- It also emerged that many individuals didn't know what interests them. As a result they struggled to find any provision that appealed to them, despite there being a lot offered.



# OVERLY BASIC SUPPORT:

SERVICES TARGETED AT THE LOWEST COMMON DENOMINATOR PREVENT PROGRESSION



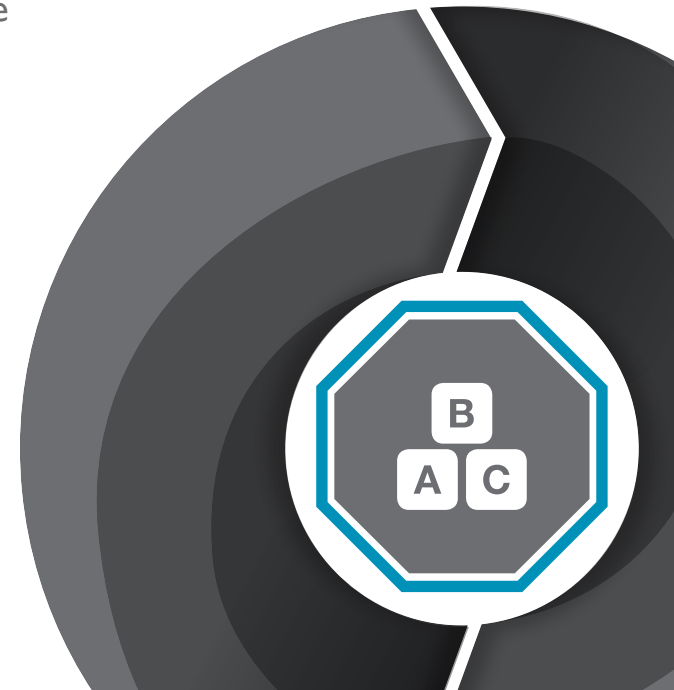
## OPPORTUNITIES FOR SERVICES AND COMMISSIONERS:

- Finding ways to deliver 'hard messages' - showing tough love, rather than accommodation of an individual's 'comfort zone'
- Provide support that offers progression and improvement, by setting targets and offering more advanced classes.
- Train providers about less mainstream activities and courses offered.
- Better differentiating services to cater for different ability levels.



## OUTCOMES FOR RESIDENTS

- Opportunities to progress and feel a sense of achievement
- Encouragement to step out of comfort zones and challenge themselves
- Seeing progression as positive and achievable
- Empowerment to make decisions about their own skill level and choose between different levels of provision
- Consistent sense of upskilling and transformation
- Increased self-esteem



# OVERLY BASIC SUPPORT:

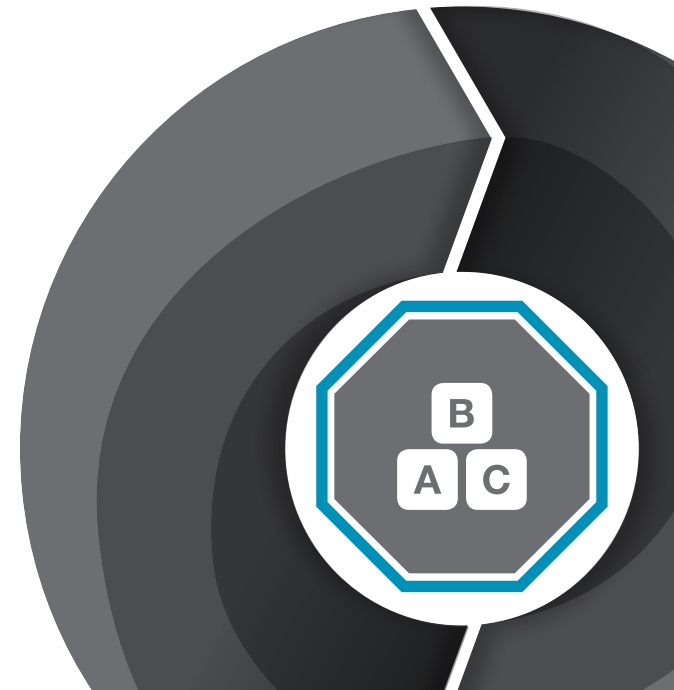
SERVICES TARGETED AT THE LOWEST COMMON DENOMINATOR PREVENT PROGRESSION



## DANIELLE (25)

- Eastham
- Lives with her boyfriend and young son
- Works full time
- Fairly inactive
- Danielle has just started Zumba classes after weight loss through diet (she attends Slimming World) slowed down. She enjoys the classes but remains overweight.

