

Glasgow City Health and Social Care Partnership

# Employability Services Review Final report



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## Executive Summary

Rocket Science were commissioned to review the quality and reach of employment services funded by GCHSCP and make recommendations for their future. The area of policy where health and employability overlap is becoming increasingly important. There is a recognition that many of those facing sustained unemployment have health and social care issues and this requires support which combines health, social care, and employability interventions. In addition, there is now overwhelming evidence that, for many, gaining employment is related to improving the recovery journey for many, improving physical and mental health, and improving social care outcomes.

Our main findings are:

- The GCHSCP funded employment services are a significant part of the local service infrastructure. The investment of £3.1m represents an estimated 4% of total spend in Glasgow on employability<sup>1</sup>, and is larger than the scale of the Scottish Government's proposed national employability programme. Currently the projects together reach a client group equivalent to 20% of the ESA Work Related Activity Group.<sup>2</sup>
- Although there is scope to improve the quality and range of information about client status and progress, our assessment is that the services perform well against wider benchmarks in terms of outcomes and the cost of these outcomes.
- The projects client group are now the priority target group for both UK Government and Scottish Government employability efforts. This means that the insights and experience of working with these clients is of significant value, and that there may be scope to attract additional funding to extend the reach and impact of the services for clients of the Partnership.
- However, overall, DWP funding for this client group is falling significantly and so demands on the services are likely to increase. This reinforces the need both for the services to work more collaboratively to enhance their impact as a whole, and to find ways of working more closely with the wider infrastructure of support.

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<sup>1</sup> Based on the estimated spend in Scotland of £533m in 2012/13 according to the narrow definition in Cambridge Policy Consultants report apportioned to the proportion of the Scottish unemployed.

<sup>2</sup> Total of 14,100 ESA WRAG as at February 2016 (Source: NOMIS (Feb 2016) benefit claimants – employment and support allowance, Glasgow City) and a total GCHSCP client number in 2015/16 of 2784 (Source: GCHSCP employment services provided data)

- There is significant scope for more collaboration between the different services in terms of sharing approaches and good practice, improving the way in which performance is measured, and jointly developing staff skills.

Our recommendations are:

- There should be a Management Team for the services as a whole, made up of the project managers, and focused on actively managing and improving performance and driving greater collaboration
- This Management Team should be accountable to a Strategy Group which will be responsible for the strategic positioning and relationships of the services as a whole and for engaging with potential funders to extend the reach and impact of the services
- There should be a collaborative effort around employer engagement to transform the range and scale of potential destinations and opportunities for clients, and a dedicated resource to help the projects – and the service as a whole – explore in depth its performance and the scope for improvement.

## Chapter 1 Introduction

In May 2016, Rocket Science UK Ltd was commissioned by the Glasgow City Health and Social Care Partnership (the Partnership) to undertake a review of the quality and reach of its employability services for clients with health and social care related issues.

The area of policy where health and employability overlap is becoming increasingly important. There is a recognition that many of those facing sustained unemployment have health and social care issues and this requires support which combines health, social care, and employability interventions. In addition, there is now overwhelming evidence that, for many, gaining employment is related to improve physical and mental health, and improved social care outcomes.

The employability priorities for the Partnership are:

- Optimise employability to enhance resilience and recovery for those with health and care needs
- Contribute to good employment to improve well-being and reducing health inequalities
- Contribute to fair employment to mitigate and prevent poverty.

With this context in mind, Rocket Science have spent the last three months reviewing the Partnership's employability services. During this review we have:

- Analysed good practice within the Partnership's services, as well as across the UK
- Gathered and analysed management and performance data on the 16 Partnership employability services in order to produce:
  - A profile of the various services
  - Equity impact analysis that shows the reach of the Partnership's services compared with areas of deprivation in the city
  - Financial and performance analysis of the projects in order to understand their objectives and performance
- Conducted interviews with all 16 services and 13 stakeholders to understand their view on the range of Partnership services, and the role of the Partnership in employability support
- Held a stakeholder workshop which brought the services and stakeholders together to explore the implications of the review's analysis and conclusions
- Developed a range of recommendations in order to help the Partnership to build on the strong foundation of employability service provision in Glasgow

This report describes our analysis, findings, conclusions, and recommendations for the Partnership to consider.

The rest of this report is structured as follows:

- In Chapter 2 (page 7) we reflect on the wider strategic context and the implications this has for the significance, positioning and future options for the services
- In Chapter 3 (page 16) we profile each of the services and in Chapter 4 (page 43) describe the profile of the services as a whole in terms of role, investment and geography
- In Chapter 5 (page 57) we identify the main features of good practice, drawing on practice both within the services and elsewhere
- In Chapter 6 (page 61) we review the performance of the services
- In Chapter 7 and 8 (pages 69 and 73) we draw on our interviews and workshops to describe the views presented both by the services themselves and by stakeholders about the role and value of the tasks carried out
- In Chapter 9 (page 75) we set out our conclusions and recommendations.

## Chapter 2 The Strategic Context

In this Chapter we consider the current and emerging strategic context for the projects and how the Partnership can ensure that their actions are robust in the face of likely changes and developments.

### Context

The context for the future of GHSCP employability programmes is provided by:

- National and local economic trends and associated employment opportunities
- The continuing reform of welfare and the roll out of both cuts and Universal Credit
- The creation of integrated Health and Social Care approaches
- The transition to a new 'Scottish Approach' to employability, using devolved DWP monies, topped up by Scottish Government monies
- The Glasgow City Region City Deal, which has labour market elements
- Some specific aspects of the DYW approach in Glasgow (eg the mentoring organised through MCR Pathways for young people who are looked after or in accommodation).

In this section we reflect on the practical implications of these for the future of GHSCP funded employability programmes, with a particular focus on the transition to a new 'Scottish approach'.

### National and local economic trends and associated employment opportunities

At a UK, Scottish and Glasgow level, the economy is still struggling to deal with the consequences of the financial crash of 2008. Although economic growth has been restored it remains at a relatively modest level, and has not been associated with significant job or wage growth. This has now been compounded by the decision to leave the European Union which has dented business confidence and investment as well as affecting employment in specialist areas such as Higher Education. The sector most immediately affected has been construction which traditionally has provided opportunities for skilled and semi-skilled males – with Glasgow having traditionally been a net exporter of construction skills.

The GHSCP employability approach is therefore being developed against a gloomy macro-economic context with the likelihood that in the next 5 years we will not see a return to long term average growth rates or employment growth.

Figures 1 and 2 outline economic activity and out of work benefits in Glasgow and in Scotland. These target diagrams outline the proportion of the population that:

- Are employed, unemployed or not economically active and the reason for economic inactivity
- Are on the various out of work benefits.

When comparing Scotland and Glasgow economic activity and out of work benefits, Glasgow has:

- A higher rate of unemployment and economic inactivity than Scotland
- A higher proportion of the population that are long term sick than Scotland
- A higher proportion of the population on Employment Support Allowance.

One of the most striking aspects of the diagrams is the scale of the ESA group compared with the JSA group. On the whole, these are the clients who need help in order to gain employment and this is where the policy focus is at present. This means that a focus on health and social care has become more vital in employability services – and this is even more true in Glasgow than on average in Scotland.

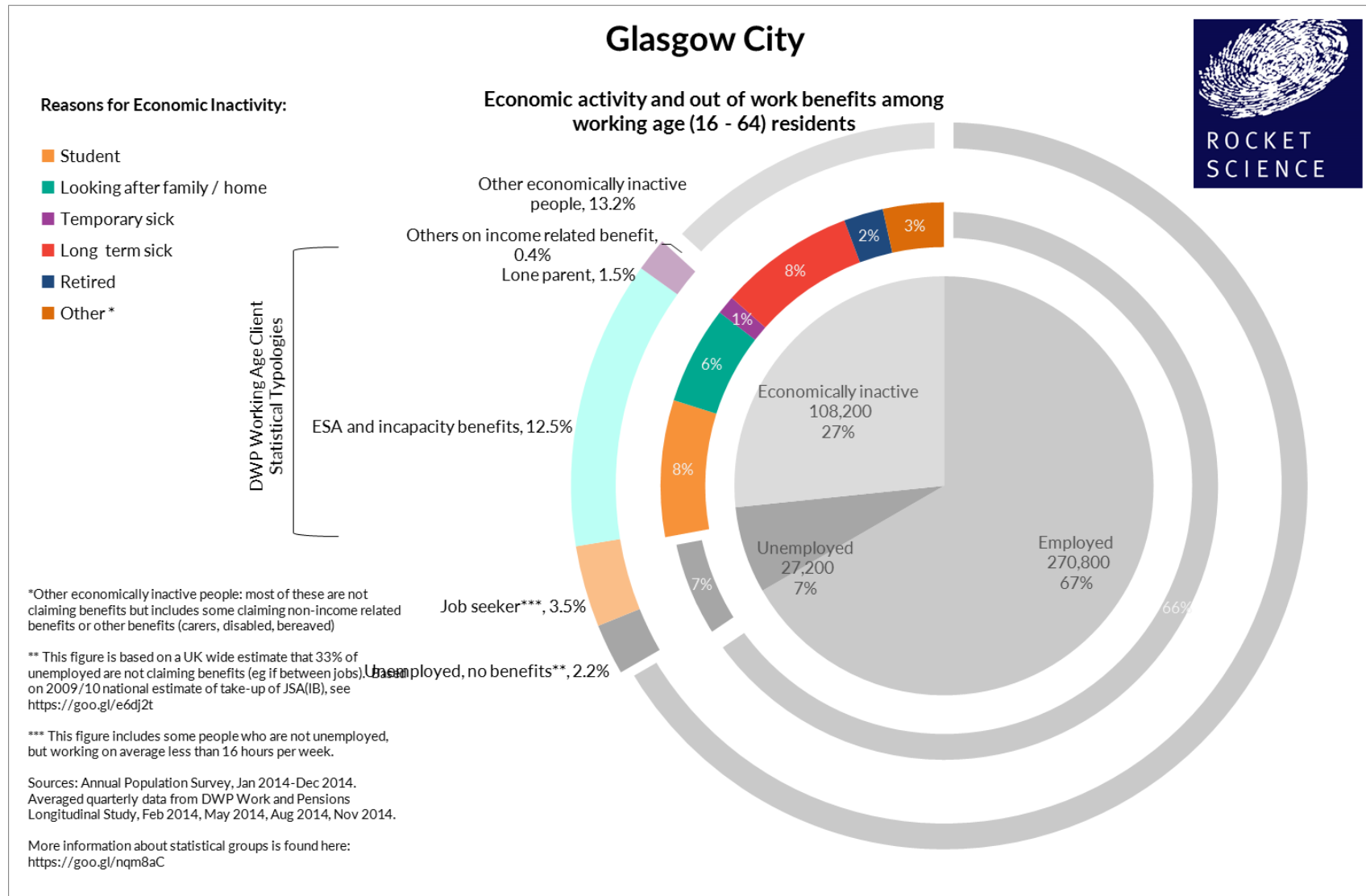


Figure 1 Economic activity and out of work benefits in Glasgow

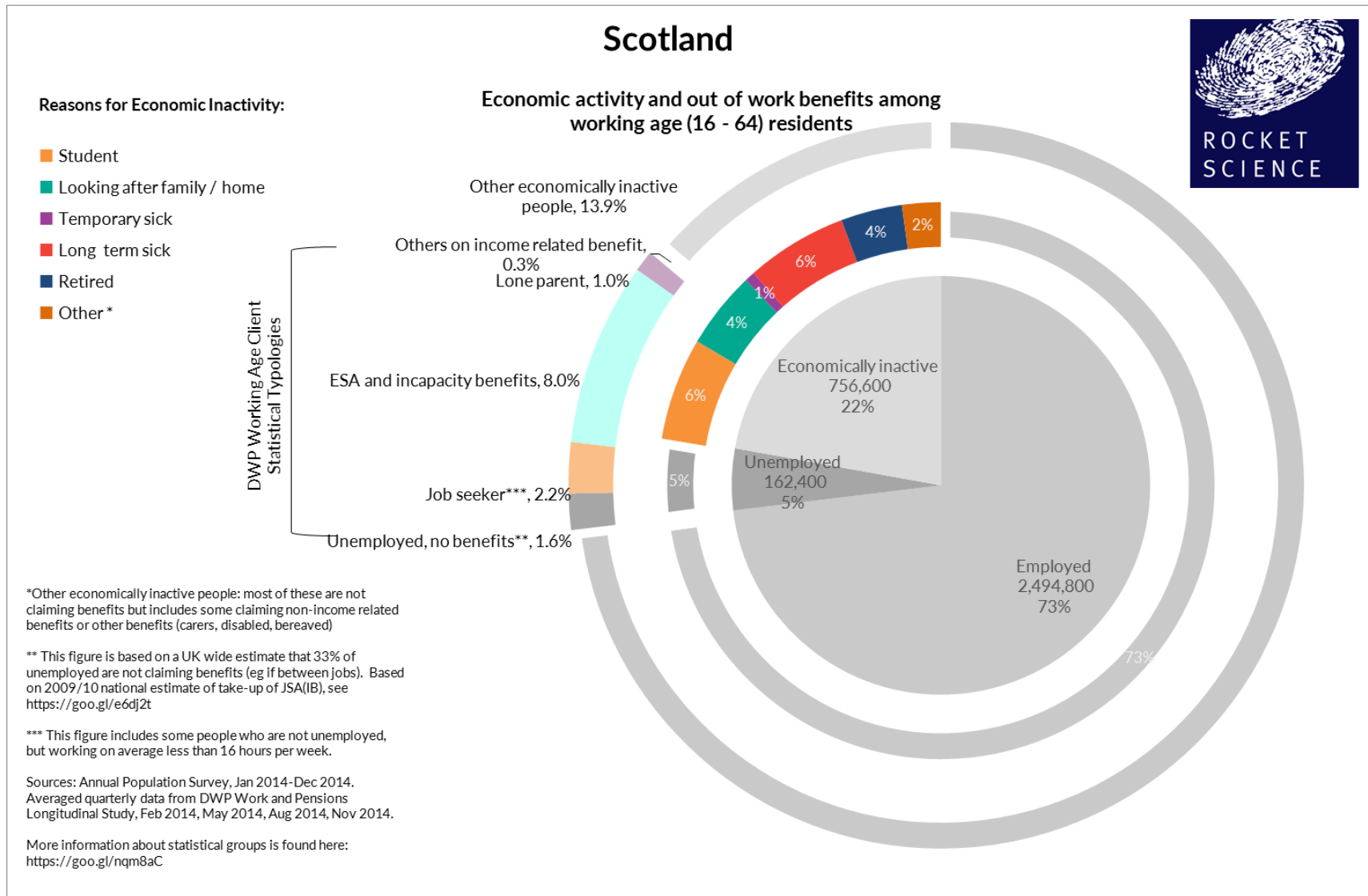


Figure 2 Economic activity and out of work benefits in Scotland

## The continuing reform of welfare and the roll out of both cuts and Universal Credit

The welfare reform agenda – and its impact on clients – is still rolling out as dates are reached for the introduction of further cuts and as their affects accumulate over time.

Most of the larger changes came into force in at least pilot areas on 1 April 2013. These included:

- The Bedroom Tax which involved those in social housing who had one spare bedroom losing 14% of their housing benefit and those with two or more spare bedrooms losing 25%.
- Council Tax benefit was transferred from DWP to Local Authorities with a reduction of 10%.
- Disability Living Allowance was replaced by the Personal Independence Payment which is based not on a personal condition but on how it affects the client, so reducing those eligible. It is made up of a daily living allowance and a mobility component.
- Benefits and tax credits increase not with inflation but instead for 2013 – 2016 have risen by 1% (cf increase of 2.2% under the previous approach). In the 2105 Budget this was superseded by a freeze in working age benefits for four years (including tax credits and Local Housing Allowance, and excluding maternity pay and disability benefits – PIP, DLA and ESA Support Group).
- The Welfare benefit cap was introduced with the intention that no welfare claimants will receive in total more than the average annual household income after tax and national insurance – estimated at £26,000. This has since been reduced further with a distinction between clients in London (where the cap is set higher) and those elsewhere.
- Universal Credit was introduced which integrates six of the main out of work benefits into a single payment, linked to live monitoring of earnings. The full roll out has been delayed several times – at the moment it focuses on new claimants in the simplest circumstances (eg single people). The date of the completion of the roll out has now been put back to 2020. There are currently two areas where the UC ‘full service’ is being piloted – Musselburgh and Inverness. It is already clear from these pilots that this leads to a transformation in the role of the DWP Work Coaches. They now see all those joining any of the 6 benefits involved. They carry out the initial assessment and make judgements about the appropriate support (or range of support) and its intensity. They therefore become even more central to the delivery of an integrated service.

