

Likewise

Learning in the time of Covid



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Lankelly Chase



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Executive summary

Key numbers

264

One-to-one clients

5,272

Hours of one-to-one support

400+

Community sessions



Camden and Islington NHS Foundation Trust
Community Partner of the Year

2020 has involved a lot of change for Likewise, with the recruitment of a new co-Director, 4 new Pod Leaders, and 3 new Trustees. As part of these changes, we have further distributed decision-making around and across the organisation.

The pandemic has also affected us in many ways:

- We have adapted to online, telephone, or socially distanced visits wherever possible. Many Floating Support clients reduced their hours as a result.
- We worked with local partners to set up a new service, the Camden Resilience Network Support and Connect service, to respond to Covid-19. This has been extended, and is now a new offer in the borough that we are heavily involved in
- We recruited volunteers to provide creative therapies for the community.
- Our Community Centre has closed, but we are using the opportunity to do more research into its potential.

A key theme that runs through all of this is an increasing awareness of interdependence. In our client work, we have become more aware of our role in people's networks of relationships and support. Looking through this lens can help us better support people to maintain and build these networks, and better recognises the broader context in which people live their lives.

This also applies to our organisational strategy. Previously we had been operating independently, but this meant we were often picking up the pieces of the failings of the local mental health system. We have been referred more complex clients who have struggled in other services, whilst having shorter hours with clients due to changes in Personal Budgets. This has made it harder to reach planned capacity and financial independence.

However, working with our local partners as part of the Resilience Network project has given us a much stronger influence over the mental health and community support systems that impact the broader lives of people we work with in Camden. We have moved from being co-operative outsiders to collaborative insiders, gaining more voice and winning an award for our collaboration, which has been based on our values and ways of working. So far we have worked with 127 people as part of this project.

All of these changes impact the Pod Model. Pods cannot currently provide a surplus through hourly billable face to face Floating Support. They are becoming more diversified, combining contracted and billable hours.

We are looking at building on this diversity and broader systemic and community impact through our learning programme. We know that it produces people in our communities who are able to provide the kind of acceptance, emotional intelligence, and non-judgemental approach that can improve our clients' lives outside of their time with Likewise. We think the whole community would benefit from expansion of the program and that it could generate trading income. We are currently exploring the possibility of this alongside a piece of research around the potential of our community space.

Change

2020 was a year of change for Likewise. In the months preceding 2020 our long serving CEO, Sam, who was central in evolving our identity and ways of working, moved on. We all felt this loss strongly, perhaps no more so than our new co-Director, Matt – he stepped into a new leadership structure with 2 co-Directors and the inevitable entropy that leadership change creates. No sooner had he arrived than 4 new Pod Leaders and 3 new Trustees came in too, meeting an organisation in flux, still trying to figure out decision-making, power, and relationships in a different landscape.

Who?	How?
Trustee Recruitment (x3)	<ul style="list-style-type: none"> • Staff use personal networks to bring in people they think might be able to support the organisation • Community members and staff attend Trustee presentations during interview process; Trustee candidates given opportunities to engage in community activity, with community feedback • Staff run interviews and make final decisions
Co-Director Recruitment (x1)	<ul style="list-style-type: none"> • Staff design recruitment events • Community members, volunteers and staff attend Director presentations during interview process, give input into decision-making process • Staff run interviews and collectively make final decisions
Pod Leader Recruitment (x4)	<ul style="list-style-type: none"> • Staff design recruitment days and processes • Community input during interview presentations • Community input during session interactions • Collective staff input into final decisions

Difficult conversations were a continual feature of that period. There was a fear of values and culture being lost with new people and ideas, alongside a desire to adapt and improve. We did our Likewise thing, opening up and naming the challenges and picking them apart. We’ve landed in a space that, whilst leaving plenty of room for improvement, is something we are proud to reflect on.

Our relationships are re-established, and we take genuine pleasure in each other’s company; we have built faith and trust in the new co-Directors decision-making, and they in turn show

faith in staff; we have sustained the cultural strengths we have been working on for the last 5 years, whilst enhancing them through the insight, experience, and external perspectives of new people.