*“Zumba’s great, you can go at your own pace, and I like the fact that no one here is super skinny.”*



# OVERLY BASIC SUPPORT:

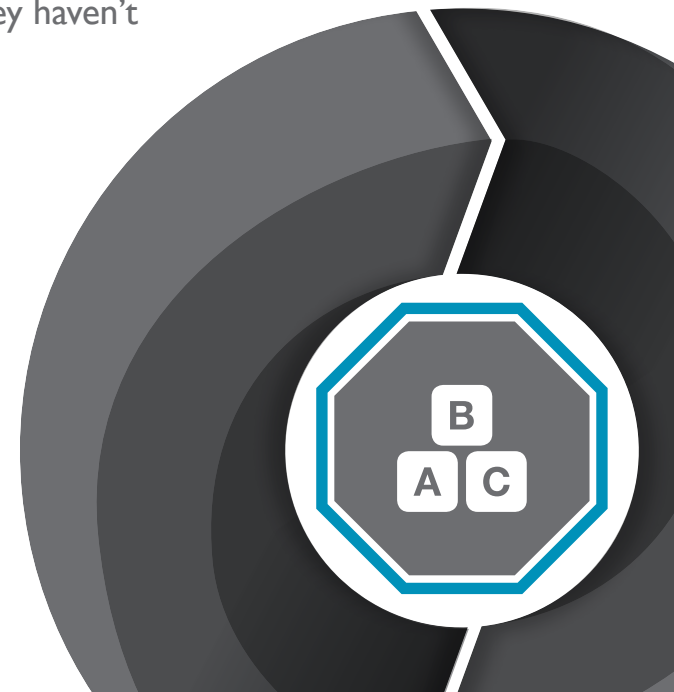
SERVICES TARGETED AT THE LOWEST COMMON DEMONINATOR PREVENT PROGRESSION



## JULIE (55)

- Birkenhead Central
- Lives in social housing, has been homeless in the past
- Claiming ESA (support group)
- Suffers from alcoholism and other mental health issues
- Julie has been going to Tomorrow's Women for a few years and it has helped her a lot. She has taken classes there but they haven't gotten her nearer to getting a job.

*"I did a course here for my English. Yeah, I did that but I've forgotten most of it. I've done pretty much all the courses here."*





# UNREALISTIC GOALS:

BINARY TARGETS PREVENT INDIVIDUALS SEEING PROGRESS AS A TRAJECTORY



*“They used to put me on the scale week after week, and you know, for those 12 weeks I lost some weight. But once that stopped I put it all back on again. And a bit more.”*

# UNREALISTIC GOALS:

BINARY TARGETS PREVENT INDIVIDUALS SEEING PROGRESS AS A TRAJECTORY

- Targets often feel totally out of reach for many of those they are designed for.
- In regards to health and wellbeing, many individuals couldn't see themselves engaging in fitness or sport, or could not see how they could fit in it to their life. With little idea of how and/or motivation to take first steps, goals felt unachievable.
- At present ESA claimants in the Work Programme are not marked as a success if they improve health and get closer to work, if they do not find employment.
- Government targets have created a climate in which jobs advisors are rewarded for the number of people they get in to work. This has resulted in advisors 'creaming' the claimants most employable for 'easy wins', and 'parking' on to benefits those deemed furthest from work- essentially writing them off.
- Individuals may feel far away from 'where they are supposed to be'- unrealistic targets can reinforce this view and exacerbate social isolation and poor mental health.
- Other individuals may feel that their first job back after being out of work has to fit their criteria of a good job, otherwise it's not worth the risk of coming off ESA.



# UNREALISTIC GOALS:

BINARY TARGETS PREVENT INDIVIDUALS SEEING PROGRESS AS A TRAJECTORY



## OPPORTUNITIES FOR SERVICES AND COMMISSIONERS:

- Addressing the issue that 'work readiness' involves a huge range of factors (e.g. not just 'job finding' - including health improvement, motivation, mental health, openness to change, stamina etc.)
- Creating targets that enable
- Designing services that facilitate individual progress
- Frame health and wellbeing activities and options in a positive way to encourage engagement- and training frontline staff to use encouraging language.
- Understand the different requirements and motivating factors of different communities and tailor offers accordingly