The impact of all these cuts can be significant on both individuals and households and is particularly high on people with disabilities, those with larger families, and those in accommodation that is larger than they need but with little alternative local options. In Scotland there has been some mitigation of these effects through – in effect – the removal of the bedroom tax and some mitigation through additional support to Local Authorities (to help them provide advice and support) and to Citizen's Advice Bureaux (funding for additional support to help clients deal with the impact of welfare reform). However, with the income to many households reducing, there are signs that the impact is accumulating over time and being reflected in increasing debt.

The GCHSCP strategy is therefore being developed in a context when the demand for support is increasing and there is increasing pressure to pursue work opportunities – even for those who may find it hard to retain a job and thrive in work.

### **The creation of integrated Health and Social Care approaches**

The integration of health and social care approaches in Scotland mirrors the strengthening links between health and employability. The 31 Integration Authorities with their Integration Joint Boards are taking forward their own strategies and seeking to draw benefit from joint working alongside shared approaches and information – with a focus on more joined up approaches around vulnerable patients (eg older people returning home from hospital) and more effective approaches around prevention and early intervention. The expected outcomes are therefore improved service integration, reducing demand on services compared with current trends, and the achievement of savings in service delivery.

GCHSCP has recognised that this provides an opportunity to review the range of different employability approaches that they fund (across health and social care), particularly as the national focus is shifting to those clients who face health barriers to work.

## The transition to a new ‘Scottish Approach’ to employability, using devolved DWP monies, topped up by Scottish Government monies

The devolution of national employability support for longer term unemployed together with related funding is being devolved to the Scottish Government from DWP from April 2017. This is a work in progress, but the current expectation is that there will be a lengthy transition period with 3 phases:

### *Phase 1: April 2017 – March 2018*

This will be the ‘Transition Year’ and it will have two components:

- Momentum, Shaw Trust and Remploy (the current deliverers of Work Choice in Scotland) will be commissioned by the Scottish Government to deliver a programme almost identical to the current Work Choice programme (focusing on those with disabilities). The total value of this contract will be £20m and, because of significant cuts to the programme value at a UK level, the Scottish Government has contributed significantly to maintain this at roughly its previous value.
- Skills Development Scotland will manage a procurement process to commission a relatively small one-year transition programme (c£4m in total) focusing on clients on ESA – new claimants who are going through the Work Capability Assessment process and are allocated to the Work Related Activity Group (WRAG) – and who could realistically gain work with the appropriate support within 12 months. The ITT for this 12-month programme is likely to be published in the next 2 months.

This will be a relatively small programme compared with the existing Work Programme and is likely to target c2,000 clients.

The funding model will be new to DWP and to SDS. Payments are likely to involve 3 elements:

- c30% will be paid to contractors in 12 monthly payments over the year
- c30% will be paid out on ‘short job’ achievement (ie getting a client into a 16 hour + job, perhaps with a quality threshold determined by earnings
- c40% will be paid out on ‘long job’ achievement – ie retention in work at 26 weeks.

Although the significant output payment of c70% relates to the output related funding model of Work Programme, the guaranteed c30% service payment is designed to make the model attractive to small community based or specialist third sector organisations or projects.

The contracts are likely to be let in 4 geographical lots (probably the current Jobcentre Plus Districts). This means that Glasgow City will form part of a larger area also including North Lanarkshire, South Lanarkshire and East Dunbartonshire.

### ***Phase 2: April 2018 – March 2020***

In Jan/Feb 2017 the Scottish Government is expected to publish the ITT for their successor programme to Work Choice and Work Programme. This is likely focus on those further from work and incorporate a focus on those with disabilities. Again, the programme is likely to be contracted in 4 geographical lots.

The contract would be let in October 2017 to allow for preparation for an April 2018 start in terms of client engagement and support.

The value of this programme will be greater than the combined programmes in the transition year partly because the profile of the devolved DWP monies increases over time – and partly because of contributions from the Scottish Government. The programme is likely to have a total value across the 4 lots of c£30-£35m, with the value of the lot which includes Glasgow being c£10m over three years. The contract is likely to go to a consortium, which could involve major third sector organisations like Wise Group.

### ***Phase 3: April 2020 onwards***

Although it is tentative at this stage, there may be a Phase 3 starting in April 2021 when further devolved budgets may be incorporated. This could involve a new contracting round starting in 2020.

## **Glasgow and Clyde Valley City Deal**

The City Deal incorporates three significant skills and employment projects<sup>3</sup>:

- ***Working Matters***, which is a new employment programme for individuals in receipt of Employment Support Allowance. The project will work across the City Region with 4,000 people, assisting at least 600 into sustained work and have a value of c£9m.

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<sup>3</sup> <http://www.glasgowcityregion.co.uk/article/7628/Skills-and-Employment>

- **Youth Gateway**, which is an integrated employment programme for young people (16 - 24). It will work with 15,000 people over the next three years, helping 5,000 into sustained work and have a project value of £15m.
- **In Work Progression**, which is a pilot labour market progression programme in the Care sector to support the training and development of staff in low income jobs, boosting wages and reducing reliance on in-work benefits. It will have a project value of £600,000.

The City Deal is therefore another key part of the strategic jigsaw in terms of creating effective coherent services for those further from work in Glasgow.

### Some specific aspects of the DYW approach in Glasgow

Developing the Young Workforce is a significant new effort across Scotland to enhance the employment opportunities of young people. The focus is on young people who are likely to pursue vocational options, and in Glasgow this includes the expansion of a significant effort (supported by over 35 staff) to support young people who are cared for or in accommodation. There is likely to be an overlap between this group of young people and/or their families in terms of engagement with health and social care services and there may be scope for a more joined up approach around this group – which represents 1% of pupils.

### Conclusion: Relevance to GCHSCP

This move towards the proposed ‘Scottish approach’ to employability<sup>4</sup> is directly relevant to the future of the projects funded by GCHSCP. Partly because of reducing spend, there is a growing focus on those clients who are further from work and who face a combination of health and employability issues. Both the transition year programme and the successor programme provide the Partnership with an opportunity to work with other partners in the Glasgow City, North Lanarkshire, South Lanarkshire and East Dunbartonshire area and align their spend in Glasgow with Scottish Government and other spend to maximise its impact.

With a total spend of c£3m involved in the projects we have examined, this investment will be larger than the Glasgow spend on the new programme (which is likely to be targeted at a similar client group), and there is scope through careful alignment to transform the scale of support focused on priority clients.

In the next chapter we explore in detail what this course of action might involve and the practical steps that the Partnership could take to move forward.

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<sup>4</sup> [http://www.employabilityinscotland.com/media/530593/consultation - sgresponse - a new future for employability support in scotland.pdf](http://www.employabilityinscotland.com/media/530593/consultation_-_sgresponse_-_a_new_future_for_employability_support_in_scotland.pdf)

## Chapter 3 Overview of services

This Chapter provides an overview of the services that were in scope of this review. 16 projects and services have been included in this review, as shown in Figure 3 below. This list features a combination of charities, trusts, other voluntary and community sector organisations, services run directly by statutory bodies, or partnerships, such as Elevate – Glasgow Public Social Partnership or Project Search.

Funding for these services and overarching coordination is led by departments within the Partnership, normally based on the main characteristics of the clients targeted. For example, Mental Health Employability services – shown in red – funds and coordinates employability services that engage primarily with clients facing mental health issues.

Some areas of health and social care – such as Homelessness services or Criminal Justice – do not coordinate employability services of their own. Instead, they refer clients to the Bridging Service, as indicated by the blue arrow. 29% of total clients referred to the Bridging Service between April 2015 and March 2016 were referred by Criminal Justice, and 12% were referred by Homelessness Services.

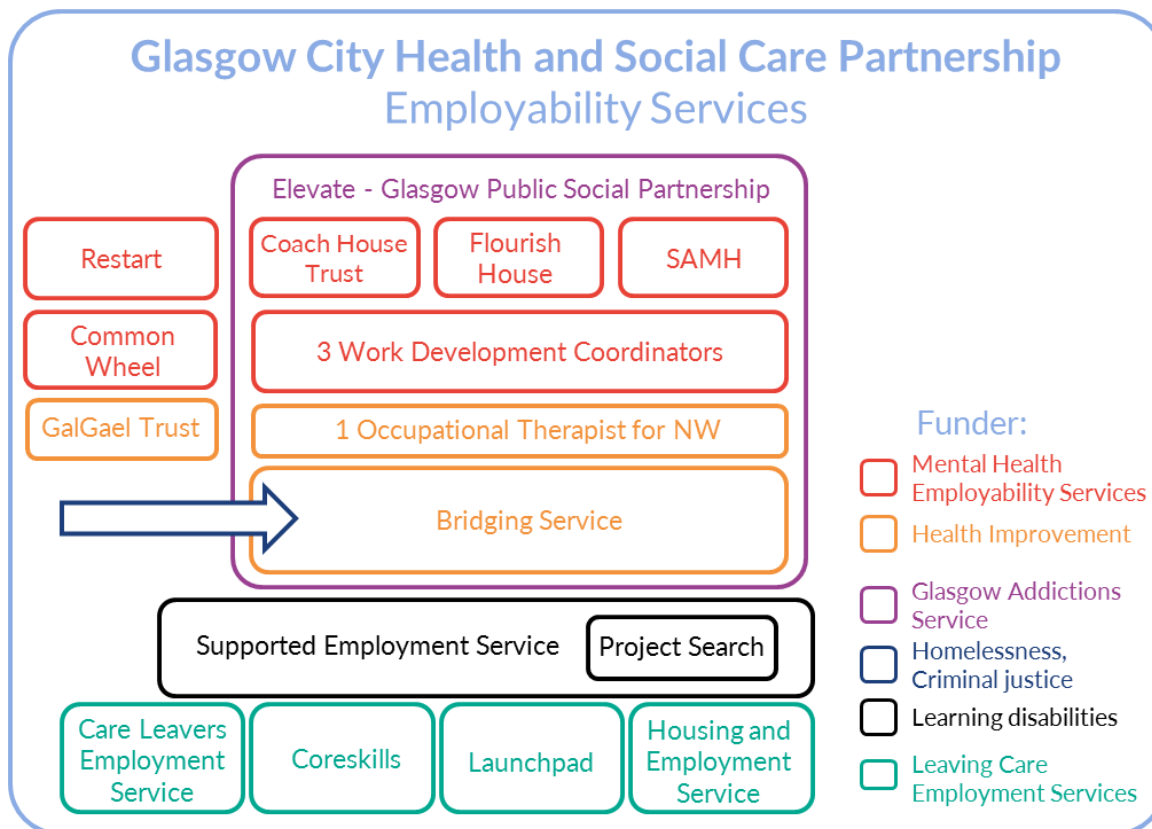


Figure 3. We have analysed 16 services. Funding and coordination is led by different departments within health and social care, generally based on client typology. Source: Rocket Science analysis of GHSCP employment service provided information

The rest of this chapter provides a brief outline of each service including their purpose and targets, type, duration and intensity of support provided, client numbers and their annual funding. Where information in tables is left blank this is because we have been unable to obtain this information from services.

## Health improvement services

### Bridging Service

The Bridging Service is the largest of the 16 services reviewed, supporting around 1000 clients per year. It was delivered by Jobs and Business Glasgow as an ESF match-funded project until 2014, when ESF funding stopped. Since then it has been funded by Jobs and Business Glasgow. At the time of writing, a bid has been successful for a future Bridging Service delivered by Momentum and funded by the NHS and ESF. We do not know yet how this will look but it is likely that there will be some changes to the service that are pointed out below.

Bridging Service as delivered by JBG targets unemployed people aged 16-65 who are engaging with Health, Social Work or commissioned services.<sup>5</sup> It offers client-

<sup>5</sup> Glasgow Centre for Population Health, Report on the Bridging Service (no date provided)

centred, holistic advice and one-to-one support. It aims to help clients progress into employment, education, training and voluntary work. Specific services include:

- Assessment
- Development of action plans
- One-to-one advice and guidance
- Personal development workshops
- Accredited training, literacy and numeracy courses
- Signposting towards financial, counselling and learning support services
- Job-search support
- Labour market information and guidance
- Business start-up advice
- In-work support and ongoing mentoring.<sup>6</sup>

Referrals come from a range of partners including criminal justice, homelessness services, mental health services, learning disability services, primary healthcare and children's services. The largest two referrers in 2015-2016 were Criminal Justice (29%) and Homelessness (12%) services.<sup>7</sup> These departments do not run similar exclusively employability services of their own.

The target client group of Bridging Service has been mainly defined by the referral sources of clients – as a result, a wide range of barriers are recorded amongst clients. 84% of clients have more than one barrier. Our understanding is that with the ESF-funded Bridging Service, the core client group will be increasingly determined by specific barriers faced, such as mental health.

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<sup>6</sup> Glasgow Centre for Population Health, Report on the Bridging Service (no date provided)

<sup>7</sup> Data provided by the Bridging Service

Table 1 Source: Rocket Science analysis of GHSCP employment service provided data

Target client group	Unemployed; ages 16-65; engage with health and social care services.
Characteristics of clients	Main barriers: long-term unemployment (55%); criminal record (50%); mental health condition (45%).  Majority (54%) have 2 to 4 barriers. 30% have 5 to 7 barriers.
Objectives	Progression into employment, education, training, voluntary work.
Approach & pipeline stages	Tailored one-to-one support.  Stages 1 to 5, greater focus on stages 2 to 4.
Duration & intensity of support	-
Scale of service	570 clients engaged in 2015-16; 1063 clients supported in total over the year.
GHSCP funding in 2015-16	£615,000 from Health Improvement.

## GalGael

GalGael Trust runs a programme of woodwork skills development known as 'Journey On' which targets a broad client group, encompassing people aged 16-65 living in South West Glasgow who have been unemployed for over 6 months. Clients are *'some of our most marginalised community members'*<sup>8</sup> and often face multiple barriers including addiction, mental health issues, homelessness and criminal justice records.

There is a recognition that many participants experience more than one of the above barriers and therefore have complex needs. The delivery plan points out that the organisation does not have *'the expertise to provide specialist supports and will [therefore] aim to work closely with the referrer to ensure that participants have the range of support they need.'*<sup>9</sup>

<sup>8</sup> GalGael Trust, Journey On Delivery Plan 2012-15

<sup>9</sup> GalGael Trust, Journey On Delivery Plan, 2012-15

The Journey On programme supports clients for a maximum of 24 weeks with multiple exit points at six-week intervals. It starts with basic woodwork and progressing onto production of craft products, boat building or timber processing. The core programme is complemented by other learning and personal development opportunities, and referrals to external organisations offering qualifications or development opportunities are made when appropriate.

*Table 2 Source: Rocket Science analysis of GHSCP employment service provided data*

<b>Target client group</b>	People aged 16-65 living in South West Glasgow who have been unemployed for over 6 months
<b>Characteristics of clients</b>	65% of 2015-2016 cohort had been unemployed for 3 years or more; 61% were on health related benefits such as ESA and 36% had no qualifications. Main barriers identified: mental health 51%, alcohol addiction 32% and criminal record 27%. <sup>10</sup>
<b>Objectives</b>	<p>'Support skills development through core activities</p> <p>Create opportunities for self-directed learning &amp; taking responsibility</p> <p>Support progression within &amp; outwith organisation</p> <p>Create a community that practices looking out for one another, collective responsibility &amp; social solidarity.'<sup>11</sup></p>
<b>Approach &amp; pipeline stages</b>	<p>Woodwork and craft skills workshops. Asset-based approach.</p> <p>Stages 1 to 3, focus on stages 2 (barrier removal) and 3 (vocational training).</p>
<b>Duration &amp; intensity of support</b>	Maximum 24 weeks, minimum 6 weeks. 16hrs/week.
<b>Scale of service</b>	101 clients engaged in 2015-2016; 127 clients supported in total over the year.
<b>GHSCP funding in 2015-16</b>	£24,000 from Health Improvement.

