

Work Well Advice Line – learning report

(April 2023)

Dan Robotham, Lisa Couperthwaite and Davino Beckford

Summary

We undertook a brief review of the Work Well Advice Line, a helpline service that ran for 12 months and ended in February 2023. The project was a pilot and existed as part of the wider ‘South London Listens’ programme. The aim of the advice line was to provide free employment advice for callers, focusing on the South London boroughs of Lambeth, Southwark, Lewisham, and Croydon, but accepting calls from further afield.

Method

Researchers from the McPin Foundation analysed the monitoring data available from the helpline and conducted interviews with staff and stakeholders. The aim was to understand how the helpline had reached people, and the challenges and limitations of running the helpline during its lifecycle. The evaluation was conducted in February to March 2023, by researchers at McPin Foundation, including researchers who had lived experience of using similar helplines and of supporting family members to use them.

Findings – monitoring data

We present the monitoring information provided by the helpline, followed by interview responses from people who worked (or who were associated with) the helpline.

Monitoring information

The call logs show that there were 344 contacts to the helpline during the 12-month pilot period. The most common way for people to engage with the helpline was through a direct call (of which 159 were answered and 18 left voicemail). There were also a substantial number of queries through the website (n=112) and email (n=58).

There were 250 records of the length of call. Most calls lasted fifteen minutes or less (n=161, 64%). Only 15 calls lasted longer than 30 minutes, and three lasted longer than 50 minutes. The longest call was one hour. There were a significant number of repeat callers (n=95), but most of them only made two calls. Only 32 callers made contact three or more times during the pilot period.

Most people who contacted the helpline were calling for advice around employment (265 out of 292, 91%). People calling for wellbeing support/advice *only* were rare (n=13, 4%). The majority were calling for support for themselves (n=239, 82%), although a substantial minority (n=52, 18%) were calling on behalf of someone else.

The helpline was setup primarily to help local people living in the four target boroughs in South London. Most callers came from one of these boroughs. Of the 284 people who provided information on where they were calling from, 118 (42%) were from Southwark, 48 (17%) from Lewisham, 42 (15%) from Lambeth and 25 (9%) from Croydon. There were 38 (13%) calls from all other London boroughs, and 13 calls from outside London (5%).

Of the 283 people who reported their employment status, 124 (44%) were employed (including self-employed), and 159 (56%) were unemployed. Only 77 callers were service users from South London and Maudsley NHS Mental Health Foundation Trust (SLaM).

There were 286 logs of people being referred onto in terms of employment advice. 92 were signposted to WW, 134 were signposted to another employment service. Five were already receiving support from Work Well and 54 were not given employment service advice. There were seven suspected mental health crises that occurred during the call. Of these, three were flagged as urgent and advice was provided to callers accordingly. No safeguarding concerns were flagged.

Website monitoring statistics showed that certain webpages were much more popular than others, and for limited periods of time. This may have coincided with marketing campaigns that directed people to certain pages. There was a large influx of visitors (12,837 views) to the 'our services' page in September and October 2022. There were 8,754 visitors between March and June 2022 on the 'universal credit changes will my benefits increase?' page. There was an influx of 3,873 views between November 2022 and January 2023 on the 'how will the autumn statement affect my benefits' page. Beyond these instances, no pages received more than 1000 views per month.

Marketing the service

The advertising campaign included leaflets and social media campaigns, and word-of-mouth recommendations. Monitoring data from clients (n=292) showed that recommendations were the most common source of referral (87) followed by social media (58), flyers (47) and the website (22). However, 78 callers reported 'other' sources of referral (the most common being Google adverts, radio/Spotify, street adverts and job fairs/roadshows).

Social media promotion was done through Facebook, Twitter, Instagram, and LinkedIn. An average of 5 to 6 posts were made per month on all four sites. The average reach per post varied depending on the platform, with Twitter garnering the most reach per post (116 views) compared to Facebook (20), Instagram (30) and LinkedIn (58). The advertising campaign spent £800 on Facebook advertising (in 8 monthly instalments of £100). This increased the reach beyond what would have been possible otherwise (generating 196.7 clicks per £100 spent, at a cost of 54p per click).