## OUTCOMES FOR RESIDENTS

- All residents - even the furthest from work - feel like they are making progress
- Manageable goals and achievable ambitions
- Increased optimism and positivity





# UNREALISTIC GOALS:

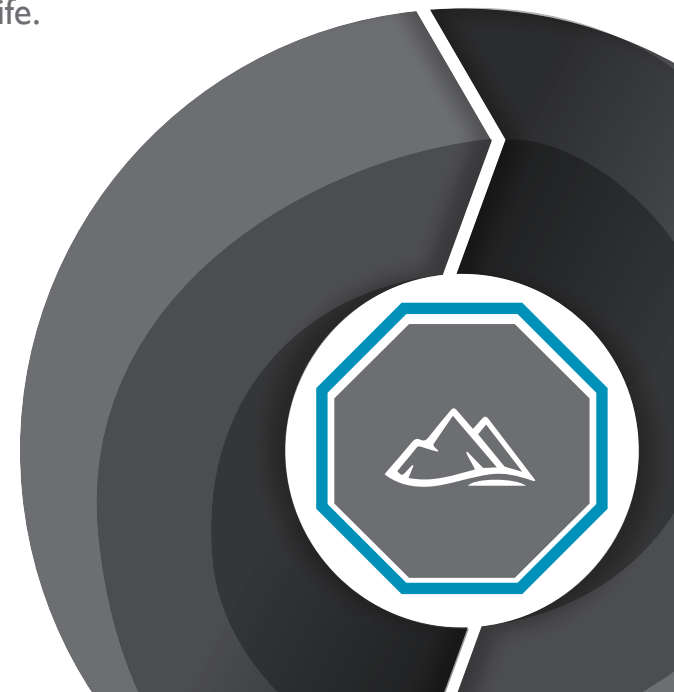
BINARY TARGETS PREVENT INDIVIDUALS SEEING PROGRESS AS A TRAJECTORY



*"I really just don't know when I am going to fit it in. I tried the gym for a while, but I couldn't keep that up."*

## DAVID (54)

- Woodchurch Estate
- Lives alone (divorced)
- Works full time as a taxi driver
- Sedentary lifestyle
- After working in manual jobs previously, he knows he has lost fitness and has developed new aches and pains from driving all day. However, he feels it's too hard for him to fit more exercise in to his life.



# UNREALISTIC GOALS:

BINARY TARGETS PREVENT INDIVIDUALS SEEING PROGRESS AS A TRAJECTORY



*“Once I find a job, things will get better. It will be a distraction for me and I won't be stuck in the house thinking all day.”*

## SARA (40)

- Birkenhead Central
- Lives alone
- Has 3 grown up children
- Claiming ESA (WRAG)
- Sara hopes that her mental health issues will be resolved when she finds a job. This attitude puts a lot of pressure on her first job to meet her expectations and it also means she is not currently addressing her depression. She is not close to finding a job.





# CONFUSING SERVICE PROVISION & MESSAGING:

INCOHERENT COMMS AND SERVICE PROVISION DISTANCES RESIDENTS FROM COUNCIL OFFERS



*"It's a bit weird because a few of mine get seen once a fortnight, one or two every few weeks, and some of them have no contact at all. I really don't know why - I guess it's something to do with the amount of time they've been claiming."* – Project co-ordinator

# CONFUSING SERVICE PROVISION & MESSAGING:

INCOHERENT COMMS AND SERVICE PROVISION DISTANCES RESIDENTS FROM COUNCIL OFFERS

- Wirral has a huge amount on offer in regards to provision for supporting people back in to work, and improving health and fitness- both private and funded by the council.
- Many providers were consulted for this research. There are many different providers offering support and programmes, including shorter-term projects. Some professionals working within the system of support struggle to keep up to date with what else is available and changes in processes.
- From the perspective of service users it is very difficult for them to understand what is available to them. Navigating the landscape of different brands and offers, and understanding what they may be eligible to can feel impossible. This can lead to individuals missing out on services and support that could be helpful.
- The number of different messages for the public can create additional confusion and lead to individuals misunderstanding or disregarding the most important messages.



# CONFUSING SERVICE PROVISION & MESSAGING:

INCOHERENT COMMS AND SERVICE PROVISION DISTANCES RESIDENTS FROM COUNCIL OFFERS



## OPPORTUNITIES FOR SERVICES AND COMMISSIONERS:

- Greater consistency in messaging across professional boundaries – to avoid service users ‘playing professionals off against each other’ (e.g. GP vs. Work advisor)
- Overcoming the barriers to deliver proper integrated support - ensuring coordination of services around the needs of individuals
- Delivering brilliant services, not just services that ‘sound brilliant’ . Not hiding behind jargon that can cause confusion.
- Standardised training of professionals on what is available/what is possible for different individuals.