<sup>10</sup> GalGael Trust, Journey On Report 2015-16

<sup>11</sup> GalGael Trust, Journey On Report 2015-16

## Occupational Therapy

A full time Occupational Therapist and volunteer coordinator funded by the Health Improvement team in the North West of the city have been working alongside the Bridging Service for a number of years, offering specialist assessment and vocational rehabilitation for clients over a time limited period.

Therapeutic interventions offered by the OT service cover a wide range including anxiety management, confidence and self-esteem, or return to work/in-work support, as well as onward referrals to other services such as Financial Inclusion. Support is time-limited and consists of an average of 4 sessions of 45-60 min after which progress is reviewed.<sup>12</sup>

*Table 3 Source: Rocket Science analysis of GHSCP employment service provided data*

<b>Target client group</b>	Unemployed; ages 16-65; engage with health and social care services [same as Bridging Service].
<b>Characteristics of clients</b>	Clients with health, addictions and criminal justice issues. Diverse ranges and levels of need.
<b>Objectives</b>	Progression along employability pipeline.
<b>Approach &amp; pipeline stages</b>	Specialist assessment and vocational rehabilitation. Mainly stage 2 (barrier removal).
<b>Duration &amp; intensity of support</b>	Intervention consists of an average of 3-4 sessions of 45-60min each.
<b>Scale of service</b>	90 clients referred over an 18-month period between July 2014 and January 2016; 75 engaged.
<b>GHSCP funding in 2015-16</b>	£80,000 from Health Improvement.

<sup>12</sup> All of the information in this section has been extracted from an evaluation of the OT service provided.

## Mental Health Employability Services

Mental health employability services are the largest group of services – a total of 5 – and, in combination, have supported 937 clients over the last year.<sup>13</sup> An important distinction amongst them is that whereas IPS is clearly a strongly employability related service, other services focus more on ‘meaningful activity’, recovery and rehabilitation, and have less of an employability focus. Their approaches and focus are divided as follows:

- Structured day activity and recovery
- Arts and wellbeing activities
- Clubhouse model
- Individual Placement and Support (IPS).

### Restart

Restart is an NHS GGC in-house service offering structured day activity and recovery to clients with severe and enduring mental health conditions (users of Community Mental Health Teams and specialist mental health services; inpatients; and users of community and inpatient mental health forensic services).

It offers vocational training, workshops and meaningful activities in several locations throughout the city. Activities include computing, woodwork, picture framing and catering.<sup>14</sup>

Services span pre-employability ‘Treatment and recovery’ and stages 1 and 2 of the employability pathway, in which clients are not yet deemed ‘job ready’.

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<sup>13</sup> These, however, are not unique clients as some might engage with more than one service over the course of a year.

<sup>14</sup> <http://www.nhsggc.org.uk/your-health/health-services/the-restart-project/who-the-project-is-for/>

Table 4 Source: Rocket Science analysis of GHSCP employment service provided data

Target client group	Severe and enduring mental health conditions.
Characteristics of clients	High level of need; not 'job ready'.
Objectives	Promote recovery and rehabilitation Enhance life chances of service users Encourage inclusion and progression across the employability pathway.
Approach & pipeline stages	Structured day activity and recovery. Pre-employability support, stages 1 and 2.
Duration & intensity of support	-
Scale of service	322 clients referred in 2015-16.
GHSCP funding in 2015-16	£696,000

## Common Wheel

Common Wheel is an independent charity whose remit is partly to run a bike project targeted specifically at people with mental illness. It provides structured day activities with the aim of helping clients to combat isolation, learn new skills, improve their mental wellbeing and eventually moving closer to employment. Clients are referred from Community Mental Health Teams, GPs or third parties (such as private support workers or counsellors). The project was initiated by a local psychiatrist in 2001 and has been well established since, with regular NHS GGC funding.

The main activity is a 'Build your own Bike' course, a ten-week long course consisting of half-day, weekly sessions in two locations based in deprived areas of Glasgow: Maryhill and Bridgeton. In addition, there is also a bike sale and repair service where long-term clients volunteer with bike engineers. Around 120 people usually take part in the 'Build your Bike' course every year.

Common Wheel offers mainly support across stages 1 to 3 of the employability pipeline, as well as a range of non-employability related activities with ‘high need’ clients. Only the employability related services are considered in this review (for example, in terms of funding and numbers of clients supported).

*Table 5 Source: Rocket Science analysis of GHSCP employment service provided data*

<b>Target client group</b>	People with mental health difficulties.
<b>Characteristics of clients</b>	Varying range of diagnoses – from to common mental illness such as mild depressions to less common conditions such as schizophrenia or personality disorder – and needs. <sup>15</sup>
<b>Objectives</b>	Reduce isolation Learn new skills Improve mental wellbeing.
<b>Approach &amp; pipeline stages</b>	Structured day activity and recovery. Stages 1 to 3.
<b>Duration &amp; intensity of support</b>	Course is 10 weeks, 4hrs/week. Possibility to volunteer with organisation afterwards.
<b>Scale of service</b>	95 new clients engaged in workshops over 2015-16; 120 supported in total.
<b>GHSCP funding in 2015-16</b>	£39,219

<sup>15</sup> Information provided by Common Wheel.

## Flourish House

Flourish House is an independent charity which similarly accepts referrals from mental health services such as CMHTs or GPs. It offers end-to-end support, although most of its activity is concentrated in stages 1 to 3. Flourish House is unique in Glasgow in terms of its approach, which follows the Clubhouse Model - a standardised model of support for mental health recovery, based on:

- Involvement of members [as clients are referred to] in the strategic and operational running of the service, alongside staff
- An asset-based approach
- The concept of the 'work-ordered day', which *'must not include medication clinics, day treatment or therapy programs within the Clubhouse'*<sup>16</sup>
- Supporting members into training and development (Flourish House offers practical training in basic food hygiene, Heart Start Emergency First Aid and digital inclusion, and also refers members to further education colleges)
- Supporting members into the world of work
- No time limit to membership – sustaining a sense of community.

Stages 4 and 5 activity involves arranging paid work placements and in-work support. However, the scale of support at these stages is small in comparison with stages 1 to 3.

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<sup>16</sup> Flourish House, Social Return on Investment (SROI) analysis, 2014

Table 6 Source: Rocket Science analysis of GHSCP employment service provided data

Target client group	People with mental health difficulties.
Characteristics of clients	Over half of clients referred from CMHTs; some also referred by GPs, VCS and self-referral.  Around half from North West Glasgow.
Objectives	Gain a sense of wellbeing  Recover confidence and skills whilst achieving social, financial and vocational goals. <sup>17</sup>
Approach & pipeline stages	Clubhouse model.  Stages 1-5; greater focus on 1-3.
Duration & intensity of support	Approx. 50% are members for up to 2 years, with the other 50% being members for more. No time limit to membership (some members for 15 years). On average a member attends for 3.1 hrs per visit and visits 3.5 times per month.
Scale of service	97 new clients engaged in 2015-16; 285 supported in total.
GHSCP funding in 2015-16	£250,000

## Scottish Association for Mental Health (SAMH)

SAMH is a charity commissioned by NHS GCC to run an Individual Placement and Support (IPS) service, a service which focuses strongly on employment and targets clients with severe and enduring mental health issues who want to work.

The IPS Model of Supported Employment has 7 key principles:

- *“Competitive Employment is the primary goal*
- *There is no selection on the basis of ‘employability’ or ‘work readiness’ - everyone who wants to work is eligible for employment support*
- *Job search is consistent with individual preferences*
- *Job search is rapid – beginning within one month*

<sup>17</sup> Flourish House SROI Report, 2014.

- *Employment support and clinical health treatments are integrated*
- *Support is individualised and available to both employer and employee but is not time limited*
- *Financial inclusion is a crucial element which supports the person in the transition from welfare to work.*<sup>18</sup>

The IPS service consists of managers and 3 IPS workers (increasing from 2 before April 2015), working in co-location with Community Mental Health Teams.

IPS covers the 5 stages of the employability pipeline, with a stronger focus on stages 2 to 5.

*Table 7 Source: Rocket Science analysis of GHSCP employment service provided data*

<b>Target client group</b>	People with severe and enduring mental health issues, who want to work.
<b>Characteristics of clients</b>	Referred by Community Mental Health Teams. Over half from South Glasgow. Over half aged 26 to 49.
<b>Objectives</b>	Competitive and sustainable employment for clients using IPS principles.
<b>Approach &amp; pipeline stages</b>	Integrated Placement and Support. All 5 stages; stronger focus on stages 2 to 5.
<b>Duration &amp; intensity of support</b>	Most common duration is 12-18 months: 6-9 months prior to job entry and 8-9 months afterwards. However, large variation. Face-to-face support is a 1hr session/week if clients are feeling well.
<b>Scale of service</b>	88 new clients engaged in 2015-16; 98 supported in total over the year.
<b>GHSCP funding in 2015-16</b>	£116,000

## The Coach House Trust

The remit of the Coach House Trust has evolved over time: away from an exclusive focus on clients with mental health issues – it started in 1998 in response to the closure of Mental Health wards – towards a wider group of

<sup>18</sup> NHS Greater Glasgow and Clyde, Specification for Individual Placement and Support, 2016

marginalised and ‘hard to reach’ clients: clients facing mental health, addictions and homelessness issues; and clients with learning or physical disabilities.

The focus has moved towards earlier stages of the employability pipeline, as the organisation no longer receives ESF funding for an employability programme, and as the types of clients being referred have more complex needs. Hence the emphasis is less on securing employment outcomes for clients as on other outcomes such as further education or training, volunteering and positive activity.<sup>19</sup>

The Coach House Trust offers structured workshops in: art; gardening; computing, film & animation; healthy eating, diet & nutrition; and music. Support is provided in 12-week blocks with multiple exit points throughout the year. This structure has been adopted to encourage progression through the service, as it was previously found that many clients used to remain relatively static.<sup>20</sup>

Many clients now receive Self-Directed Support [SDS] funding which they increasingly use to self-fund workshops. Other clients without SDS funding are referred by NHS agencies (predominantly Community Mental Health Teams) or Glasgow City Council Social Work and can access services through additional funding from the Glasgow Health and Social Care Partnership.

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<sup>19</sup> Based on an interview with the project

<sup>20</sup> Based on an interview with the project

Table 8 Source: Rocket Science analysis of GHSCP employment service provided data

Target client group	<i>'People aged 16 and over who have experienced exclusion from mainstream society and who are looking to improve their employability'<sup>21</sup></i>
Characteristics of clients	Most common barriers faced: mental health difficulties; addictions; homelessness; learning or physical disabilities.
Objectives	Promote social and economic inclusion. <sup>22</sup>
Approach & pipeline stages	Arts and wellbeing. Mainly stages 1 to 3.
Duration & intensity of support	12-week blocks with multiple exit points throughout the year. Average duration of support is 2.5 years.
Scale of service	83 clients supported in 2015-16; 23 referrals from mental health.
GHSCP funding in 2015-16	£171,057

## Work Development Service

The Work Development service consists of 3 Work Development Coordinators in the North East, North West and South of Glasgow who provide specialist employability support to clients with mental health difficulties.

It is a case management service which acts as a conduit between NHS mental health services and employability services, providing one-to-one support and signposting/referral to other sources of support or education/training. Clients are referred by Community Mental Health Teams and many will be then referred to other employability services, although the data for onwards referrals is not complete enough to arrive at a total figure. For one of the regions 60% of clients referred to work development over a year were referred to specialised employability organisations. A flow-chart showing pathways from work development onto other services is included in Appendix 1.

<sup>21</sup> The Coach House Trust Newsletter, issue 13 Summer 2016

<sup>22</sup> The Coach House Trust Newsletter, issue 13 Summer 2016

Table 9 Source: Rocket Science analysis of GHSCP employment service provided data

Target client group	<i>'Clients who experience severe and enduring mental health difficulties and who are motivated to engage with the employability pathway'.<sup>23</sup></i>
Characteristics of clients	Main barrier is mental health problems often alongside other barriers such as: poor physical health, learning disabilities, addictions, low literacy and numeracy skills.
Objectives	Act as a conduit between NHS and employability services  Promote recovery and increase access to vocational and employment opportunities including paid work for people with mental health issues. <sup>24</sup>
Approach & pipeline stages	Case management. One-to-one support, signposting and referrals.
Duration & intensity of support	Not available.
Scale of service	3 WD Coordinators across the city. 194 clients referred in 2015-2016; 171 files closed in that period.
GHSCP funding in 2015-16	£120,000

## Learning Disabilities

### Supported Employment Service (SES)

SES started in 2009 and provides a mainstream supported employment service to clients aged 16 to 65 who have a learning disability or autism. SES is also a partner in Project Search, which is a much more narrowly targeted supported employment programme for young people with learning disabilities or autism.

<sup>23</sup> Information provided by Work Development Coordinator

<sup>24</sup> Information provided by Work Development Coordinator

SES provides end-to-end support, including in-work support, and intensive job coaching, with no more than 12-15 clients per coach. The service employs a service manager and 6 job coaches (although one is devoted to project Search).

SES is clearly employment orientated, as stated by the service manager: *‘The sole aim of the service is to support people with learning disabilities into full time paid employment (over 16 hours / week). To this end the service signposts clients to more appropriate services if it becomes apparent that it’s not a full time job they want.’*

It follows the Supported Employment Process which can be matched onto the Strategic Skills pipeline. While the activities at each stage are broadly similar, the time taken at each stage and the number of hours spent with clients – particularly it is greater for vocational profiling and job coaching phases in the Supported Employment Process.

SES receives referrals from a wide range of sources, including:

- Social Work Department
- Jobcentre Plus
- Voluntary organisations
- FE colleges
- Skills Development Scotland
- Jobs and Business Glasgow
- Self-referral.<sup>25</sup>

Table 10 Source: Rocket Science analysis of GHSCP employment service provided data

<b>Target client group</b>	Individuals with learning disabilities and/or autism
<b>Characteristics of clients</b>	In addition to having a disability, clients often have few or no qualifications, little or no work experience, come from a household where expectations of them getting a job are low, and face low expectations by employers of what they are capable of achieving in the workplace.
<b>Objectives</b>	Support clients into full-time paid employment.
<b>Approach &amp; pipeline stages</b>	End-to-end; intensive job-coaching.

<sup>25</sup> VIA Scotland, Glasgow City Council Supported Employment Service Evaluation, 2014.

	Stages 1-5 of Supported Employment Process / Employability Pipeline.
Duration & intensity of support	Not available.
Scale of service	92 clients were supported in total in 2015-2016.
Targets / actual figures for 2015-16	
GHSCP funding in 2015-16	£275,000 from Social Work.

## Project Search

Project Search is a franchised model – delivered around the world in over 400 sites – involving an intensive, year-long programme of barrier removal and work experience delivered wholly within a partner (a host business)’s premises. Each Project Search programme must involve, at least, three partners:

- A Supported Employment provider
- A host business
- A College.

Two programmes have been running in Glasgow for the last two years – involving Strathclyde College and the NHS Victoria Infirmary as hosts and a cohort of 10-12 people per site. The model and daily routine is shown in Figure 4 below.