Feedback from callers

A sample of callers (n=35) provided feedback data on their experiences with the helpline. Of these, 35 responded to a Likert scale question (on a scale of 1 to 5) about how the advice helped callers with their work situation. The majority (n=26) scored either 4 or 5, meaning a positive response. Only four callers responded with a negative score 1 or 2. Caller satisfaction was high, with 31 out of 35 saying they were satisfied with the service (scoring 4 or 5), though three responded with a score of 1. The majority (31 out of 35) said they were likely or very likely to recommend the service to someone else. Many callers also completed open-ended feedback questions. Callers highlighted the professionalism and helpfulness of the person who they spoke to. Many callers reported asking for advice around employment (such as about jobs, volunteering, finding work, developing skills in work,

career guidance, employee rights, completing application forms). Some sought advice about non-work rights, such as benefits, housing, or asylum.

Findings – interviews

We conducted interviews with seven people, this included five people who worked on (or alongside) the helpline and two who made referrals to the helpline. We attempted to recruit several others but were unable to make contact. The small number of participants means that we have not linked statements to individual participants to protect identity.

Fulfilling a need

The helpline was seen to fill a need because people could call and be signposted to other local services, without any exclusion or entry criteria (though one referrer mentioned that one client was unable to use the helpline as they did not fit the criteria). Callers could then be referred to talking therapies and services they would not otherwise have visited. Many of the callers would not typically attend mental health support services, and the helpline was viewed as being stigma-free. Quotes from participants included:

“there isn’t really any other service like it where you call up and get advice on the spot and get signposted to other services that can help”

“I definitely think it provided a really great sense of quick support. I think it was a really, really good idea”

“I think it was helpful and I think it was needed. Especially for people who have no connections with mental health services so they know it’s there and I try to talk to them about, you know, there’s no stigma, there’s no shame in trying to seek help, whether you’re in work or out of work.”

“Callers were people who were feeling a bit distressed about their jobs. People who were in work and weren’t getting on too well with their jobs, or there were things happening at work”

“A lot of the people who called were people who had never had anything to do with mental health services. They were feeling distressed, and they weren’t sure where to get help, so I could refer them to different places like talking therapies”

“I also got the sense that people were thankful and a bit shocked that this service existed and there was such a thing as a line they could call and get one-off, quite objective support.”

Those involved in working on the helpline, or running the helpline, reported that it fulfilled a need for people in the local area and helped to connect them to other services, and mentioned that the feedback from callers was positive.

“The vast majority of the feedback was really positive, so people could rate it out of 5 stars and the vast majority of people were rating it 4 or 5 stars”

“most of the feedback was really good, so we were getting 4s and 5s for satisfaction and recommendations”

“we collected client feedback and that was overwhelmingly positive as well, but certainly people did seem very thankful.”

"I got a sense that it really fulfilled a service for people in the sense that... those people that did get it, they got a really tailored service from someone who is able to start really connecting the dots"

"In some ways everything is almost fragmented within the NHS and actually this is a way of actually trying to bring together some of the services and actually sort of audit them in some ways as well"

Staff perceptions of callers' needs

Interviewees said that callers liked the fact that the service had an open and inclusive approach, and speaking to callers was considered a positive experience in most cases:

"Such a diverse range of callers, you know, different needs, different problems that people were facing and, yeah, it was really nice. I think a large proportion of the clients calling the line were people in work and they were struggling with an aspect of work, whether it be they were having a difficult time with their manager, they were being discriminated against or they were struggling with their mental health at work and that was quite a lot of callers and I think as well there were a few unemployed callers looking to find out more about what support SLaM offered in terms of helping them to find a job"

"It was great to speak to people and feel that you can give quite a direct response, give advice quite quickly or follow up quite quickly. That was always great."

Occasionally, people called to talk about situations that was out of the helpline remit. Examples include people struggling with energy bills and other financial worries unrelated to employment/unemployment. This shows that any helpline working in this field is likely to get callers with adjacent (and relevant) needs. Helpline staff therefore needed to know onward referral service for people who might be in this situation. Beyond this, some callers were still outside remit, and the helpline staff could not help them. This might have resulted in a minority of callers being frustrated.