## OUTCOMES FOR RESIDENTS

- Comprehension of their options and available pathways
- Confidence in the system and its ability to support them
- Greater sense of control and empowerment over navigation of and participation in services



# CONFUSING SERVICE PROVISION & MESSAGING:

INCOHERENT COMMS AND SERVICE PROVISION DISTANCES RESIDENTS FROM COUNCIL OFFERS



## CHRISTINE (80)

- Rock Ferry
- Lives alone
- Retired teacher
- Very inactive
- Christine feels overwhelmed by the amount of public health messaging out there, so much so that she 'cherry picks' the messages she feels she can live by.

*"I don't drink alcohol and I don't smoke, so I don't think it matters too much that I don't do much exercise"*



# CONFUSING SERVICE PROVISION & MESSAGING:

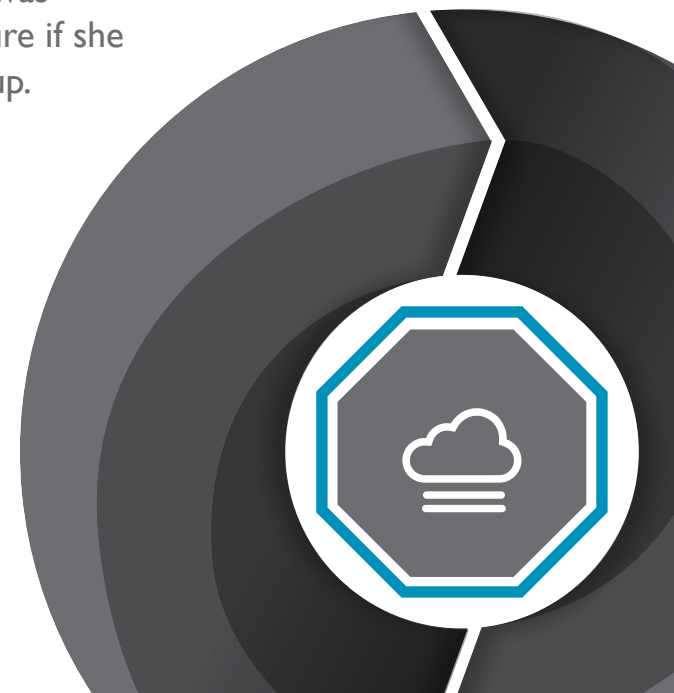
INCOHERENT COMMS AND SERVICE PROVISION DISTANCES RESIDENTS FROM COUNCIL OFFERS



## CLAIRE (28)

- Beechwood Estate
- Lives with grandmother
- Works as admin manager
- Was on ESA for 5 years
- Suffers with arthritis
- Was told by an advisor at the Job Centre that it would be easier for her to continue claiming on ESA, even though she was desperate to work. She was not sure if she was in WRAG or the support group.

*“They told me not to come back, that it would be better for us both if I remained on ESA.”*







## PERVERSE INCENTIVES:

SYSTEMS DISINCENTIVISE INDIVIDUALS FROM IMPROVING HEALTH AND GETTING IN TO WORK



*“The biggest risk to me at the moment is that I end up on JSA. It’s not just the money, it’s everything else that goes with it. I’m just not ready for it” – ESA claimant*

# PERVERSE INCENTIVES:

SYSTEMS DISINCENTIVISE INDIVIDUALS FROM IMPROVING HEALTH AND GETTING IN TO WORK

- The ESA claimants we studied were often confronted by perverse incentives. For them it was clear that ESA is the best place to be compared to JSA, in terms of the amount of money received and the level of pressure to find a job.
- The move from ESA was considered by many of the people we saw to be 'a failure', rather than progress. Considering that a move from ESA to JSA would be triggered by improvements to health, it is concerning that many individuals had no interest in improving their health.
- Claimants were so worried about being judged 'work-ready' in the Work Capability Assessment that they had stopped enjoying any aspect of their life (or hid enjoyment) in order to fully embody what they understood as expected of an 'ESA claimant'. This had negative implications for individuals' sense of self worth and confidence, and interaction with others.