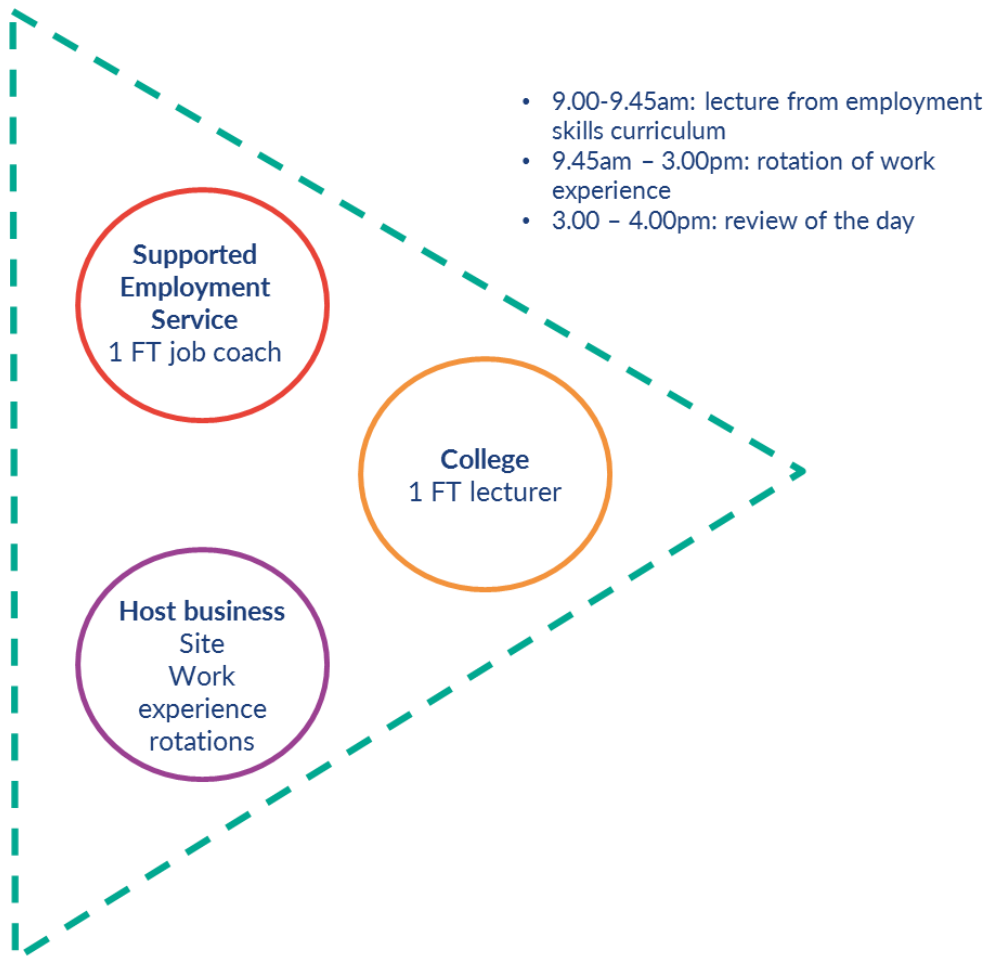


Figure 4. Project Search model. Source: Rocket Science analysis of GHSCP employment service provided information

Project Search is targeted at young people (aged 18 to 25) with learning disabilities and/or autism. It focuses on stages 2 and 3 of the Supported Employment Process (vocational profiling and job searching/finding), with a small component of stage 4 (employer engagement). Support is intensive – involving 35 hrs/week over 11 months – and it aims to claim higher job outcome rates than most employability programmes, at 60%.

However, as the SES manager recognises, not everyone will be suitable for Project Search. Participation requires clients to be able to travel independently, and to be able to be in the host’s premises from day one. As such it is more of a ‘final polish-up’.

Table 11 Source: Rocket Science analysis of GHSCP employment service provided data

<p><b>Target client group</b></p>	<p>Individuals aged 18-25 with learning disabilities and/or autism, who are sufficiently independent/job-ready.</p>
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<b>Characteristics of clients</b>	Able to engage with an intensive, one-year programme.
<b>Objectives</b>	Increase job outcomes amongst this client group – target is 60%.
<b>Approach &amp; pipeline stages</b>	Training/education and work placements.  Focus on vocational profiling and job search; stages 2-3 of Supported Employment Process / 3-4 of employability pipeline.
<b>Duration &amp; intensity of support</b>	35 hrs/week for 11 months.
<b>Scale of service</b>	22 clients per year over the past two years.
<b>Targets / actual figures for 2015-16</b>	
<b>GHSCP funding in 2015-16</b>	SES contribution is £38,232.

## Leaving Care Employability Services

Leaving Care Employability Services consist of 4 highly-integrated services which offer seamless, holistic support to young care leavers in Glasgow across the five stages of the employability pipeline (132 care leavers received support in 2014-2015 and 188 in 2015-2016). All 4 services are delivered by Social Work and managed by a Senior Officer. Leaving Care Employability Services is a model of support that specifically targets care leavers. Being placed within Social Work, it can link up with the broader context of support around each client. Moreover, by providing end-to-end support and case management throughout, it is able to develop long-term relationships with clients over time. Figure 5 and Figure 6 below show how the four services sit along the employability pipeline, and an example of an “ideal” progression through them – although in reality not all progressions will be linear.

<b>Employability Pathway</b>	<b>Engagement, Assessment and Referral</b>	<b>Needs Assessment and Barrier Removal</b>	<b>Vocational Activity</b>	<b>Employer Engagement and Job Matching</b>	<b>In-Work Support and Aftercare</b>
<b>CLES</b>	Case management and one-to-one support				

CLES Coreskills					
Launchpad					
HES					

Figure 5. Main areas of service activity along the five stages of the employability pipeline. [Source: Leaving Care Services Annual Report, 2015-2016].

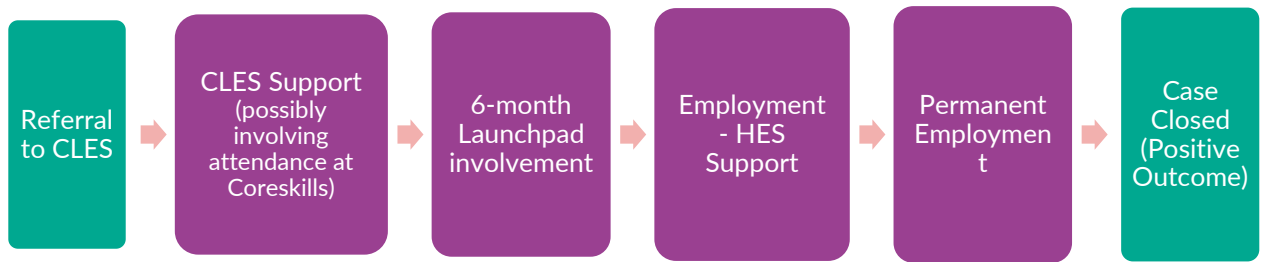


Figure 6 Glasgow City Health and Social Care Partnership – Evaluation of Employment Services. 'Ideal' progression through the 4 services and into sustainable work. [Source: Leaving Care Services Annual Report, 2015-2016].

### Care Leavers Employment Service

The Care Leavers Employment Service (CLES) offers case management across all 5 stages of the pipeline, often with the same case manager throughout the process ensuring continuity of the client-adviser relationship. CLES works in partnership with other organisations supporting this specific client group, such as + Activity Agreement team, Action for Children Transitions, and SDS Work Coaches, through a joint referral and allocation process. It also has a service level agreement with 3 Glasgow colleges to 'identify appropriate supports to care leavers attending college courses.'<sup>26</sup>

<sup>26</sup> Leaving Care Services Annual Report, 2015-2016

Table 12 Source: Rocket Science analysis of GHSCP employment service provided data

Target client group	Young people leaving care (aged 15 – 24) in Glasgow.
Characteristics of clients	Main barriers amongst a sample of 40 are: lack of work experience; mental health; alcohol/substance misuse; homelessness; a criminal record; and poor literacy/numeracy skills. 95% of sample face 2 or more barriers.
Objectives	<i>'To support, motivate and advocate on behalf of the young adults through their transition from education and/or into the workplace.'</i> <sup>27</sup>
Approach & pipeline stages	Case management. Stages 1-5.
Duration & intensity of support	Average duration is about 6 months, however, longest duration is up to 6 years for one client.
Scale of service	132 clients supported in 2015-2016.
GHSCP funding in 2015-16	£224,300

## CLÉS Coreskills

CLÉS Coreskills is delivered in partnership with Glasgow Kelvin College. It is a flexible, 50 week-per-year, 3 days per week development programme teaching literacy, numeracy and ICT skills. It covers mainly stage 2 of the employability pipeline (needs assessment and barrier removal). 69 care leavers received Coreskills support in 2015-2016, of which 25 received SQA qualifications up to intermediate 2 level.<sup>28</sup>

<sup>27</sup> Information provided by service manager

<sup>28</sup> Leaving Care Services Annual Report, 2015-2016

Table 13 Source: Rocket Science analysis of GHSCP employment service provided data

<b>Target client group</b>	Young care leavers on their employability journey (already supported by CLES) wishing to improve literacy/numeracy skills.
<b>Characteristics of clients</b>	Broadly same as for CLES.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To provide a positive experience of learning to counteract young care leavers' previous negative experience of compulsory education.</li> <li>2. To provide a weekly 'classroom' structure that enables young care leavers to gain essential core skills required to enter and progress in the world of work.</li> <li>3. To provide flexible literacies service using a learner-centred approach that enables young care leavers to achieve SQA qualifications up to Intermediate 1 levels that will assist them in assessing employment, further education and training opportunities.<sup>29</sup></li> </ol>
<b>Approach &amp; pipeline stages</b>	Barrier removal and core skills training. Stage 2 (needs assessment and barrier removal).
<b>Duration &amp; intensity of support</b>	3 classes per week, available 50 weeks per year.
<b>Scale of service</b>	69 clients supported in 2015-2016.
<b>GHSCP funding in 2015-16</b>	£27,000

## Launchpad

Launchpad is a targeted employability training programme that was match-funded by ESF from July 2016 to December 2018. It is a 26-week programme of 30hrs/week support, mostly spent on work placements. The Launchpad keyworker coordinates a package of holistic supports from referring employability workers, social work case managers, carers and any other adults supporting the young person.

<sup>29</sup> Information provided by service manager

The Launchpad programme involves active employer engagement to organise work placements possibly leading to employment, such as through the Commonwealth Apprenticeship Initiative.<sup>30</sup>

Table 14 Source: Rocket Science analysis of GHSCP employment service provided data

Target client group	Young care leavers on their employability journey.
Characteristics of clients	Broadly same as for CLES, but closer to labour market.
Objectives	Access and sustain employment.
Approach & pipeline stages	Key-work, work placements. Stages 2 to 4.
Duration & intensity of support	30 hrs/week, until a job outcome or maximum 26 weeks.
Scale of service	40 clients supported in 2015-2016.
GHSCP funding in 2015-16	£184,098 as no ESF match-funding.

## Housing and Employment Service

The **Housing and Employment Service (HES)** provides employer engagement, job matching support and in-work support to both care leavers and their employers, with the explicit aim of sustaining employment. It also offers employers a subsidy if they take on a case leaver. HES sources 'sympathetic employers' and has established relationships with a range of organisations in sectors such as construction, manual work, social care, leisure, retail, hospitality, mechanics and horticulture. People who are assessed as 'work-ready' in other Leaving Care Employability Services can be referred to HES for mainly stage 4 and stage 5 support.<sup>31</sup>

<sup>30</sup> LCS Employability Services Activity Apr 2015 – Mar 16

<sup>31</sup> LCS Employability Services Activity Apr 2015 – Mar 16

Table 15 Source: Rocket Science analysis of GHSCP employment service provided data

Target client group	Young care leavers who have already secured employment or are deemed 'work ready'.
Characteristics of clients	Ready to work.
Objectives	Sustainable employment
Approach & pipeline stages	Mainly in-work support to client and employer. Mainly stage 5.
Duration & intensity of support	Average engagement is about a year. Intensity varies with needs of clients.
Scale of service	47 clients received in-work support in 2015-2016.
GHSCP funding in 2015-16	£149,600

## NHS Addictions Employability Services

### Elevate – Glasgow

Elevate Glasgow is a new Public Social Partnership – a partnership between the public sector and the voluntary and community sector (CVS) – that launched in February 2016. It is led by the Glasgow Council on Alcohol, but managed by the NHS Addictions Service. It has 39 partners, including: specialist employability organisations, major employability companies such as Momentum, Wise Group, Working Links, Shaw Trust; and other organisations like colleges and both Celtic FC and Rangers FC.

The budget assigned from the Alcohol and Drugs Partnership is £200,000 for 18 months. However, Elevate draws on the further resources of its partners to whom clients are referred for support.

Elevate aims to engage a minimum of 174 individuals per year, offering them unpaid placements of 15hrs/week, which are linked to accredited qualifications. The PSP is currently negotiating with DWP to ensure that participants will not lose entitlement to out-of-work benefits as a result.

Mentorship is a core part of the Elevate programme, reflecting its central part in addictions recovery. It is currently delivered by volunteers who gain a qualification in mentorship as part of the programme, with a long-term vision to pay mentors.

Elevate has grown out of an employability programme run by the NHS Glasgow Addictions Service between 2012 and 2015. The main reasons given for adopting a PSP model are to:

- Reach more clients at the same cost to the Addictions Service
- Avoid duplication by joining up better
- Take into account that most clients have multiple barriers as well as substance misuse, such as mental health problems
- Have greater ability to leverage funding from external sources
- Gain a strategic overview of employability activity
- Have more ability to negotiate with high-level bodies – such as DWP or the Scottish Government.

Table 16 Source: Rocket Science analysis of GHSCP employment service provided data

Target client group	Individuals in recovery from alcohol or substance misuse.
Characteristics of clients	Main barriers are a criminal record, mental health issues, and long-term unemployment. Most individuals in recovery are between 30 and 50 years old and do not therefore meet the criteria for youth funding. <sup>32</sup>
Objectives	<i>'To improve employment opportunities for individuals with multiple barriers through partnership working and using resources more effectively to develop new programmes.'</i> <sup>33</sup>
Approach & pipeline stages	Mentoring programme; referrals to 39 partner organisations for support along the journey; work placements.  Stages 1 to 5.
Duration & intensity of support	Duration of support is of approximately 2 months prior to placements and a variable amount afterwards, depending on clients' needs. Placements are 15hrs/week.
Scale of service	Aims to support c 174 clients per year.

<sup>32</sup> Elevate – Glasgow PSP briefing paper.

<sup>33</sup> Elevate leaflet

Targets / actual figures for 2015-16	
GHSCP funding in 2015-16	£133,333 from ADP.

## GAS employability programme

The precursor to Elevate was a small-scale employability programme run by the Glasgow Addictions Service between 2012 and 2015, which provided paid, full-time placements for 10 people per year to work towards the attainment of a SVQ in health & social care.

Outcomes were very positive with 87% of clients sustaining full-time employment, primarily in the care sector – now supporting vulnerable adults with addiction and mental health issues. *'This has had a very positive impact within the recovery communities with successful candidates acting as role models for others moving into recovery and employment.'*<sup>84</sup> A key factor of the success, according to programme managers, was peer support and mentorship.

Elevate seeks to roll out this programme, expanding the yearly cohort and the range of placements and supports, at the same cost to the Addictions Services by pooling resources from a wide range of partners.

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<sup>34</sup> Elevate PSP briefing

Table 17 Source: Rocket Science analysis of GHSCP employment service provided data

<b>Target client group</b>	Individuals in recovery from alcohol or substance misuse.
<b>Characteristics of clients</b>	Main barriers are a criminal record, mental health issues, and long-term unemployment. Most individuals in recovery are between 30 and 50 years old and do not therefore meet the criteria for youth funding. <sup>35</sup>
<b>Objectives</b>	Sustained employment in the health and social care sectors.
<b>Approach &amp; pipeline stages</b>	Mentorship and key work; paid work placements.  Stages 1 to 5.
<b>Duration &amp; intensity of support</b>	Duration of support is of approximately 2 months prior to placements and a variable amount afterwards, depending on clients' needs. Placements are 37.5hrs/week for 38 weeks.
<b>Scale of service</b>	10 in each yearly cohort.
<b>Targets / actual figures for 2015-16</b>	
<b>GHSCP funding in 2015-16</b>	£133,333.