"An elderly gentleman rang saying he was cold... he explained to me that it was really cold in his house, and he didn't have much money... and they were outside of London..."

"There were a few random callers as well. Not so much related to employment support. I know, for example, when I covered, there was someone calling who had more financial worries and of course work could help, but it was more about energy bills, cost of living, that sort of thing. We definitely got some calls that weren't in our remit but were clearly in need."

"I think we were always able to help, no matter if it was a different service or an article or a resource or something like that, it was... always able to help and it was nice for us because it helped us to do some research and think about other services that maybe we didn't know about before so it prompted us to do that a bit more as well"

"We got quite a few calls from people who were outside London as well... I got a call from Scotland... I would actually Google research on what was happening outside our area... I didn't want to turn anyone down saying: you're not in our area so I can't help you"

"I think they would be frustrated that we weren't able to help them. It's kind of understandable that they weren't satisfied."

“What people really need is like a case manager who can go into the employer and support employer and the caller to negotiate an agreement or help the caller talk to the employer about their mental health, talk about reasonable adjustments, talk about rights, but if that’s not available that’s really frustrating for the caller”

Perceptions on the advertising and marketing of the service

Several interviewees reflected on how the services were pitched and advertised. Some said that advertising did not result in large-scale increases in caller numbers. There was a sense that the service was not integrated enough with the South London Listens partnership, which could have been used to reach local participants (a natural audience).

“with the marketing campaign, we did it across different mediums. So we were advertising... where we advertised on bus stops around Lambeth, Lewisham and Southwark. We did digital radio advertising and we also did a Google network display where you just display the website.”

“we saw it go from about 25 to 50 which, obviously, is great as an increase, but because we were reaching over a million people, I hoped that we would see a big increase and so, for me, I don’t know whether that was because we weren’t getting the communication quite right, the key message wasn’t quite right or whether it’s just the demand for it”

“I think having a marketing campaign that connected up with local authority campaigns would have helped.”

“we thought, with it being part of the South London Listens Initiative and it to be a bigger reach across all the four boroughs with bigger stakeholders involved, we thought it would just be a much bigger project”

“I know we got our highest proportion of callers from Southwark. I think that was because Southwark is very well linked up, it’s probably got a bit more money in the borough and community services are quite prevalent and they’re quite well connected so I think it was easier to spread the word and I also think our advice line coordinator has worked in Southwark for many, many years and she, from the get go, was more well versed in Southwark than she was in other boroughs.”

“maybe it would have been nicer to have had a few more external stakeholders in the group to really bring in a few more different ideas”

There were some ideas about how the service could have advertised and reached other audiences that were underrepresented. This included younger people, and people who were not known to secondary mental health or to employment services. These, in retrospect, provided some ideas of places that could have been targeted more:

“We also looked at demographics, so people of a certain age or gender (inaudible) and sometimes we would discuss how we could people, for example, I think we identified that 18 - 25 demographics weren’t using it as much as other age groups and so we decided we were going to try universities and colleges and see if we could increase the demographic by using it that way.”

“I think there’s a big cohort of people we just couldn’t quite get to and there’s the harder people who are just not known to services at all and I think that is where finding out those

kind of events, those community social groups where they want to see a named person, where they want to see someone because they have mistrust.”

“GPs seem to me to be quite crucial because they were seeing people, writing out a lot of sick notes and what was happening to those people? Most of those people were definitely not in secondary treatment teams, most people would just be off sick without actually receiving any medical intervention apart from going to the GP”

There were mixed opinions about the root cause of the relative lack of callers compared to what was expected. Some felt that the service had not been ‘launched’ properly at the beginning. There was a sense that the timing of adverts was not maximised, which could be tied into the broader context of services available for people likely to be in the target group. Other organisations being part of the steering group may have improved the reach of the service.

“I feel like if I was going to do it again I would make sure that I had a really strong marketing and communications plan ready to go at least a month before it opened and I would have started reaching out to local authorities and other partners before it opened and just had everything ready to go”

“maybe it would have been nicer to have had a few more external stakeholders in the [steering] group to really bring in a few more different ideas”

“Part of the steering group was to look at how we could engage more different areas, so one was GPs and clinical teams.”