# PERVERSE INCENTIVES:

SYSTEMS DISINCENTIVISE INDIVIDUALS FROM IMPROVING HEALTH AND GETTING IN TO WORK



## OPPORTUNITIES FOR SERVICES AND COMMISSIONERS:

- Challenging some of the perverse incentives inherent in the system – not just ‘accepting’ it as it is
- Within a changing system, recognising the value of points of stability- particularly committed frontline staff- and how they may deliver ‘hopefulness’ and ‘smaller steps to success’
- Creating a greater focus on personal progression and the non-monetary benefits of getting back to work
- Encouraging smaller steps and targets to longer term outcomes (e.g. wellbeing measures)



## OUTCOMES FOR RESIDENTS

- Desire to be healthier and engage in healthy activities and hobbies
- Positivity about progression
- Desire to move closer to ‘readiness to work’
- Improved health and wellbeing
- Sense of progression rather than a state of failure



# PERVERSE INCENTIVES:

SYSTEMS DISINCENTIVISE INDIVIDUALS FROM IMPROVING HEALTH AND GETTING IN TO WORK



*'I went in and told them the truth. Not like these people who come in with their sticks and pretend to limp. Just because I look presentable unlike a lot of them.'*

## ANDREA (50)

- Rock Ferry
- Lives alone, rented from Housing Association
- Andrea has recently been through the Work Capability Assessment and was moved from ESA to JSA, which she feels very angry about as she doesn't think that she is able to work.



# PERVERSE INCENTIVES:

SYSTEMS DISINCENTIVISE INDIVIDUALS FROM IMPROVING HEALTH AND GETTING IN TO WORK



*“Well, my boyfriend, he’s on JSA and he gets less than me, and he has to go in all the time. They are out to get you, they want to take your money away from you.”*

## AMY (20)

- North End of Birkenhead
- Homeless
- ESA claimant (support group)
- Struggles with anger issues, mental health issues and a joint condition
- Lives in a tent with her boyfriend





# SOCIAL ISOLATION:

ISOLATION AND 'WHAT OTHER PEOPLE THINK' CAN COMPOUND INERTIA AROUND CHANGE



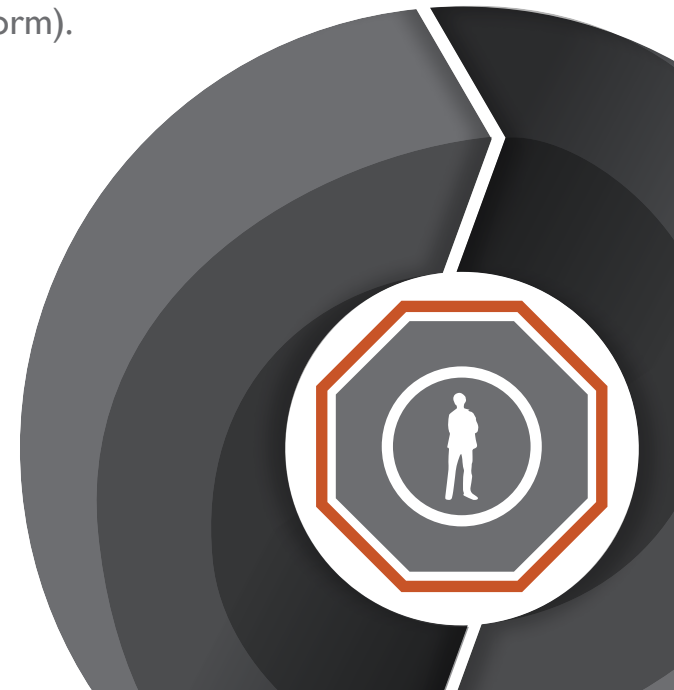
*“We keep ourselves to ourselves. We’re not from the area originally. We’re not considered one of them - and we never will be.”*



# SOCIAL ISOLATION:

ISOLATION AND 'WHAT OTHER PEOPLE THINK' CAN COMPOUND INERTIA AROUND CHANGE

- Despite there being close-knit, proud communities in the Wirral many respondents feel lonely. These communities have strong very local cultural identity and this can result in 'outsiders' feeling like they don't fit in with others. Residents who feel this way are therefore less likely to engage in community activities and support.
- The absence of connection and increased isolation can have a significant impact on mental health, reducing confidence and self-belief. ESA claimants suffered from focussing on how they might be perceived by others- as a benefits scrounger, without interesting experiences to talk about- and this led them to retreat from social situations further. Some health conditions left individuals housebound.
- Isolation has a practical impact as the fewer contacts an individual has, the fewer new opportunities and ideas they are exposed to (and poor health/lifestyle and/or unemployment become the norm). These include opportunities highly relevant to getting back to work and improving health.
- People who are socially isolated are often a lot less active, more dependent on services and struggle to 'make changes' to their lives.