In particular, we recognise that much of what was perhaps over-centralised in a single person is now shared. The move towards co-Directors came from this recognition, and was part of the attempt to distribute decision-making across the organisation. It was also designed as an antidote to burnout, as well as a way to support mutual accountability and an ongoing inquiry into power dynamics within the organisation. The fruits of this are starting to bloom: our strategic direction is continually reviewed together; different projects and ideas are popping up in different areas of the organisation, from Pod Leaders leading the diversity working group to our Volunteering Lead pioneering a new Learning strategy; and, for the first time, personal links are being built between staff and Trustees, bringing both sides to life. Flexibility and collaboration are becoming more a part of the everyday experience as we try to make use of the incredible network of people we have at Likewise.

Pandemic disruption

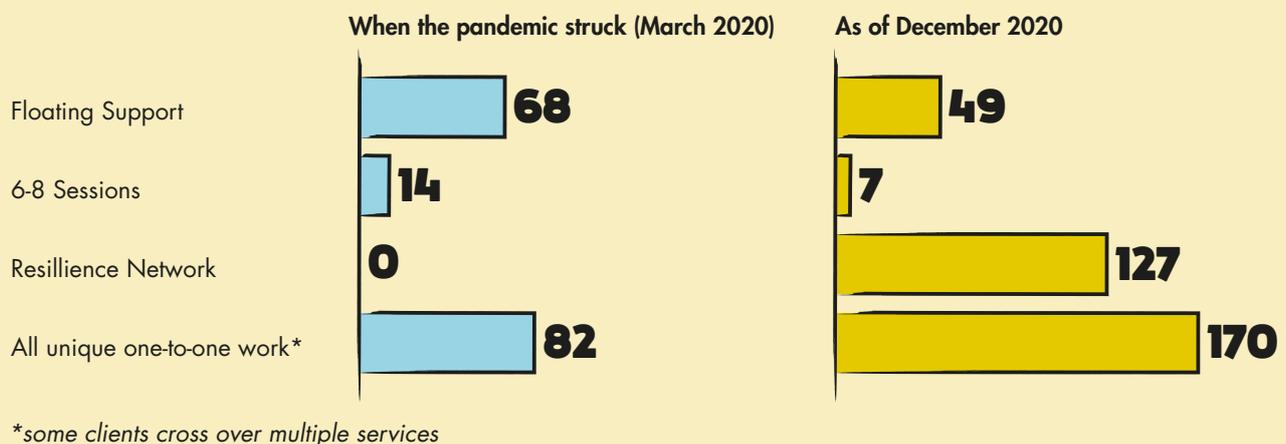
Just as these changes were moving from boiling to simmer, the pandemic came along to turn the temperature back up. Our response was rapid and dramatic, with implications for the whole organisation. We will touch on these in detail later – for now, a whistle-stop tour of how we adapted to this unprecedented crisis.

POD WORK

- During lockdown periods, we have moved as much work as we can to online, phone, or outdoor visits. The vast majority of our clients understand and respect this change, but a significant number have paused or reduced their work with us as a result, feeling that there is less to do given the limitations of the current time.
- This has been particularly impactful for those clients who were working with us for 6 hours or more a week – in many cases this has been heavily cut, resulting in the loss of hundreds of hours of work over the course of the year.

- The Local Authority stepped in to pay expected rather than delivered hours for 6 months for all those using Personal Budgets – a much appreciate gesture – but that has now finished.
- We have worked with local partners to create the Resilience Network Service (explained in detail on page 19), ensuring those in the most need got the support they needed, from food and medication to crisis support. This has been expanded and extended, and we have received 191 referrals, working with 127 people so far. We expect to work with up to 150 more.

Number of active clients



VOLUNTEERS

- Whilst we lost a number of Placement Students through the early stages of the pandemic – particularly those who lived with vulnerable family members – we have picked up, and still worked with 188 volunteers in 2020.
- Recruitment, supervision, and training largely take place using online resources.
- We recruited 13 Art Therapy volunteers during lockdown who worked online or over the phone with 22 individuals over ten weeks. Feedback has been very positive, and we are now recruiting even more creative therapy students who are able to do distanced work.

COMMUNITY

- The doors on the community centre have sadly been closed since the first lockdown.
- We have provided regular befriending or check-in calls for those community members who needed it, and during the lockdown also arranged for food and medication delivery. Where necessary, we have also visited people's homes under infection control guidance.
- As part of the Resilience Network, we have been referring our community members to online or distance offers when they want or need it. However, many of our community members lack the technological resources or confidence to take advantage of these offers. Where we can, we have supported people to get online and engage.
- We have used this opportunity for in-depth research on our community and what we can provide in the future – more detail on page 24.