“if we had a launch event that really shouted about the line earlier on and perhaps if a bit more work went into the promotional aspects of things”

“I think if we started getting the marketing done before, saying this is what’s happening, this is coming up, I think it would get people going more”

“More working together because we were all working together towards a common goal but it felt like we didn’t really get the chance to work together and I feel like that is a feeling that’s reflected with other people that worked on the advice line”

A missed opportunity?

Despite the positivity around the service experience, and the perception that the helpline filled a need for local callers, there was also a sense that the pilot was a missed opportunity. The short-term project funding (of 12 months) was not conducive to building a brand and garnering support from the local client base. It did not have enough time to build this support in South London. Some felt that the project ended too soon, just as it had begun to develop more connections in the community.

“I think it’s a real shame, because we’ve done so much work in the promotion and getting it out there and really it is only just starting to embed itself”.

“I think, for a year, it was too short, I think for this sort of project it should really be two years... it took some time to get the marketing... I think if they were going to do it again the marketing needs to be right. It needs to be done before it even starts to operate.”

“I would like to see the advice line continue and to be able to access the line again if it was to be restarted and believe that the line is helpful for the community.”

"I would like to see it come back again personally. It's a good look for mental health teams when they've got something like this. It sits alongside your crisis support which is open to anyone locally, this should sit alongside that because so many people out there have employment issues and they hold it in."

"Often it takes services a few years to build up before people start to understand what they are and who they are and how they work... even if you're the best new to market product or service, it's going to take time. So the challenge we had was the pilot was quite short and we had a standing start. We were literally employed and it went off before we could even get word out there"

"The problem we had with the service is if you look at it in cold, hard numbers, it didn't really do... we don't have a huge amount of data on this, but if you look at it as a piece of service innovation in the context of the time, I think it's really interesting to understand that"

However, the counterargument was that the service stopped at the right time, allowing those involved to evaluate the situation and improve it for next time. This, in essence, is the aim of any pilot service.

"I'm glad, actually, that we stopped because I think it is a good time to stop and look at your data and get a really good assessment on how all the stakeholders have felt it's gone and then come back with something that is more fit for purpose"

"I think it's one of those things where it's all great with the benefit of hindsight, but we didn't have that hindsight then, but it's definitely a learning if Work Well comes back, to give it a strong push at the beginning because I think that would have set it up"

Concluding remarks

Plenty of people were positive about the service provided during the 12-month pilot period. The feedback from callers reflects high levels of satisfaction. The helpline was able to support people who would not otherwise have accessed any kind of mental health service, providing tailored advice for people in difficult situations (predominantly employment situations, which was helpful for people who would not access mental health services). The relative lack of calls meant that the helpline was able to support some people beyond the target region.

The overall reflection was that the helpline could have been better marketed and advertised, and with a more strategic approach in this area (possibly involving the steering group and more external partners). There were potential opportunities to link with the wider service configuration with South London Listens, but these took longer to materialise than expected.

Comparing the referral rate with other helplines can be misleading since every helpline serves different population and has different levels of resource for managing caseload and for advertising its service. NHS England reports that one helpline, Tower Hamlets Crisis line, received 7400 calls over 13 months (six months after operation). This is a local London line, but is integrated into mental health NHS Trust services and well signposted ([NHS England, 2023](#)). Elsewhere, the Money and Mental Health Advice service, which McPin evaluated in 2019 (available [here](#)) performed telephone casework with over 1300 people after the first 12 months. However, this service employed several teams of advisors operating in all four nations of the UK and was not a local line.

In the end, everyone agreed that the timeline and lack of advertising affected the uptake. A one-year pilot length meant that the service ended before it became known amongst the relevant local (potential) clients. The social media advertising resulted in dissemination to a wider base of people, but it is difficult to know whether this is a good use of time or not because the increase in referrals and callers was low.

The helpline pilot provided information about its long-term viability and some indication as to its potential usefulness for employment-related queries around mental health, wellbeing, and rights. Any future iteration of the helpline would need to be integrated into services from the beginning and advertised before it opens.