# SOCIAL ISOLATION:

ISOLATION AND 'WHAT OTHER PEOPLE THINK' CAN COMPOUND INERTIA AROUND CHANGE



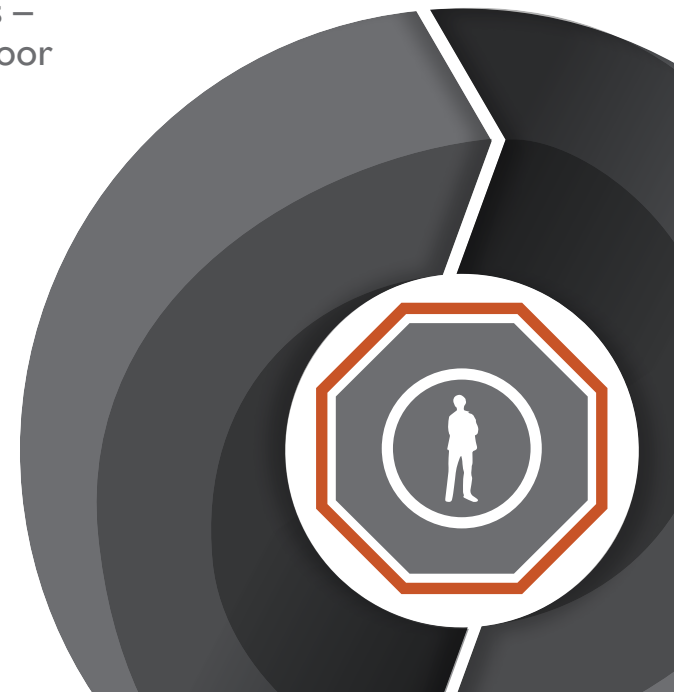
## OPPORTUNITIES FOR SERVICES AND COMMISSIONERS:

- Designing and delivering services that facilitate social mixing
- Make good use of community connectors and welcoming spaces
- Pilot befriending services, taking caution about the framing of services due to the stigma of loneliness
- Create opportunities to celebrate communities, and foster community connections, spirit and pride



## OUTCOMES FOR RESIDENTS

- Exposure to new opportunities, ideas and interests through promotion of diverse social capital
- Greater sense of social value and self-esteem
- Inclusive and friendly neighbourhoods, with opportunities for newcomers
- Bravery to step out of comfort zones – whether knocking on a neighbour's door or attending a new club or activity



# SOCIAL ISOLATION:

ISOLATION AND 'WHAT OTHER PEOPLE THINK' CAN COMPOUND INERTIA AROUND CHANGE



*"I know I should do more exercise, and I'd like to but I'm embarrassed of my body. I'm not going to look good in gym clothes."*

## KAREN (30)

- Beechwood Estate
- 2 kids (divorced)
- Full time mum
- Wants to lose weight but is embarrassed of what others will think of her body. None of the other mums on her street do much exercise.



# SOCIAL ISOLATION:

ISOLATION AND 'WHAT OTHER PEOPLE THINK' CAN COMPOUND INERTIA AROUND CHANGE



## ANDREA (50)

- Rock Ferry
- Lives alone, rented from Housing Association
- On JSA, although appealing this.
- Andrea has very few friends and has fallen out with neighbours. Apart from attending Job Club and the Job Centre, she leaves the house very little.

*"I meet up with my friend now and again, but I stay in a lot if I'm honest. And well, it hurts to move much."*





# MENTAL HEALTH LEFT TO DETERIORATE:

CONCERNS ONLY PICKED UP AFTER WHEN THEY REACH A SEVERITY THRESHOLD



*“Being out of work slows your brain. It messes your body up - you’re out of whack because your routine ends. It becomes hard to focus on things.”*

# MENTAL HEALTH LEFT TO DETERIORATE:

CONCERNS ONLY PICKED UP AFTER WHEN THEY REACH A SEVERITY THRESHOLD

- Many of those we met had low level mental health problems, including depression and anxiety.
- These conditions can reduce an individual's motivation to take action and engage in activities that may help relieve mental health issues ( as well as other physical health conditions).
- Problems were often going 'untreated' or treated only with medication. Few people had contact with mental health services. Some individuals had experienced their mental health problems worsen before reaching a point of crisis, and only then received treatment.
- In many cases the respondents felt they were not bad enough for intervention, felt embarrassed for reaching out for extra support or lacked the confidence to demand more from their doctor or health service.
- Non-health providers have now realised the scale of the mental health problems in the Wirral and are trying to improve support. However this process is slow and costly.