CULTURE

- We have been adjusting to distanced contact and communication, introducing new structures and tools such as morning check-ins, Slack, and increased frequency of whole team meetings.
- We have been checking-in on each other, reflecting on the emotional difficulty of isolated working and distanced contact. We have been honest and open about the difficulty of procrastination and motivation in these contexts, and continue to review how people are feeling at home.
- We have set up a staff-led diversity working group, with Pod Leaders developing research questions and looking into resources to help us reflect on and improve our diversity.

Adaption

As the above suggest, this year we have utilised the flexibility we had been developing for many years prior, bending round the constraints and limitations of a pandemic. However, more than bending round it, we have also moved with it in a way that represents a significant evolution in who Likewise are. As the pandemic demonstrated the inter-connectedness of all of us for both better and worse, Likewise has brought this awareness into full consciousness. We have transitioned from an organisation aiming at independence to one that better recognises and responds to its interdependence.

In the next sections, we examine this change at three levels. Firstly, at the level of clients, where we explore the difficulty we have had in independence outcomes, and how consistency and interdependence offer more nuanced and practical ways of thinking about and doing the work. Secondly, we examine the shift from independence to interdependence at a systems level, looking at our award-winning Resilience Network project and how this has transformed our capacity to influence and impact the broader mental health system our clients are part of. We examine the impact of this on our Pod model, before looking at how our community and learning programme could supplement our purpose, broader impact, and income.

The way we work: independence to inter-dependence

At Likewise, we believe that the way we relate to our clients is the way we should relate to everyone in a way that can be understood as fractal. We build our, culture, strategy, and decision-making processes in a way that mirrors the work on the ground, looking for transparency, mutuality, kindness, learning, and practical doing. Our client evaluation thus offers a useful starting point for our broader perspectival shift in emphasising interdependence.

This shift was noticed just prior to the pandemic when we were trying to understand why, despite high satisfaction and achievement scores, independence scores were low. To shed some light on this, we asked clients to map out their networks and talk about how and where Likewise fitted in. This brought home several important features of our role in clients' networks, and made clear the way in which Likewise interacts with the broader networks of each individual.

Survey results	Floating Support	6-8 Sessions
In control of the service	80%	75%
Good relationship with key worker	93%	100%
Good relationship with volunteers	84%	N/A
More independent	23%	42%
Achieved what they wanted to achieve	74%	83%
Better engagement with community /services	71%	N/A
Overall satisfaction	97%	91%

Firstly, social networks were obviously incredibly important to people, but often fragile and changeable. Several clients felt uncomfortable making relationships with people, and relationships that were built could be complex – with break-ups, exploitation, and substance abuse all brought up during interviews – and sensitive to loss in the form of bereavements, fall-outs, jobs ending and a host of other external factors. The challenges of social relationships for people living with long-term mental illness are well documented¹.



When I'm ill, you find that they come towards you, when you're not you're left alone... It makes me angry with it, they'll speak to me on my phone, but they won't come for coffee.



Well at the moment I have an extended house guest who is a big drinker so it's impacting across the whole thing... all of the support networks that I've got here are fatally undermined by alcohol.

¹ Wright, E. R., Wright, D. E., Perry, B. L., & Foote-Ardah, C. E. (2007). Stigma and the Sexual Isolation of People with Serious Mental Illness

Throughout this, Likewise helped people both maintain networks and find new ones, and filled the gap when other networks wobbled.



(Previously) I went to a creative writing group and dropped out as soon as the worker there wasn't with me anymore... Now I've had (Likewise key worker) and I can say 'I've gone to this group I found it really difficult, I could only do 10 minutes but I'd like to try and go back,' you discuss why the group didn't work and then build on that, so it was a touchstone, a feedback centre...



I live alone so I don't get to see family or anything, they check in with and phone me, but I don't have physical contact with anyone apart from (Key Worker) during the week. It's so good being physically with someone. It's made me more pro-active: I've joined a meditation group, a choir ... in the past few weeks I have had a few disappointments in my personal life, my relationship ended, but (Key Worker) has been really helpful... in the past I would have ended up in hospital.

In each of these cases, the consistency we provided in comparison to social networks was key. Two of the interviewees suggested such consistent support had directly contributed to preventing suicide and two others spoke of trying to cut off support and having breakdowns as a result. Likewise could either sit in the background and provide moral support to people as they grew their networks, or step-in and be more active when their networks reduced or failed. The springboard or 'touchstone' we provided was intimately connected to the rest of the networks around a person.