<sup>35</sup> Elevate – Glasgow PSP briefing paper.

## Chapter 4 Service mapping

This Chapter contains our service mapping for the Partnership's employment services. This mapping looks at the 16 services as a whole in order to understand:

- The spread of services across the Strategic Skills Pipeline
- The spread of clients across various areas of support needs
- The spread of services geographically across Glasgow and how these match the areas of deprivation.

### Analysis of services against the Strategic Skills Pipeline

The Strategic Skills Pipeline (the pipeline) is a widely recognised model for planning, organising and commissioning employability services in Scotland. It has five 'Stages':

- Stage 1 Engagement, Assessment and Referral which is about engaging with individuals to help them on a path to employment
- Stage 2 Needs Assessment and Barrier Removal to address a client's barriers to employment
- Stage 3 Vocational Activity which builds specific vocational skills through training and job search advice
- Stage 4 Employer Engagement and Job Matching to arrange placements, helping clients to search and apply for jobs, and matching clients with job opportunities
- Stage 5 In Work Support and Aftercare which helps clients to sustain their employment and progress in their career after the client has obtained employment.<sup>36</sup>

Stage 1 looks to reach out to those not currently considering employment, with activities very specifically linked to starting the clients journey to employment, including identifying and assessing needs, and creating a Personalised Action Plan.<sup>37</sup>

The pipeline was originally designed as a way of helping funders to align their funding and local partners to profile their overall spend and the extent to which this reflected the preferred profile. It less appropriate to use it to describe an individual's journey towards employment, particularly those facing both health and

<sup>36</sup> Employability in Scotland. <http://www.employabilityinscotland.com/employability-pipeline/the-employability-pipeline/>

<sup>37</sup> Employability in Scotland. <http://www.employabilityinscotland.com/employability-pipeline/the-employability-pipeline/>

employability issues. Individuals are likely more likely to receive support from multiple stages simultaneously, skip stages, or jump forward and back across the pipeline services multiple times before obtaining and retaining employment. However, the pipeline is a powerful tool for policy makers, service designers, providers and commissioners as a way to plan and understand the nature and spread of their services in a region.

Figure 7 outlines the number of services that the Partnership offers at each Stage of the Strategic Skills Pipeline. Where services offer more than one Stage this is recorded against each Stage. For example, the Bridging Service provides support across Stages 1 – 5 and will therefore be counted in the tally under each Stage. In addition to the five stages we also recorded how many of the services explicitly offer case management – ie take responsibility for coordinating the client’s access to a range of services and activities across and outwith employability services.

Stages 1 and 2 are offered by the largest number of services with 13 of the 16 services providing Stage 1 and 14 of the 16 services providing Stage 2 support. If you were to compare this with a similar map for a set of employability services that wasn’t specifically targeted to those with health and care needs, you would expect to see Stage 3 to be much larger, and probably Stage 2 to be smaller. The larger Stages 1 and 2 in Partnership provision is what we would expect given the needs of their client group, many of whom won’t be ready for vocational activity, or that skill gaps aren’t the key barrier to employment facing clients.

Pipeline Stages	Number of organisations/services
Case management	10
Stage 1 Activities	13
Stage 2 Activities	14
Stage 3 Activities	12
Stage 4 Activities	12
Stage 5 Activities	10

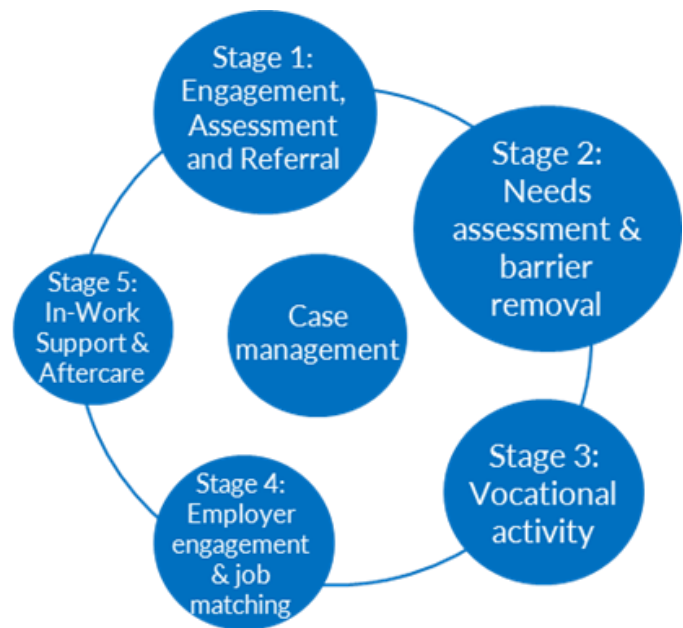


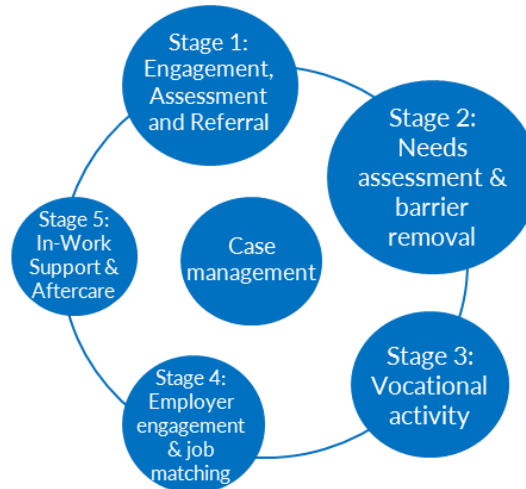
Figure 7. Stage 1 and 2 activities are offered by the largest number of services. Source: Rocket Science analysis of GHSCP employment service provided data

Figure 8 overleaf shows a further breakdown of the Partnerships services against the Strategic Skills Pipeline. This figure breaks down the various activities at each

Stage. For example, 15 of the 16 services offer Stage 2 Confidence Building activities, while 5 services offer Financial Advice and Support.

Pipeline Stage	Activity	Number of Organisations / Services
Stage 5	Careers Information Advice and Guidance (including labour market intelligence and interview preparation)	6
Stage 5	Supported Employment	5
Stage 5	Occupational Health and Wellbeing Support	8
Stage 5	Vocational Rehabilitation	3
Stage 5	Skills Development	3
Stage 5	Redundancy Support	2
Stage 5	Self-Employment and Enterprise Support	2
Stage 5	Other - Financial Advice and Support	5
Stage 5	Other - Employer Incentive	2
Stage 5	Other - Modern Apprenticeships	0
Stage 5	Unspecified In-Work Support	8

Pipeline Stage	Activity	Number of Organisations / Services
Stage 1	Outreach activities (includes social inclusion)	5
Stage 1	(Services to enable) Self-Referral (eg, online resource, walk-in centre)	5
Stage 1	Identification and assessment of needs	11
Stage 1	Development of Personalised Action Plans	11



Pipeline Stage	Activity	Number of Organisations / Services
Stage 4	Careers Information Advice and Guidance (including labour market intelligence and interview preparation)	8
Stage 4	Employer Engagement	8
Stage 4	Job Search Support (including IT support, CV support, application process)	10
Stage 4	Job Matching and Brokering	8
Stage 4	Self-Employment and Enterprise Support	4

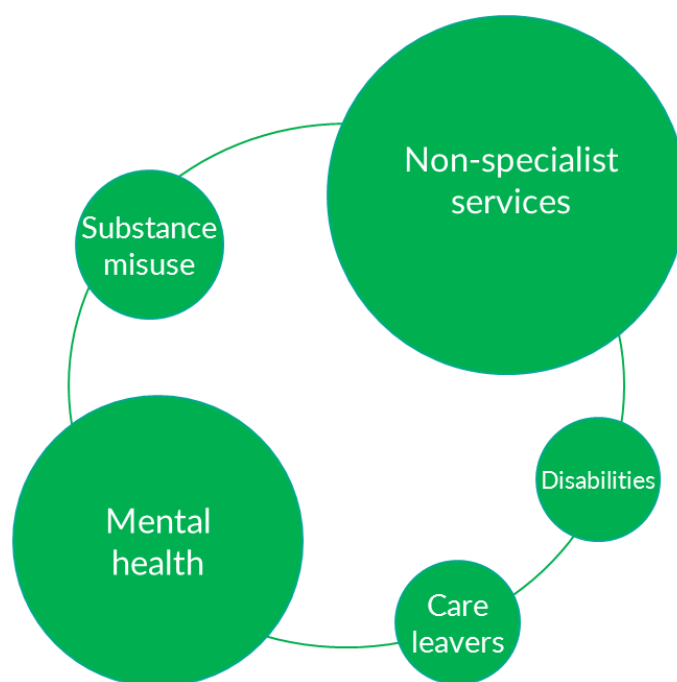
Pipeline Stage	Activity	Number of Organisations / Services
Stage 3	Employability Skills Development	10
Stage 3	Vocational Training	5
Stage 3	Work Experience	6
Stage 3	Volunteering	6
Stage 3	Self-Employment and Enterprise Support	3

Pipeline Stage	Activity	Number of Organisations / Services
Stage 2	Confidence Building	15
Stage 2	Vocational Rehabilitation	5
Stage 2	Careers Information Advice and Guidance (including labour market information)	9
Stage 2	Financial Advice and Support	5
Stage 2	Improving Health & Wellbeing	8
Stage 2	Peer Support & Mentoring	5
Stage 2	Literacy [Original SSP]	6
Stage 2	Other - Digital literacy	7
Stage 2	Other Barrier Removal - CRB checks, childcare, clothing, bank account, costs for transport...	5
Stage 2	Other - counselling	2
Stage 2	Other - advocacy	1
Stage 2	Other - holistic support	6
Stage 2	Other - "Stage 2 Volunteering"	6

Figure 8. Service map - outside tables show number of projects **directly** offering specific activities at each stage of the employability pipeline. Source: Rocket Science analysis of GHSCP employment service provided data

## Analysis of services by client typology

Most of the Partnership's employability services are targeted to clients according to their specific category of need, although it is noted that many clients have needs that cross multiple areas. For example, a single client could have support needs for mental health, substance misuse and also have a criminal conviction. However, for the most part services are targeted at a specific client group such as mental health, disabilities, or care leavers. Figure 9 below outlines the proportion of client numbers that fit into each of the targeted services.



*Figure 9. Non-specialist health and social care employability services (mainly the Bridging Service) engage the greatest number of clients every year, followed by mental health employability services. Source: Rocket Science analysis of GHSCP employment service provided data*

The vast majority of the clients categorised as receiving support from non-specialist services are from the Bridging Service. Of the nearly 1000 clients that they supported in 2015/16:

- 46% have a criminal conviction
- 46% have a history of substance (including alcohol) misuse
- 43% have a mental health condition
- 19% have a disability or impairment
- 14% have a physical illness.

## Financial analysis of the services

The GCHSCP spends £3.12m per annum on their employability programmes. This represents around 4% of the employability funding in Glasgow City. That estimate is based on the Cambridge Policy Consultant's report which estimated that around £533m is spent each year on employability support in Scotland.<sup>38</sup> The employability spend in Scotland is likely to be lower than the £533m estimate, which is based on data from 2012/13 as Work Programme and Work Choice programmes will be replaced by a new national programme with a lot less funding. Work Programme and Work Choice in 2012/13 was around £50m in Scotland<sup>39</sup>, with the new replacement programme likely to be around £30m over three years. This means that the HSCP's spend as a proportion of total spend in Glasgow is likely to increase.

### Analysis of funding by project

Figure 10 below shows the funding per project in 2014-2015 and 2015-16, as well as the project funding contributed by funders other than the Partnership. The Restart service and Bridging Service represent 22% and 20% of the £1.14m annual Partnership funding respectively. Four of the 16 projects receive funding from outwith the Partnership equating to £0.36m in 2015-16.

<sup>38</sup> Cambridge Policy Consultants (2014) Review of the Allocation to Employability Resources in Scotland, Final Report. Last accessed at [http://www.employabilityinscotland.com/media/473005/sef\\_-\\_employability\\_research\\_-\\_cambridge\\_policy\\_consultants\\_-\\_final\\_report\\_-\\_november\\_2014.pdf](http://www.employabilityinscotland.com/media/473005/sef_-_employability_research_-_cambridge_policy_consultants_-_final_report_-_november_2014.pdf) on 7 September 2016

<sup>39</sup> Cambridge Policy Consultants (2014) Review of the Allocation to Employability Resources in Scotland, Final Report. Last accessed at [http://www.employabilityinscotland.com/media/473005/sef\\_-\\_employability\\_research\\_-\\_cambridge\\_policy\\_consultants\\_-\\_final\\_report\\_-\\_november\\_2014.pdf](http://www.employabilityinscotland.com/media/473005/sef_-_employability_research_-_cambridge_policy_consultants_-_final_report_-_november_2014.pdf) on 7 September 2016

### Total GHSCP and match funding

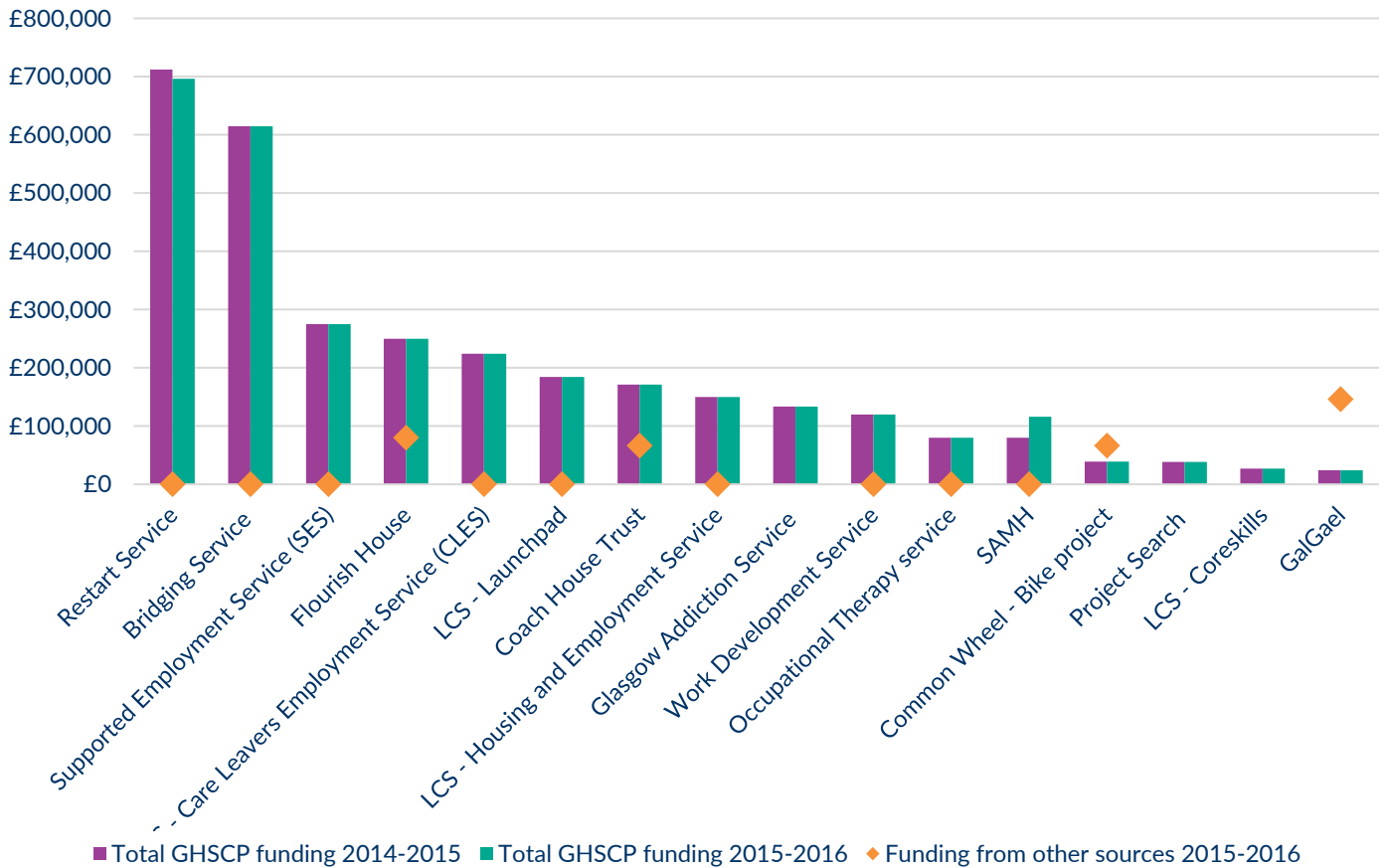


Figure 10 Total annual funding per service, including funding from other sources – We do not have enough information to determine how many resources ‘in kind’ the other partners in Project Search, Elevate and CLES Coreskills contribute. Source: Rocket Science analysis of GHSCP employment service provided data

Figure 11 outlines the funding per client supported in 2015-16. As well as the percentage of the project’s funding that has come from other sources. In GalGael’s case, the Partnership funding is able to leverage further funding that equates to 86% of the total project fund, with the Partnership contributing the remaining 14%. The Launchpad and Housing and Employment Service appear to be the most intensive services in terms of investment, with GalGael, Common Wheel and Bridging Service all showing a lighter touch of investment per client through their services.