# MENTAL HEALTH LEFT TO DETERIORATE:

CONCERNS ONLY PICKED UP AFTER WHEN THEY REACH A SEVERITY THRESHOLD



## OPPORTUNITIES FOR SERVICES AND COMMISSIONERS:

- Developing the confidence and up-skilling of a wide range of professionals (and people in general) to support individuals with low level mental health problems
- Find ways of including health professionals in the conversation about health provision, and health related worklessness (as currently they're being blamed for many things, but also seemingly unwilling to give up ownership of what they see as 'medical' challenges).
- Ensuring that those in the 'support group' have some touchpoints with services – so that they aren't ignored until they reach a crisis
- Greater collaboration between services, stakeholders and touchpoints – to ensure that individuals are not left to slip through the gaps



## OUTCOMES FOR RESIDENTS

- Wider, holistic provision for low level mental health concerns
- Problems are caught earlier, rather than left to gradually spiralling out of control
- Improved wellbeing, self-esteem, social networks and internal locus of control





# MENTAL HEALTH LEFT TO DETERIORATE:

CONCERNS ONLY PICKED UP AFTER WHEN THEY REACH A SEVERITY THRESHOLD



*"I don't see anyone at the moment, I just take the meds. Some days it's so bad I don't want to get out of bed."*

## PHIL (43)

- Woodchurch Estate
- Married with 3 children,
- Works full time as a gardener,
- Very active,
- Previously on ESA (18 months),
- Phil works hard to support his family and at times money can be tight. He had to go on to ESA a few years ago as he suffered from depression.



# MENTAL HEALTH LEFT TO DETERIORATE:

CONCERNS ONLY PICKED UP AFTER WHEN THEY REACH A SEVERITY THRESHOLD



*"It got bad but I didn't get any help for a long time. I basically had a breakdown."*

## STEVE (37)

- North End of Birkenhead
- Married with 1 child
- Claiming ESA (in WRAG)
- No permanent job for 8 years
- Steve had a series of job knock backs. As a family they were struggling financially. He suffered with depression for some time.





# DEMOTIVATION:

LACK OF PERSONAL MOMENTUM FOR CHANGE (REDUCED RESPONSIBILITY FOR THEIR OWN SITUATION AND IMPROVEMENT)



*“Trying to articulate to someone that moving forwards is positive and not scary, and will be worth it, is one of the hardest things I have to contend with.”* – **Disability advisor**

# DEMOTIVATION:

LACK OF PERSONAL MOMENTUM FOR CHANGE (REDUCED RESPONSIBILITY FOR THEIR OWN SITUATION AND IMPROVEMENT)

- Research found that some individuals were very quick to blame outside factors for their lack of success, and had a lack of awareness of more internal barriers. For example in regards to improving health, residents cited high cost, and other people's judgement as barriers.
- Many respondents, particularly ESA claimants, experienced poor mental health, poor self esteem and lack of confidence. Negative thoughts often become ingrained. Individuals lacked any motivation to make changes to improve their situation.
- By focussing on external barriers, individuals can reason their self-limiting behaviour, and divert their attention away from their low self-confidence.
- Across the sample we saw individuals for whom any minor setback could easily undermine progress.
- This cycle of demotivation also manifests in a lack of interests and passions, and a shrinking world view.



# DEMOTIVATION:

LACK OF PERSONAL MOMENTUM FOR CHANGE (REDUCED RESPONSIBILITY FOR THEIR OWN SITUATION AND IMPROVEMENT)



## OPPORTUNITIES FOR SERVICES AND COMMISSIONERS:

- Granting people permission to live their life, pursue hobbies and activities and improve their wellbeing, no matter what circumstances they are in (somehow living a full life has become a 'closed door' to those claiming benefits)
- Ideas and interventions to build confidence and positive thinking in a natural way, while being wary that a course or session looking at 'wellbeing' or 'confidence' explicitly can actually emphasise that individual's lack thereof
- To develop a shared culture of ambition and hopefulness for all (and keeping it up, no matter what)
- Giving professionals the opportunity to pursue their own passions, and reminding them of what they love about their job