This pattern was repeated in clinical relationships. The impact of medication, changing care co-ordinators and psychiatrists, and fears and anxieties about the power of clinicians made such relationships quite difficult for a lot of the interviewees – only one reported being happy with their clinical care. Here, again Likewise played a role of consistency, amongst other things: they mediated difficult relationships, supported care plans, and supported individuals to advocate for themselves.



(Key worker) came with me to one review it went really well, so the next one that came up I didn't ask anyone to come with me. So that's an example of how the help resets my confidence rather than creating dependence, because I got to the stage where I started to refuse to take any other medication they were pushing me, yesterday I thought well I have to take them now.



When I lost my care co-ordinator, it was so mean. The care co said 'I'm sorry to tell you you're not going to have a care co-ordinator anymore.' What about the place I do my artwork? 'You don't need it. You don't need more any more support.' I whacked a bin I was so livid, so angry. Eventually I ended up in the Crisis House, and (Key Worker) supported me really well. She saw me twice, that was great.

In clinical care, the support we provided was just as networked – we were responsive to people as they went in and out of other services in a way they often could not control. Flexible consistency meant we could support people to improve clinical relationships on their own terms and help out as people moved in and out of crisis.

SUPPORTING INTERDEPENDENCE

Across both of these kinds of networks, relationships and connections could be a source of both strength and vulnerability. Likewise worked best when we supported people through the vulnerabilities and optimised the strengths.

In such a context, 'independence' is problematised. Our value comes not from helping someone to be without support, but to have the kind of support and connection meaningful to them. The nature of this support is more fundamentally rooted in interdependence. This conceptualisation enables Likewise to recognise our value whilst also encouraging us to think beyond ourselves – placing the focus on networks of support makes clear that we are one piece of a much wider puzzle, and we function best when we see that whole. This might be in increasing networks so there is more for people to hold and be held in, supporting people to get a firmer grip on those networks they want to be better connected to, or simply being the source of stability and client-led control when other networks aren't reliable.

This is not a radical change, but does widen our focus in various elements of our thinking. We have long recognised the complexity of people's lives – interdependence sheds light on particular features and nodes of that complexity and our specific relationship to each part. Similarly, we have always held that outcomes are not ours – interdependence sees outcomes belonging to the people we work with and their networks. Similarly, our flexibility is a response not only to the individual, but to the ways in which their connections, relationships and networks interact with them. In all of these areas, interdependence better illuminates the realities of people's lives and the sites of impact. It makes reality that little bit clearer and broadens our scope for action.

INDEPENDENCE VS INTERDEPENDENCE

However, interdependence also conflicted slightly with several people we worked with who carried a desire for idealised independence and wanted to be free from any kind of support.



Independence would be being able to go out anywhere on my own, do what I want to do, as I've always done

In these cases, though, the desire was for the capacity to be independent – when we dug deeper, it was clear that networks of support were a key part of their wellbeing too. This also explained our original survey results – when people understand independence individually, it is no surprise to see low scores even as other markers of wellbeing increase: ‘independence’ is an individualised feature that, whilst desired, contributes to wellbeing only as part of a much more networked picture.

As psychologist Joseph Henrich (2020) has demonstrated, this individualised notion of independence is common throughout the West and comes at a cost. It risks ignoring a fundamental element of our social nature and how we are defined by the relationships we are embedded in, leaving us feeling anxious and powerless as we take on too much for ourselves, missing out on opportunities for connection and impact. The connective and relational contexts we are in are central for understanding how we can act in the world to support ourselves and each other.

This resonates not only with our client relationships, but with how we conceptualised ourselves as an organisation. As 2020 continued, we grew more aware of the challenges and dangers of organisational independence and the opportunities in owning the realities of interdependence.

Organisational inter-dependence and systemic change

In this section, we explore how our strategic goals and means of influencing broader systemic change have evolved from a focus on independence to interdependence, looking at the opportunities and risks involved in this new engagement, and lay out some tentative plans for the future.

For the last few years, we had been positioning ourselves as influential outsiders aiming for independence. We hoped to create systemic disruption by demonstrating how social care could be done – genuinely person-centred and mutual, with organisational culture and learning fundamental to the support. We planned to grow the number of our Pods to deliver more care to more people who needed it in our borough and beyond, working to the point of 15 Pods and financial independence. Supported by funding from Lankelly, Tudor, The National Lottery Community Fund, Lloyds and Power to Change, we were able to double the number of our Pod Leaders, and our new co-Director was brought in with experience of growing businesses and social enterprises. We were confident in our own position and focussed on our internal development. We positioned ourselves as an independent entity, co-operative rather than collaborative, keeping what we deemed a healthy distance.