One thing to note is that the four LCS services act as a pipeline towards employment and therefore clients are likely to use all four services in order to obtain employment. When added together, the investment in a single client through that pipeline of services is around £9,876 in total on average.

Service	GHSCP funding per client supported in 2015-2016	% Funding from other sources
LCS - Launchpad	£4,602	0%
LCS - Housing and Employment Service	£3,183	0%
Supported Employment Service	£2,989	0%
Restart Service	£2,161	0%
Coach House Trust	£2,061	41%
Project Search	£1,738	Unknown
LCS - Care Leavers Employment Service	£1,699	0%
Occupational Therapy service	£1,067	0%
SAMH	£913	0%
Flourish House	£877	24%
Elevate Glasgow	£766	Unknown
Work Development Service	£706	0%
Bridging Service	£579	0%
LCS - Coreskills	£391	Unknown
Common Wheel	£327	63%
GalGael	£189	86%

Figure 11. Funding per client of the services analysed, alongside the percentage of funding from other sources. We do not have enough information to determine how many resources 'in kind' the other partners in Project Search, Elevate and CLES Coreskills contribute. *Source: Rocket Science analysis of GHSCP employment service provided data*

## Analysis of funding by type of client

Figure 12 below compares the client numbers with the budgets for each type of client. While non-specialist services have the most clients, mental health has a larger budget overall. Care leavers has a reasonably large budget for the proportion of clients that they have – with a budget on par with the non-specialist services. This indicates that services targeting those with mental health, care leavers and those with disabilities have a more intensive investment in clients than the non-specialist services, which by comparison provide a lighter touch service.

Further investigation of these services may reveal a difference in costs due to varying degrees of service efficiency, although we have not found obvious service efficiency differences through our limited analysis of this area.

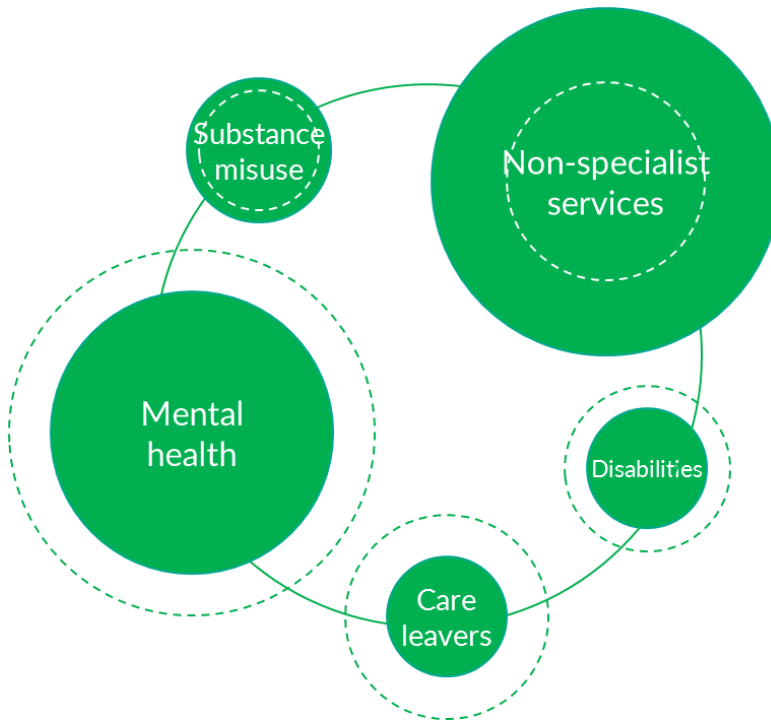


Figure 12. However, mental health employability services have the largest total budget. Source: Rocket Science analysis of GHSCP employment service provided data

Figure 13 outlines the client type breakdown in more detail, including a funding per client. This shows that the most intensive services in terms of investment appear to be the services targeted at those with disabilities, followed closely by services targeted at care leavers.

Client group	Number of projects	Total clients engaged p.a.	Total funding p.a.	Funding per client
Non-specialist services	3	1202	£676,571	£562.87
Learning disabilities/autism	2	114	£375,000	£3,289.47
Care leavers	4	217	£584,998	£2,695.84
Substance misuse	1	174	£200,000	£1,149.43
Mental health	6	896	£1,564,057	£1,745.60

Figure 13. Funding per client is greatest for clients with learning disabilities/autism and care leavers services. Source: Rocket Science analysis of GHSCP employment service provided data

## Geographical equity impact analysis

In order to understand the geographical reach of the services we mapped these onto a map of Glasgow. This can be seen in Figure 14 overleaf. The darker the blue, the more clients in that area are accessing Partnership services. Client numbers are lower the lighter the blue gets. The red line marks the boundary of the Glasgow City Health and Social Care Partnership.

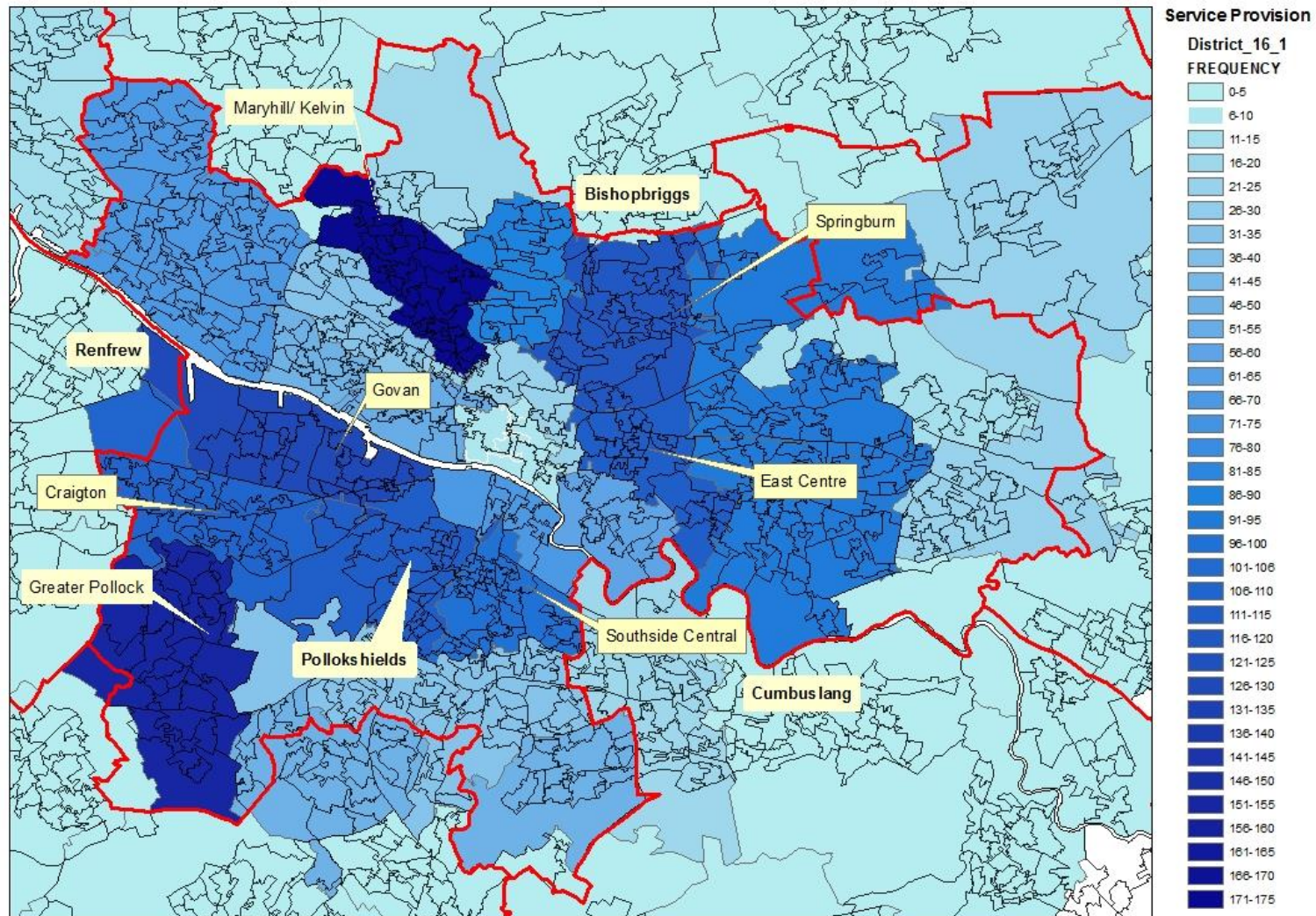


Figure 14 Partnership client numbers by geography. Source: Rocket Science analysis of GHSCP employment service provided data

## Health inequalities

Figure 15 below shows health inequalities in Glasgow. The darker the purple the fewer health problems that residents in that area have. The white areas show the areas where more residents have health problems, and more complicated health problems.

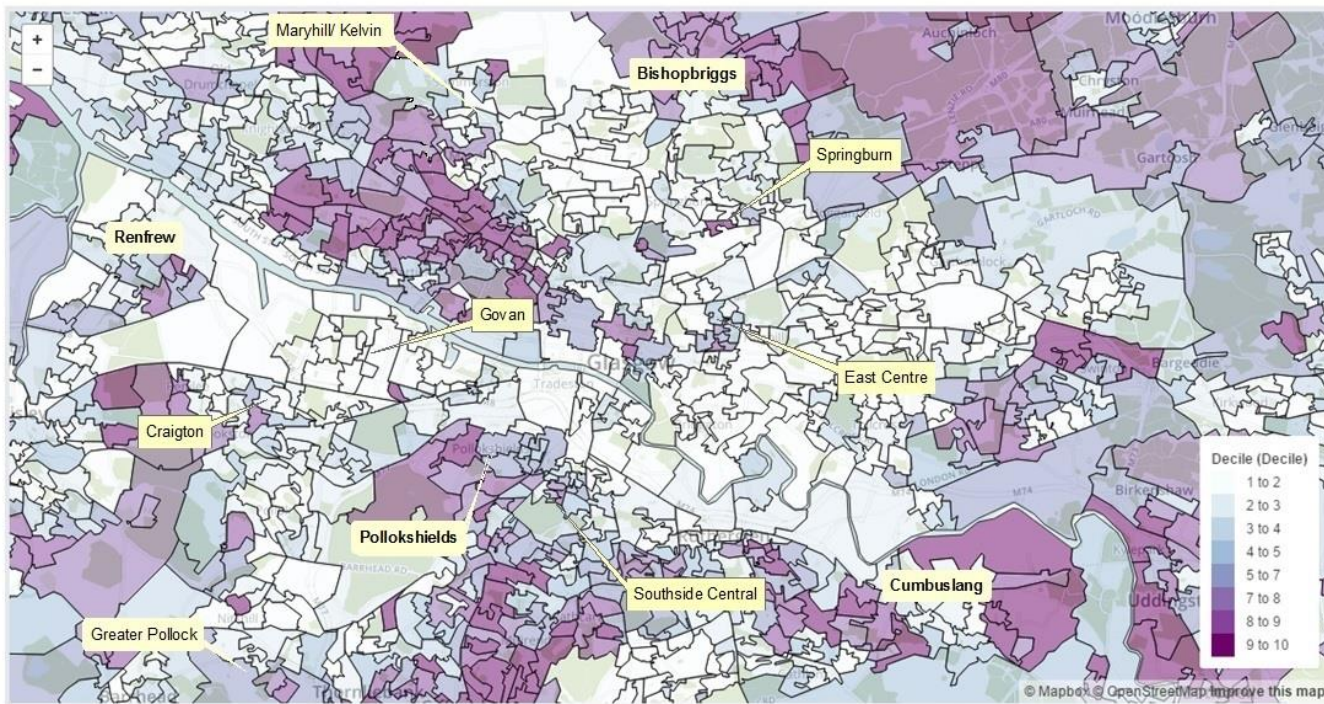


Figure 15 Levels of health inequality in Glasgow. 10 = least health deprived areas.  
 Source: Scottish Government, SIMD, 2012, health domain

## Income inequalities

Figure 16 below shows the areas of income deprivation in Glasgow. The white and lighter areas show the areas of Glasgow that have the worst levels and concentration of income deprivation.

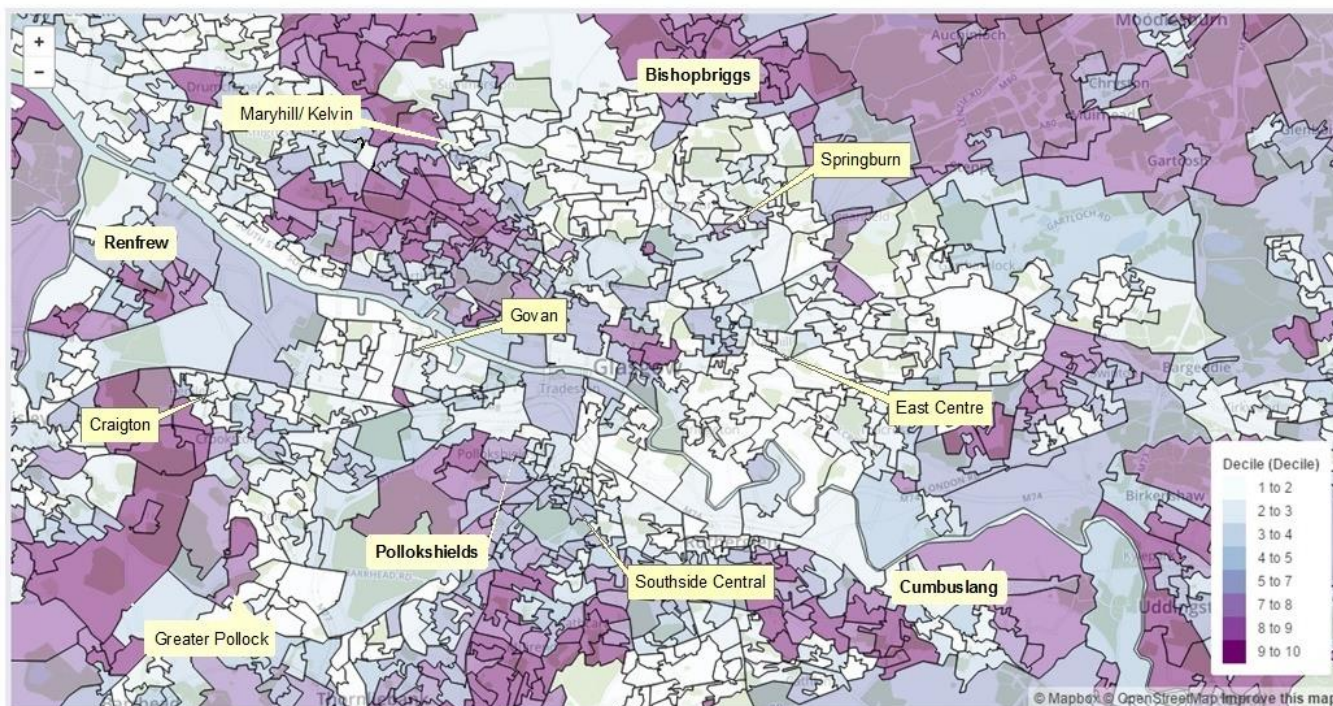


Figure 16 Levels of income deprivation in Glasgow. 10 = least deprived areas.  
Source: Scottish Government, SIMD, 2012, income domain

## Equity impact analysis

When deprivation is compared with the geographical spread of Partnership clients, it is possible to explore whether there is potential over or under provision of services in particular regions. From this analysis there appear to be several areas where there may be under provision of Partnership services, and one area of possible over provision. These areas are circled in Figure 17 overleaf.