## OUTCOMES FOR RESIDENTS

- Thinking positively and building confidence in 'having a go' – at work, and in their day-to-day life
- Feeling free or 'allowed' to pursue activities, interests and live life to the full
- Greater sense of responsibility and personal control
- Feeling able to make changes that can positively influence their quality of life



## DEMOTIVATION:

LACK OF PERSONAL MOMENTUM FOR CHANGE (REDUCED RESPONSIBILITY FOR THEIR OWN SITUATION AND IMPROVEMENT)



*"No one invests in this area, they don't care. Have you seen it? There are some pretty hopeless people. I can't blame people who are bored and turn to drink and drugs."*

### AIDEN (25)

- Seacombe
- Girlfriend and two young children
- Runs own antiques business
- Been on JSA in the past
- Aiden feels anger that so many people seem to be out of work in his area. He blames the council and lack of investment, believing there are too few jobs for people.



## DEMOTIVATION:

LACK OF PERSONAL MOMENTUM FOR CHANGE (REDUCED RESPONSIBILITY FOR THEIR OWN SITUATION AND IMPROVEMENT)



*“I’ve handed out some CVs but I haven’t heard anything back. There’s not many jobs out there. I’ve thought about getting set up online.”*

### SARA (40)

- Birkenhead Central
- Lives alone
- Has 3 grown up children
- Claiming ESA (WRAG)
- Sara has been on the Work Programme for 18 months. She wants a job but has yet to set up an email account to apply online. When asked she had no interests to speak of.





# THE CASE FOR CHANGE



After sharing the findings with many professionals, there is agreement they are a reflection of reality and the current situation is unacceptable.

Professionals can be blinded to the scale of the problem and the amount of change needed, by the success of their own organisation or part of the process. The challenge for professionals is to think at a high enough level and see the big picture. With no real 'owner' of these problems a thoroughly 'joined up' approach is needed.

These problems are hugely complex and they aren't going to go away overnight. However, already outlined in this toolkit are suggested starting points for areas where improvements could make a real difference. Inaction now is highly likely to escalate future cost (as health deteriorates AND as future generations are affected).

## 9 IDEAS TO INVESTIGATE FURTHER

-  SUPPORTING NON-MENTAL HEALTH EXPERTS TO DELIVER MENTAL HEALTH SUPPORT
-  FINDING WAYS TO PROMOTE SOCIAL MIXING AND ENABLE THE DEVELOPMENT OF SOCIAL CAPITAL
-  PROFESSIONAL NOURISHMENT – HELPING THE FRONTLINE TO STAY HOPEFUL
-  ENSURING SUPPORT IS TAILORED & FUTURE FOCUSED, AMBITIOUS & INTEGRATED (MULTI-SERVICE USER JOURNEYS/TRAJECTORIES?)
-  LOBBYING CENTRAL GOVERNMENT AND POLITICIANS, WHERE CENTRAL GOVERNMENT IS IN THE WAY
-  PROFESSIONAL FRIENDSHIP MAKERS & PASSION FUELLERS (FOR EXAMPLE COMMUNITY ORGANISERS)
-  ENSURING HEALTH AND FITNESS IS BUILT INTO OTHER SERVICE PROVISION
-  MAKING USE OF ‘CHILDREN’ AS EFFECTIVE AGENTS OF CHANGE
-  CREATING A MECHANISM WITHIN THE COMMISSIONING PROCESS TO HELP ACKNOWLEDGE THE SCALE & EXTENT OF PROBLEMS (AS OPPOSED TO PROFESSIONAL DEFENSIVENESS)

# WHEEL OF HOPE

## OPPORTUNITIES FOR PROGRESSION

### SERVICE FACTORS

Progress is seen as positive and achievable, and service provision is relevant and clear

PROVISION AIMED AT DIFFERENT ABILITIES

STEADY PROGRESSION

NAVIGABLE SERVICES

INCENTIVISING HEALTH & HEALTHY BEHAVIOURS

### PERSONAL FACTORS

Individuals have the opportunity and motivation to try new things and take responsibility for their own health and worklessness outcomes.

CONNECTION WITH OTHERS

POSITIVE OUTLOOK AND WELLBEING

SENSE OF RESPONSIBILITY AND MOTIVATION

IMPROVED  
OUTCOMES