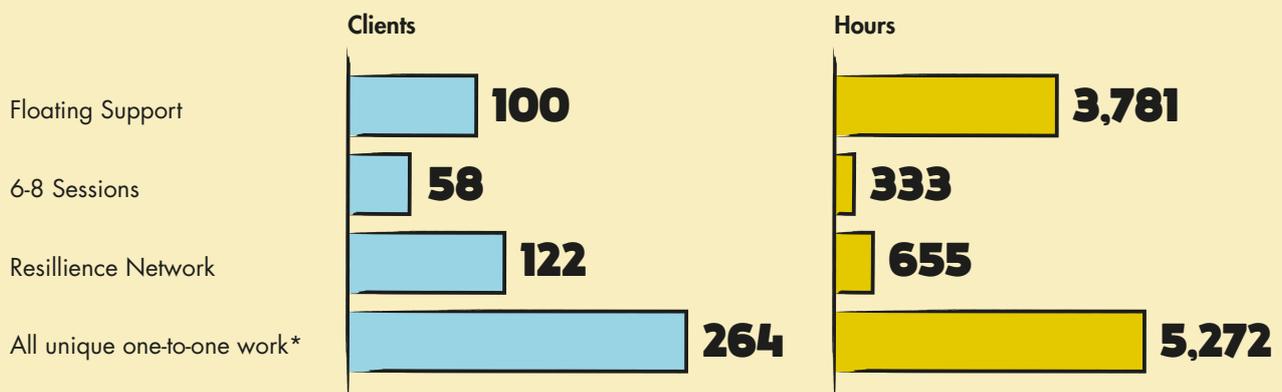
This approach emerged, in part, from challenging local social care system dynamics. Historically, we needed the Local Authority to fund our work with local people, but to do that we had to compete with other local VCSE organisations for contracts that were often rigidly, and not always ideally, commissioned. This created an atmosphere in which, despite good will, honest conversations were too risky: other VCSE organisations were potential threats to our viability, and the Local Authority was the beneficent power that we needed to please. The result was keeping our cards close to our chests, shooting for independence in order to avoid the systemic pitfalls of contracts and conditions.

SYSTEMIC CHALLENGES AND THE POD MODEL

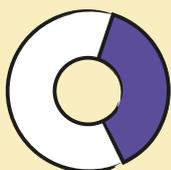
However, we were constantly coming up against systemic issues in people’s support networks and experiences that pushed against the way we wanted to work. We see Floating Support clients for an average of 2 hours a week – during the other 166 hours that week, the impact of that system is profound. From the relentless challenges of housing to the over-stretched mental health services and the short-term nature and restrictive referral criteria of support services, we often found ourselves picking up the pieces of a sprawling, complex network.

The impact of this system also rippled through our staff capacity. As we became renowned for our ability to work with complex clients in a way that other systemic actors could not, more and more came our way – mental health teams and psychiatrists knew that we could build strong relationships with clients that had struggled to engage elsewhere in the system. Where our pilot Pod had a mix of complex clients and people whose care was more straightforward, newer Pods consisted of clients who, for a range of reasons, required more time and emotional expenditure outside of those visit hours.

Total one-to-one clients and hours in 2020



**some clients cross over multiple services*



38% of one-to-one clients were from BAME backgrounds

Similarly, the change in the way Personal Budgets were distributed – with money harder to access and clients being asked to contribute much of the cost themselves – meant that the average hours per client per week dropped from 3.5 to 2.1. Where we used to have regular referrals for 4-8 hours per week, these are now very rare. Over the course of the year, this is hundreds of hours support lost. Furthermore, delivering fewer hours to more clients is far more tiring and time consuming for Pod Leaders and workers, with more travel, administration, and headspace, particularly when combined with increasing complexity.

This resulted in Pod Leaders finding it increasingly difficult to get on top of their work both practically and emotionally, and Pods struggling to deliver our originally projected hours. It is credit to staff that they worked so hard to do a large percentage of those hours, but the impact of this on their wellbeing was not sustainable. In short, becoming a popular service for such complexity combined with changes in Personal Budgets meant Pods would not be able to bring in as much income without risking the quality of care and the mental health of staff. Even before the pandemic, it was increasingly clear that the Pod Model needed some rethinking.