The purple circles on Figure 17 indicate areas of health and/or income deprivation where there are also low number of Partnership employment service clients. Provision of services in these areas would be worth exploring to determine whether the Partnership wants to increase their provision in these areas. It may be that these areas are well serviced by other organisations.

We have circled one area in yellow on Figure 17. This is an area that is relatively high decile for both health and income deprivation, indicating that the population there is generally healthier with higher incomes than other areas in Glasgow. This area also has relatively high levels of provision by the Partnership. Further investigation is probably warranted here to check that the Partnership is targeting their services where they want to be. As every area will have income and health deprivation within in, it is plausible that further investigation of provision in this area may reveal that this is an area where provision is well targeted within the area.

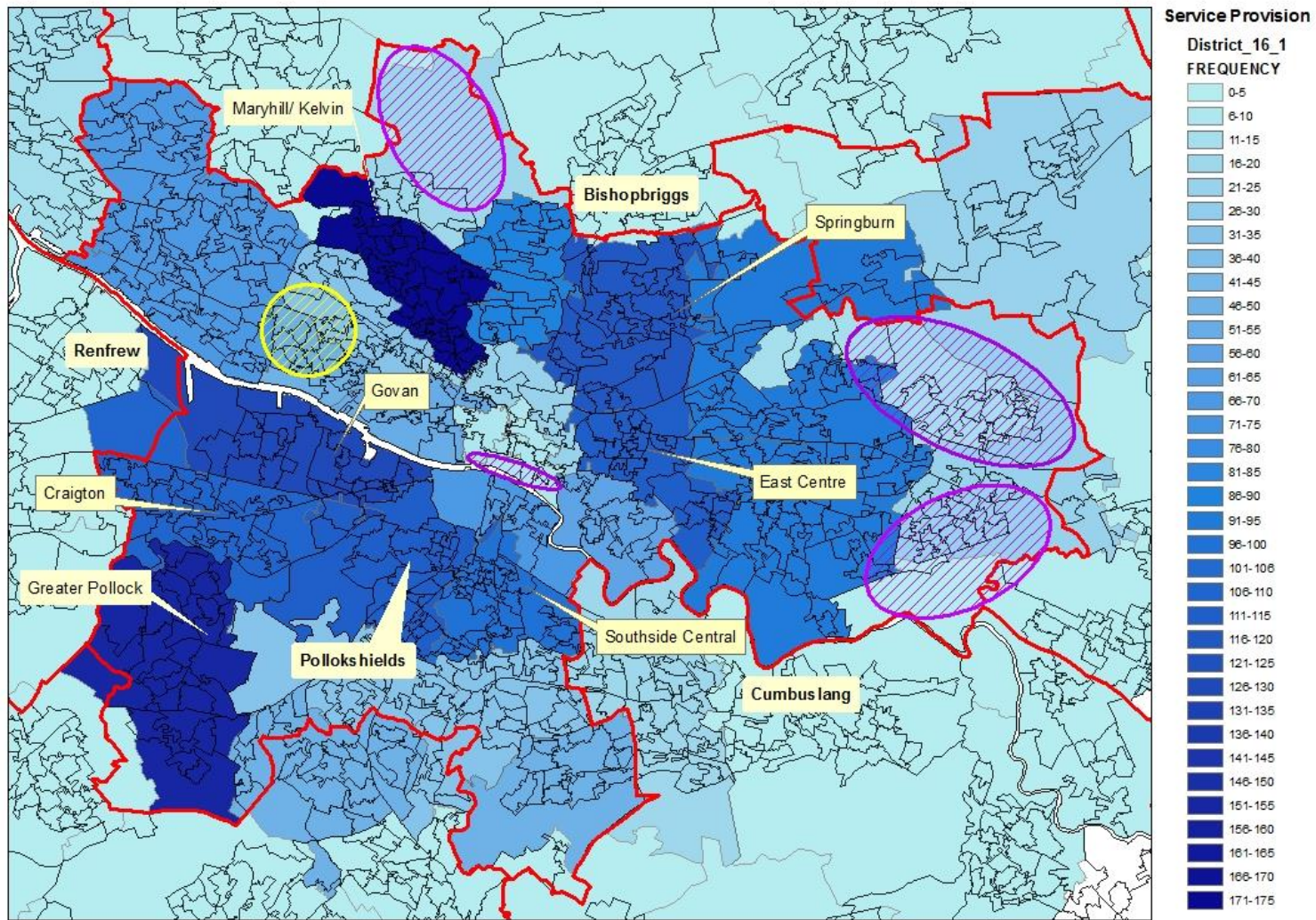


Figure 17 Potential mismatches between provision and need in Glasgow.  
 Source: Rocket Science analysis of GHSCP employment service provided data and SIMD 2012

## Chapter 5 Good practice in health and social care related employability services

This Chapter outlines some of the principles and practices that are considered good practice for health and care related employability services.

### Good practice outwith the Partnership

The Department for Work and Pensions is now strongly focused on tackling unemployment related to health issues. These clients are seen as the clients most in need of help to gain and sustain work – and there is a growing appreciation that effective action in this area can lead to sustained reductions in the demand on a range of publicly funded services. This appreciation, combined with a significantly reduced budget, has led to the focus of the new Work and Health Programme (WHP) and we have been working with clients to think through what this programme will need to look like in terms of the careful integration of health and employability support around the needs of individual clients. The learning being gained from the local design of this programme is of direct relevance to this Glasgow HSCP programme:

- The English 'Improving Access to Psychological Treatment' (IAPT) programme is providing valuable insights into the support needed by those seeking work with low level mental health conditions (eg <14 on GAD 7 and related levels on PHQ 9). Some of these programmes involve employability support as part of the team.
- The Mental Health Trailblazers in England (North East, Blackpool, West London and Greater Manchester) are seeking to embed employability staff – focusing on job search and application *in parallel with* appropriate treatment from IAPT teams.
- The pioneering Working Well approach in Greater Manchester (into which Work and Health Programme will be incorporated) has identified some very successful ways of involving and gaining the support of GPs around those wanting to work who have health conditions – notably through the work of Pathways CIC which has signed up 32 committed GP partners.
- The Work and Health Programme is drawing on lessons from IAPT and the Trailblazers to identify locally appropriate pathways for unemployed clients with health issues which incorporate both health and employability responses.
- In Scotland, the devolved programme is currently being designed but it is likely to share a focus on long term unemployed (2 years plus) and those facing health barriers to work.

There is now a lot of experience of social prescribing in both England and Scotland which suggests that it can form an effective contributor to the route into an employability pathway for some clients. These approaches have much in common:

- A focus on ***voluntary engagement*** – though it is clear that clients need to feel engaged and supported in order to sustain and build their commitment – without this drop out can be high.
- ***Staff quality*** and the ***quality of inter-agency relationships*** are central to high performance.
- The importance of in depth up front ***assessment***. It may take a few engagements to understand the real causes underlying the symptoms as – particularly in the area of health – this may require the development of trust.
- Using this assessment to develop a ***personalised pathway to work***. This should not be fixed in stone but reviewed regularly with the client and adjusted as different issues come to the fore and others are dealt with – or at least become more manageable.
- Actively managing progress along this pathway with the client using skilled ***key workers***.
- Ensuring that ***referrals are accurate and timely*** – and that where there are specialist service gaps or capacity issues a response is put in place so that waiting times do not get in the way of sustained progress to work, so helping to maintain client motivation.
- Where possible ***health and employability interventions carry on in parallel***, so clients are not waiting for health conditions to be dealt with before they start thinking about work, preparing for it and applying for it.
- There needs to be a ***good match with employment opportunities*** – the work and its conditions are appropriate for the clients physical and mental health, and there is a growing focus on the ***quality*** of work.
- ***Sustained support in work*** – and a supportive employer – are important for retention and progression in work.

In 2012, 2020Health looked at what lessons England could learn about the way Scotland, Northern Ireland and Wales helped those with health issues into sustained employment. It noted that where 50% of Scandinavians return to employment after a significant injury, only 1 in 6 return in the UK.

It drew key lessons on good practice which focused largely on organisational factors rather than service design aspects:

- Successful programmes have had strong leaders and a single coherent clear strategy

- The significance of ‘goal orientated joint working’. 2020Health found that the greatest success was found when stakeholders had a common set of goals to achieve that they all signed up to. Only the most relevant of stakeholders are brought together to achieve this, rather than a focus on everyone agreeing to everything.
- Creating a brand and aligning communications amongst the various parties is another feature of successful approaches. This was particularly important when engaging with employers.
- Another area of best practice was where a central organisation had responsibility for gathering and disseminating data, case studies etc, as a way to inform and improve the various services, rather than relying on individuals to do this at a bilateral level.<sup>40</sup>

## Examples of good practice within the Partnership’s employment services

### Strong links with health and social care services

The types of clients that the partnership work with have a range of needs that go beyond employability, and which are unlikely to be resolved in the short term, so need to be actively managed throughout their journeys towards – and sometimes through - work. This integration of employability with health and social care works best when the services work closely together. This is the case if:

- A service is provided in-house and managed by someone with specialist knowledge in the client group. Examples:
  - Leaving Care Employability Services managed by a social work worker who considers that LCES work well because they adopt a ‘social work’ approach, with clients being seen within their wider social context – including issues of social or financial inclusion, support networks, carers, etc
  - Supported Employment Service – for people with learning difficulties
- An external agency is integrated with health and social care services through a deliberate process. An example is IPS which is delivered by SAMH working closely with CMHTs. Our interview with SAMH revealed that this was not an easy process but the brokering by the commissioner was central to its success.

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<sup>40</sup> Weston, M and Manning J (2012) Work as a Health outcome in the Devolved Nations: How Scotland, Wales, Northern Ireland Tackle Sickness-Related Worklessness. 2020Health.org

## Common performance management for similar or linked services

All the Leaving Care Employability Services are managed by one person. This ensures that there is a clear picture of how they complement one another and how clients move through them.

In mental health employability services, the commissioner plays a double or even triple role:

- Commissioning employability services on behalf of the NHS
- Coordinating and performance managing all commissioned mental health related employability services.
- Chairing an Employability forum where these services come together and produces quarterly performance reports
- Sitting on the partnership board, which provides a good strategic understanding of how mental health fits in within wider employability services.

## Continuous case management cutting through specific interventions

Leaving Care Employability Services consist of 4 services: one case-management service - Care Leavers Employment Service (CLES) – which supports clients throughout their entire journey. This ensures

- Continuity and building of trust
- Tailored support- knowing what is best for each client and when – combined with adequate signposting.

The other 3 services are all distinct in what they offer. They complement each other in terms of the pipeline and also in terms of client's needs. CLES acts as the continuous bridge of support into and through them

- CLES Coreskills – skills development in partnership with a College
- Launchpad – 26-week programme of intensive support, mostly placements, ESF-funded
- HES – job search and in-work support.

It is seen as good practice because the 4 services – which could also be seen as a single service with distinctive aspects – appear to have the right level of closeness to ensure a smooth journey for clients, while avoiding duplication.

## Chapter 6 Performance analysis

This Chapter analyses some of the service management data provided by the 16 services to better understand what the service is achieving. Appendix 2 outlines each service in terms of their targets and performance achievements. This Chapter looks at all of the services against a number of different, employment related targets.

While all of the services are categorised under the remit of ‘employability’, they all have varying stages of the client’s journey to employment that they focus on. Figure 18 summarises the focus of each of the Partnership’s services. SAMH, Bridging Service, Supported Employment Service, Project Search and the Leaving Care Employability Services all have the attainment of paid employment explicitly in their service objectives. These services’ measure of success is whether they place clients in paid employment. The Bridging Service is also measuring placements into education, training, and voluntary work when assessing their performance.

On the other hand, Common Wheel, Flourish House, Coach House, Restart and GalGael are not looking to place clients into employment directly from their services. These services are focused on a range of positive activities and improving social inclusion and wellbeing. They recognise the importance of these achievements to help individuals work towards employment, but they don’t measure their success by the number of clients they place into employment.

The Work Development Service, Occupational Therapy, and Elevate - the PSP all sit somewhere in the middle, with a stated focus of moving people along the Strategic Skills Pipeline or improving employability opportunities.

When considering the projects’ stated objectives against the Strategic Skills Pipeline:

- The services to the far left of Figure 18 are focused on positive activity but without the focus on planning for employment in Stage 1 of the employability pipeline – ie identification and assessment of needs and development of Personalised Action Plans. Therefore, we would consider these services to be very early Stage 1 activities
- The services in the middle of Figure 18 are likely to concentrate on Stages 1 – 3, with less of a focus on Stages 4 and 5
- The services to the far right of Figure 81 appear to be the services that provide support across all Stages in the Strategic Skills Pipeline with a focus on helping clients to complete their journey into sustained employment.

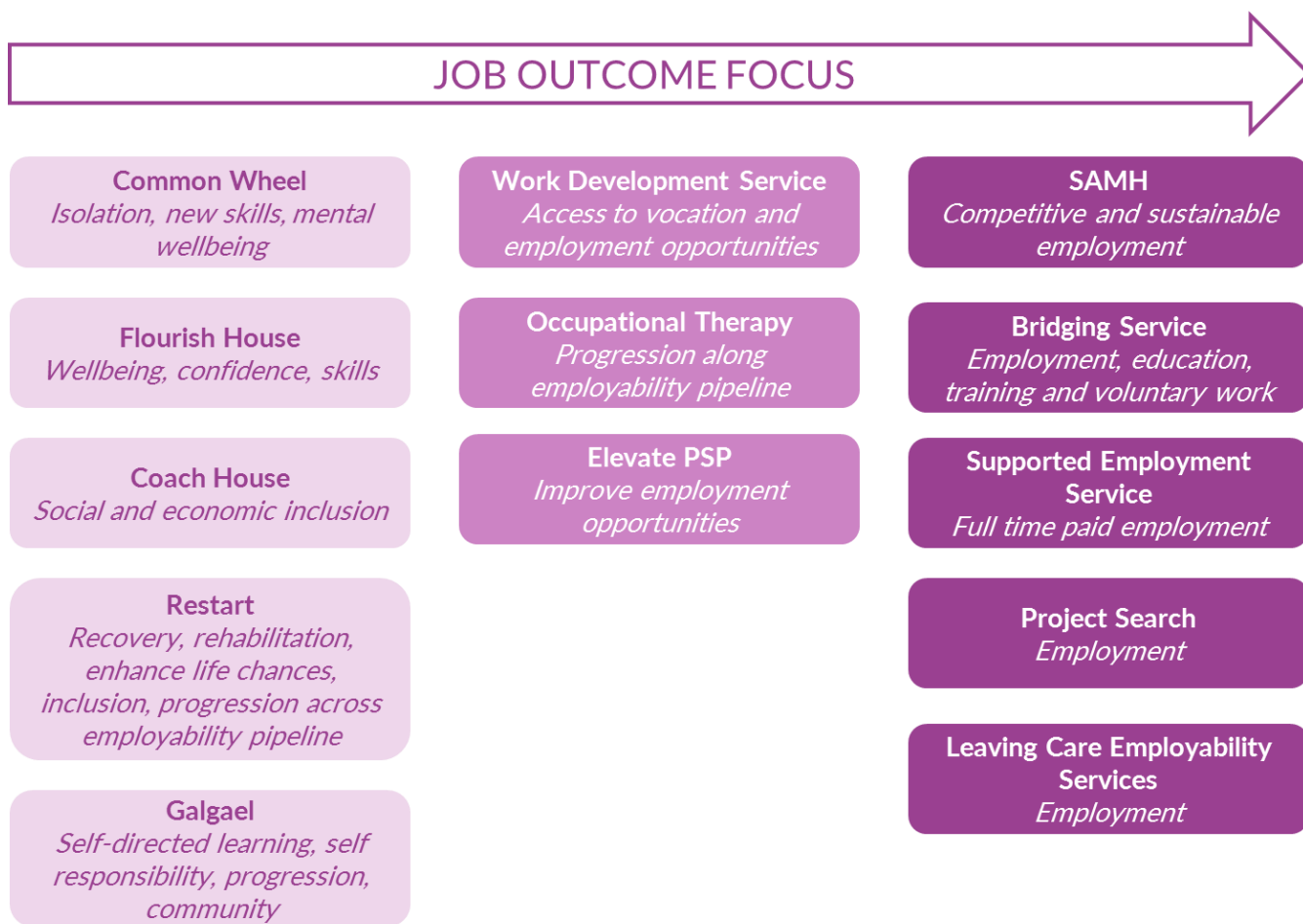


Figure 18 A summary of service targets and their focus on achieving a job outcome. Source: Rocket Science analysis of GHSCP employment service provided data

The following performance analysis looks at all of the projects against a range of indicators. It should be noted that these indicators are the indicators that all services are targeting, but looking at the projects across a range of common outcomes helps to understand the services in more detail.