When the pandemic broke out, the opportunity to do things differently surprised us all, and the vital importance of our networks became clear. Eager to act as swiftly and potently as possible, the Local Authority and the local NHS Trust brought together local VCSE organisations to co-develop a rapid response. Like everyone else, we wanted to help as much as possible, and quickly got involved. The result has been hugely encouraging – we have worked closely, openly and productively with statutory and VCSE partners to provide vital support to over a hundred more people during this crisis, and seem to have built a systemic response that has shared purpose, genuine collaboration, transparency and high functionality. Furthermore, we are now collaboratively leading efforts to use this as a basis for a much wider systemic change. In just 6 months we have moved from reluctant participant and critic of the system to fundamental shaper of it, reaching hundreds of people and winning awards for our effort.

THE RESILIENCE NETWORK SUPPORT AND CONNECT

The Support and Connect service is a combined project of the Camden and Islington Trust, Likewise, Mind in Camden, and the London Borough of Camden. It is designed to make referral processes easier, and ensure the borough as a whole is more joined up in its response to mental ill health.

Likewise and Mind in Camden receives referrals from clinical mental health teams, GP surgeries, and VCS organisations. Referrals receive a telephone or in person assessment from a staff member at Mind in Camden or Likewise. They will get to know someone and build a support plan. Given the complexity of the referrals expected, staff resource has been allocated to build trust over several contacts. The range of offers within the plan include:

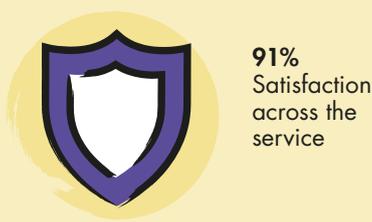
- Regular telephone contact (befriending, coping strategies, therapeutic support)
- Door step contact (as above for people with limited or no access to telephone)

- Telephone & door step welfare (shopping, completing online forms for assistance, provision of materials for activities at home)
- Linking to Resilience Network online groups and resources
- Linking to wider council and community offers.

All service users will have an allocated staff member as a contact person. This person will agree the frequency of check in calls which will range from several times a week to once a month depending on need and the preference of the service user.

This can be adjusted as needs change. The contact person will be able to link back in to the C&I contact person to discuss progress and to highlight any arising issues which may require clinical input. Rather than ending the service, people can be put on 'pause' – meaning semi-regular check-in calls, and the option to restart more intensive support if the need arises.

Project achievements



WHAT CHANGED?

In making sense of these changes, we have come across several key factors that made systemic participation more rewarding and productive. These can be seen in detail in the report we produced [\[click here to download\]](#) on behalf of the network but are, in short:

- Three key structural factors:
 - The absence of competitive tender: working together as collaborators, with less at risk and more in common.
 - A create-as-we-go approach: working based on real need rather than pre-defined contractual obligations, and with learning as fundamental to the process.
 - The capacity for people to flex in their roles: people feeling optimistic enough to go above and beyond their roles, and feeling such flexibility as empowering rather than dangerous.

- Behavioural and cultural factors have also been key:
 - Common purpose: everyone was unified first by the pandemic, and then the hope for genuine systemic change.
 - Transparency and the ability for 'difficult conversations': we have brought our openness and honesty into that space and been met with the same – this has allowed for much healthier, more honest, and even joyful relationships with systemic actors.
 - Humility: everyone has been able to recognise previous flaws, which has allowed us to move forwards.
 - Reflective practice: being willing to step back, consider, and learn based on outcomes, feelings, and processes (something Likewise and Mind in Camden are well versed in) has been really useful for continual development.

Structural	Cultural?	Behavioural
Absence of competitive tender	Transparency	Honesty
Recognition of VCSE value	Willingness for difficult conversations	Humility
Collaborative create-as-we-go service development	Continued shared learning	Conviviality

These structural, cultural, and behavioural factors combined to allow us to vastly improve our relationships with local partners. Rather than feeling like we were all pulling in slightly different directions, we developed a shared purpose, in the process becoming what we believe is more than the sum of our parts – the rapidity and success of the response so far has been highly promising, with hundreds more people living with serious mental illness given free access to emotional and practical support based on their actual need. We are more networked with local partners, making more referrals into each other's spaces, making contacts and then referrals to people and organisations who can support our clients such as benefits advisers and trauma therapists, and building a genuine alliance that can better meet systemic needs. Our own contribution in this has been recognised with a Camden and Islington NHS Trust Community Partner of the Year Award.



Likewise have been a crucial part of our Covid response, and the way you have come together in partnership with the Council, Camden and Islington NHS Foundation Trust and other voluntary and community sector organisations has been exemplary. I have heard about your drive to coordinate a single support offer for some of our most at-risk residents at this time, and your contribution to this deserves particular recognition.

**Jenny Rowlands, Chief Executive
London Borough of Camden**



Likewise is the best organisation to help people with significant needs for supportive community linking and social connection.

**Jennie Rowden, Senior Psychologist,
iCope, C&I NHS Foundation Trust**

WHAT DOES THIS MEAN FOR THE POD MODEL?

Whilst the pandemic has been shutting things down left, right and centre, Likewise has been opening up. We have shifted from an organisation focussed on independence into a much more systemic, networked, interdependent entity. We have built partnerships, collaborated across the system, and started to see how we can start to work on those things that have tremendous impact on the people we work with – the relationships, interactions, and networks in their community. This year is one in which we have used the strength of identity and values we have been building to step out and influence the world around us. We see ourselves as part of a whole.

The Pod Model was very much the starting place for this realisation, and its focus on values, on relationship building, emotional intelligence, and volunteer learning are the essential elements of our future. However, it has also changed to adapt to this new territory. Where Pods would predominately be made of Floating Support clients (long-term, individually paying), they are now becoming a much more diverse mix of Floating Support clients and the lighter need clients who are part of the Resilience Network project, paid for by local contracts that we have helped design. As such, the Local Authority and NHS Trust is effectively bulk buying Pod time. In exchange, not only do Pods deliver the service, but also engage with the system – they run and attend training sessions for the whole network, have closer contact with referrers such as care co-ordinators and social workers, and continually feedback how the service and the system runs and feels on the ground. This has been essential in the continual development of the service.

The Pods' diversified income is a significant benefit given the challenges we were having with the complexity of the clients coming through on Floating Support and the impact of the pandemic (which has significantly reduced the hours we could deliver). It is apparent that under current conditions, with the level of funding available for clients' personal budgets and the number of clients a pod can hold, pods do not generate a surplus through billing by the hour for face-to-face Floating Support. Currently, increasing the number of pods in the organisation is not a route to financial sustainability.

SYSTEMIC ENGAGEMENT – BENEFITS AND RISKS

This new process is not without risks. Firstly, selling a much larger 'block' of such support to the Local Authority and NHS Trust puts significant pressure to negotiate reasonable contract fees for our work but, given the newness of this project, we are not yet clear on what true costs are. It also makes our paid service less marketable – if there is a comparable service for free delivered by us, our paid service is less marketable. However, in terms of diversifying our Pod Model, a greater mix of short and long-term clients opens up capacity, and there remains a need for longer-term support (a need we are able to better bring to commissioners attention through our new relationships).

Secondly, being tightly entwined with a system risks organisational integrity. Ways of thinking, measuring, communicating and caring can become diluted or influenced by contact and enmeshment with the broader system. Given the effort and care we have put into developing an internal culture that foregrounds a fundamentally human experience, this will require continual vigilance to make sure we stay bound to our values and avoid the pressures of mainstream care that can make humanity harder. The flip side of this is that the transference is mutual, and in exchange we are in a much better position to further embed our values into the broader system.

These considerations demonstrate the tensions between independence and dependence in a local social care system. Whilst more independence would keep us safe from the risks involved, it would also mean the system carries on without our voice and our values, and we would be in denial about organisational and human realities – we exist in a landscape in which we can't help but be connected. Connection brings opportunity and vulnerability, and accepting this keeps us more alive to both of those.

In opening the door to the complexity of inter-dependent systemic engagement, we know the path ahead might be harder and messier. However, the local pandemic response enabled the kind of structural shifts, cultural environment, and shared purpose that can enable us to share our values and reach the entire network in which the individuals we care for exist, not just our small corner. The alternative is missing the opportunity to improve a system that has profound impact on the people we work with. As we have come to recognise our clients' interdependence, we have put ourselves in a position to make the most of our own.

Learning

As a result of this new focus on inter-dependence, we have started to look at the organisation differently – we are examining the implications and possibilities of the more diversified and locally embedded approach that the Resilience Network project has started. An area with the potential to support this approach, our clients, our community, and our trading income is our learning programme.

An integral part of our Pod Model has always been our volunteers. This year alone we've worked with 188 volunteers, who have provided over 2000 days of service. We've continually improved the programme, bringing in extra training, diversifying recruitment, and developing learning processes through supervisions and Action Learning to give our volunteers the broadest experience possible. This year, we worked with volunteers themselves to co-produce the evaluation, and the feedback was rich and telling: the value of experiential learning, of learning structures like supervisions and training, and of getting to grips with our core values all came through.

The outcomes were threefold:

- There was a clear increase in emotional intelligence, as volunteers found it easier to talk about their feelings and engage with the difficult emotions of clients with more awareness and calm;
- Perceptions around mental illness were opened up, preconceived notions were dropped and behaviours previously seen as frightening, strange, or unpleasant were seen in a new light;
- People felt a noticeable difference in their personal lives, in dealing with their own and their friends and families emotions, and in engaging with mental illness more generally.

Community numbers**400+**

Community sessions

188

Volunteers

18

Regular community activities

THE LEARNING PROGRAMME AND THE COMMUNITY

This is particularly exciting to us due to the learning we have had around community this year. When we opened up our community space prior to Covid-19, delivering a host of activities and welcoming in more people through the door than ever before, a minority of our longer-term community members had been hostile to newness and change. We've come to understand this exclusivity as one in which long-term members' status and belonging at the Hub has stood in stark contrast to their experiences in medical, legal and social institutions. It makes sense to wish to protect a rare treasure. If people's communities felt safer and more accepting, then this would not be so difficult.

Our learning program offers hope here. We have developed hundreds of people who, when they come across someone in an emotional crisis, or with poor personal hygiene, or with difficult behaviours, will be able to respond very differently to how they would have prior to their time with Likewise. Importantly, this is not just in a professional context but in a personal one too. Should our clients and community members walk into their place of work or leisure, there will now be someone there who will be able to respond to them as they are – with emotional intelligence, acceptance, and as a human to another human.

This is something we think can be expanded to help more people in more spaces have the kinds of accepting and supportive interactions with their community that would support a sense of belonging outside of the Hub. The break in our community afforded by the pandemic has offered us a great opportunity to devote time and effort into thinking about this. Our research so far has involved:

- Looking into the possibilities of how our learning programme and culture can both benefit the community and bring in income
- Building relationships and getting to know local businesses, neighbours, and community centres;
- Deeper conversations with our clients about what community means to them pre and post-pandemic
- An audit of our skills and capacities, and of our clients' and community's needs;

- Questioning what belonging means in our context and in a post-pandemic world;
- Re-thinking the risks and the potential of our fantastic building;
- And, most importantly, mashing all of these things together to help us get a sense of what's possible, not just for Likewise, but for the whole community.

Situating ourselves as part of that bigger picture – entwined rather than separate – opens up the space to realise the potential of the work we have been doing beyond our traditional business model and into the further reaches of the community, and so into the further reaches of our clients and community members lives.

The extension of the community programme is also a natural move given our systemic involvement and awareness. Like the learning programme, some big questions for 2021 are about generating trading income, and we will be reaching out to our funders and partners to help us with this. We don't expect a clear and easy resolution, but the way we are reconceptualising it at the moment feels deeply aligned to our growing awareness and action in the wider system and community.

Conclusion

Previous reports have been driven by our internal strategy and piece-by-piece cultural development, whereas this one has had an additional driver – a world and organisation in flux: less clear, less obvious, less graspable.

Whilst this has made it challenging, it also makes the process somewhat more satisfying – it has been a valuable exercise in sense-making, and drawing together the different threads of our work has been genuinely exciting. It feels as if the shift to inter-dependence has put us on something of a threshold – having spent years building our values, practices, and culture, we feel packed and prepared for the world outside.

Our first steps have been promising, but there is a long way to go. Our Pod offer continues to evolve and adapt to the new landscape, with fewer Floating Support hours and more contracted work; our culture continues to experiment with new means of power sharing and decision making; our relationships with mental health system actors in the borough are growing with our influence, but this is a journey with several risks along the way; and our learning and community programs are full of potential that has not yet fully formed. We feel confident, but – like the rest of the world – there is a lot that we cannot foresee.

One thing we do know, however, is that our values and practices, steeped in learning, doing and belonging, have been invaluable both strategically – giving us friends, influence, and a means of navigating complex systems – and with our clients at a time when many people have been struggling. The evidence so far gives us significant grounds for belief that being led by our values, as we have been, is how we can best serve our community.