Seven of the services measure their performance against a range of ‘progression outcomes’, outcomes that are achievements on the way towards paid employment. Their 2015/16 performance against these targets is outlined in Figure 19. These targets vary across services, with most services recording data for a single progression outcome, and GalGael and Flourish House measuring against three and seven outcomes respectively.

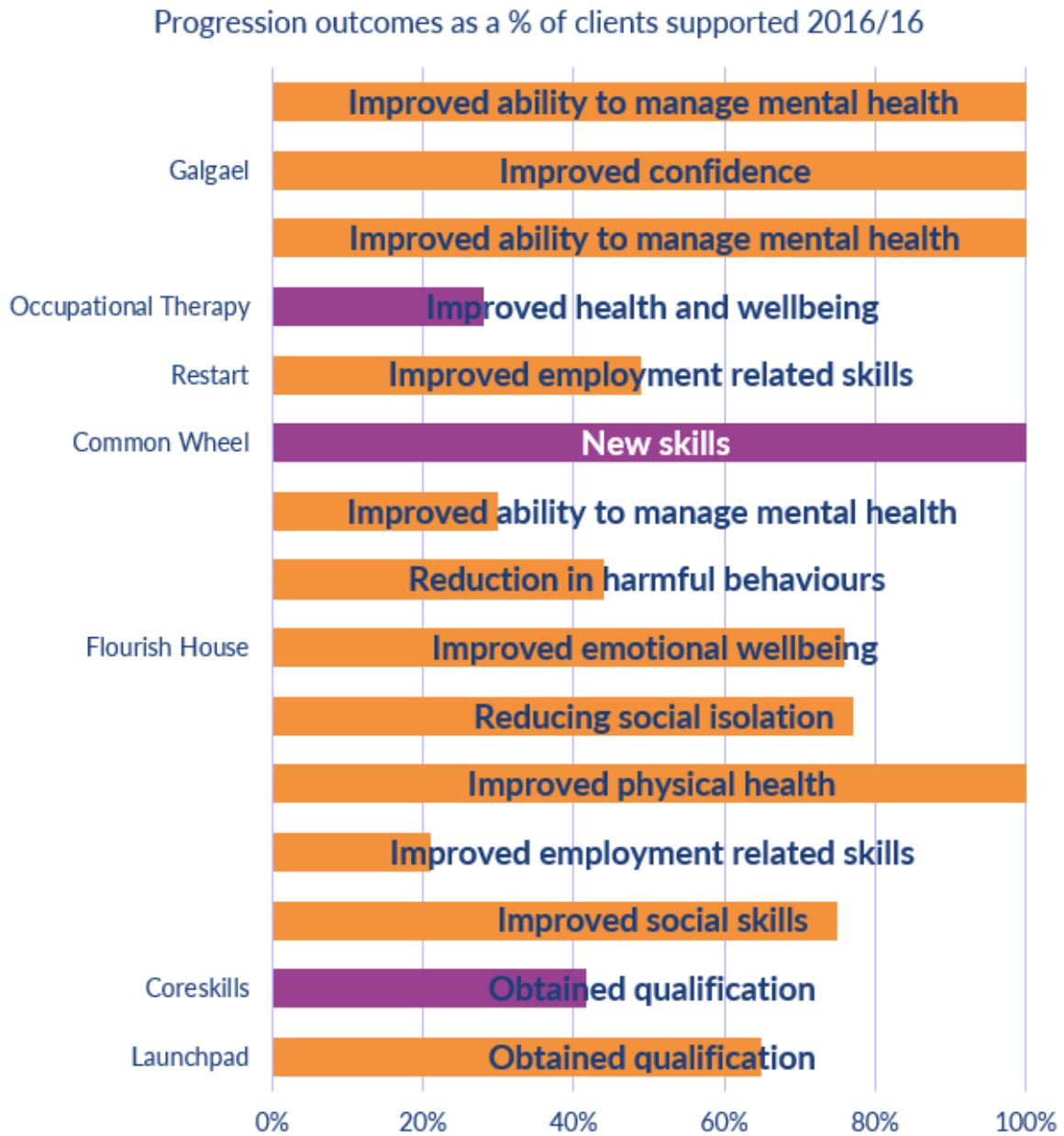


Figure 19 Project achievement of progression outcomes. Source: Rocket Science analysis of GHSCP employment service provided data

A range of services saw clients progress to education or training from their service. The proportion of clients that progressed to these outcomes over the last two years is outlined in Figure 20.

### Education or training outcomes as % of clients supported

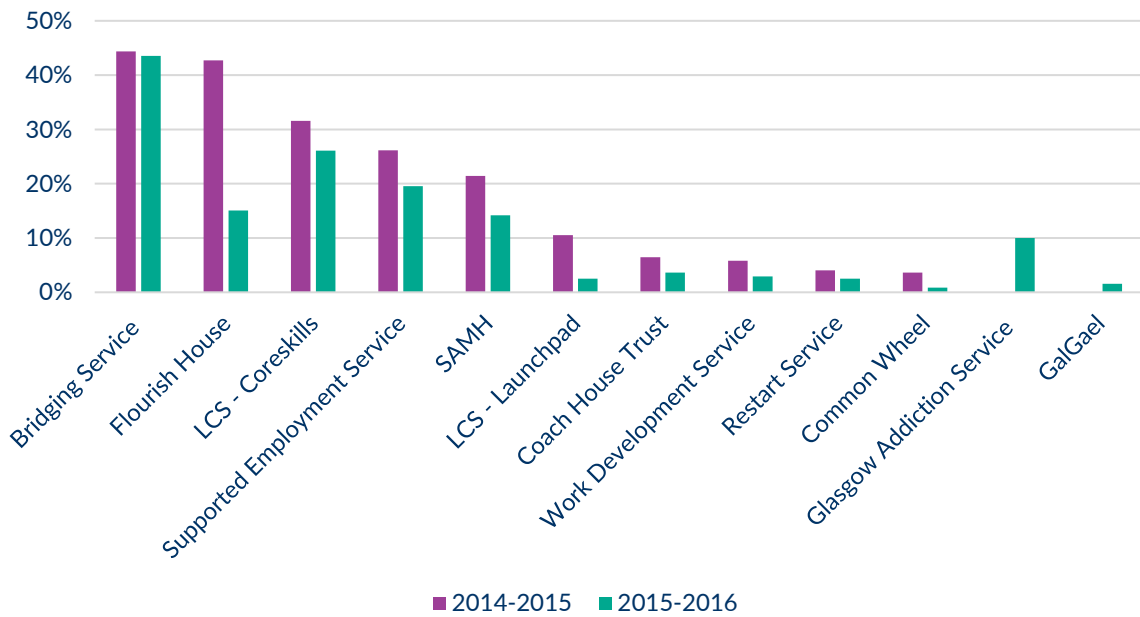
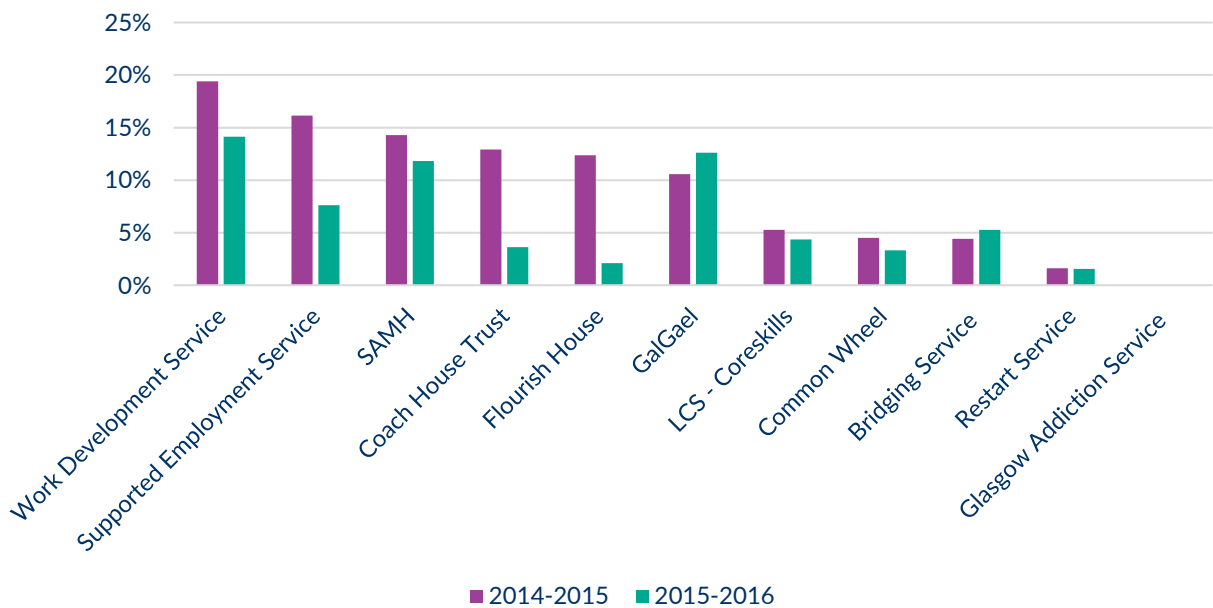


Figure 20 Clients who progressed to education or training. Source: Rocket Science analysis of GHSCP employment service provided data

A number of clients also progressed into volunteering from the Partnership’s services. The number of clients as a proportion of clients supported that began volunteering is outlined in Figure 21.

### Volunteering outcomes as % of clients supported



*Figure 21 Clients who progressed into volunteering opportunities. Source: Rocket Science analysis of GHSCP employment service provided data*

12 of the 16 services saw clients move into paid employment in 2014/15 and/or 2015/16. The rate of clients that found paid employment are expressed in the purple and green bars in Figure 22. Project Search, Glasgow Addictions Service SAMH and the LCS Launchpad service have the highest rates of job attainment. Project Search, SAMH and Launchpad are all services with an explicit focus on obtaining paid employment for their clients. The Glasgow Addiction Service – the PSP – accesses a range of the Partnership’s service in order to help their clients achieve employment. They also access a number of other services outwith the Partnership which needs to be considered when interpreting this figure.

The services with the lower job attainment rates – Restart, Coach House, Flourish House, Common Wheel and GalGael – do not have paid employment as a stated target and focus their efforts on very early Stage 1 interventions. Therefore, it is expected that they will have a very low number of clients obtain employment directly from their services.

One area for further investigation by the Partnership is the performance of the Bridging Service. It has high rates of volunteering, education and training outcomes but investigating whether these outcomes are translating into paid employment for those individuals is required. It’s low rates of employment outcomes could be because clients are not seeking support post volunteering or training/education and are finding work of their own accord. However, further investigation is required to ensure that clients are progressing into paid employment. We consider this to be particularly important given the Bridging Service supports a majority of the Partnership’s employability clients (indicated by the orange and yellow lines in Figure 22).

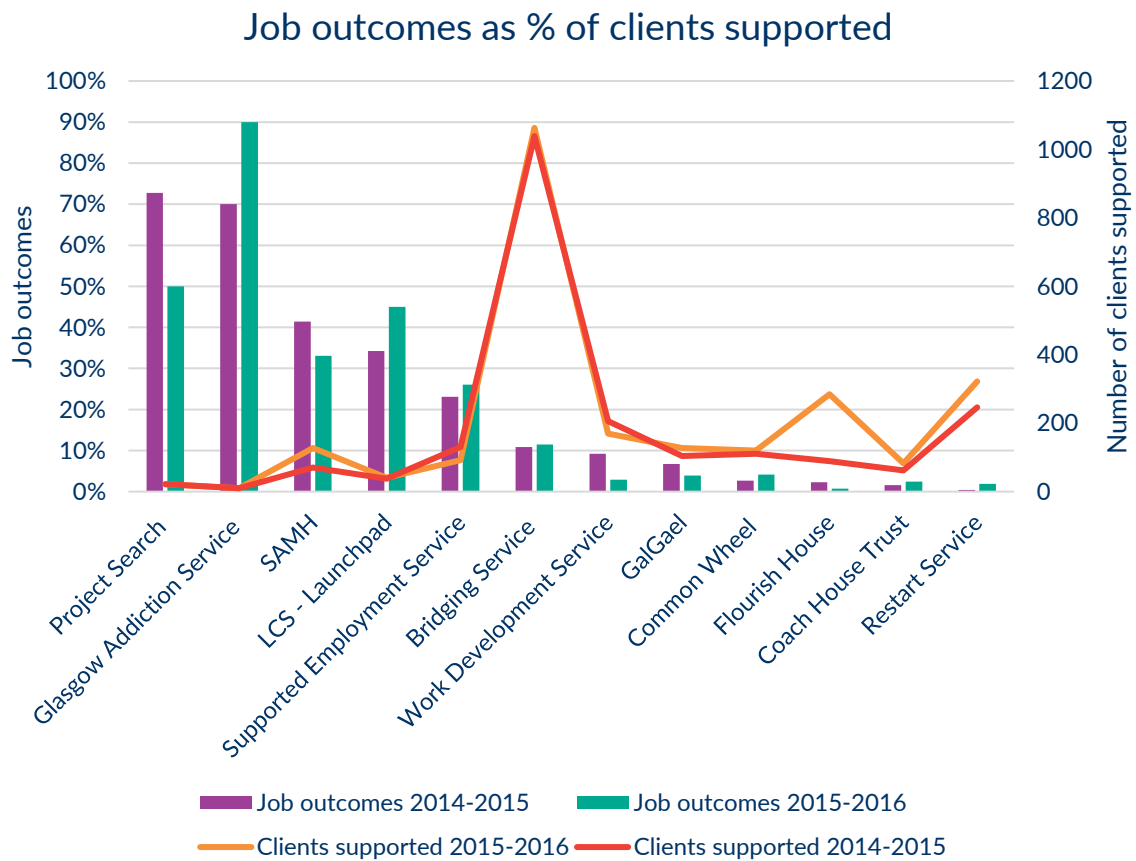


Figure 22 The proportion of clients who obtained employment. Source: Rocket Science analysis of GHSCP employment service provided data

The proportion of clients who do not progress due to health and social care reasons is only recorded for Mental Health Employability Services. Figure 23 shows the clients who left the service due to health and social care reasons, as a percentage of the total number of clients supported by the service in that year. Inconsistent measurements may explain some of the large variations observed.

### No progress due to health and social care reasons

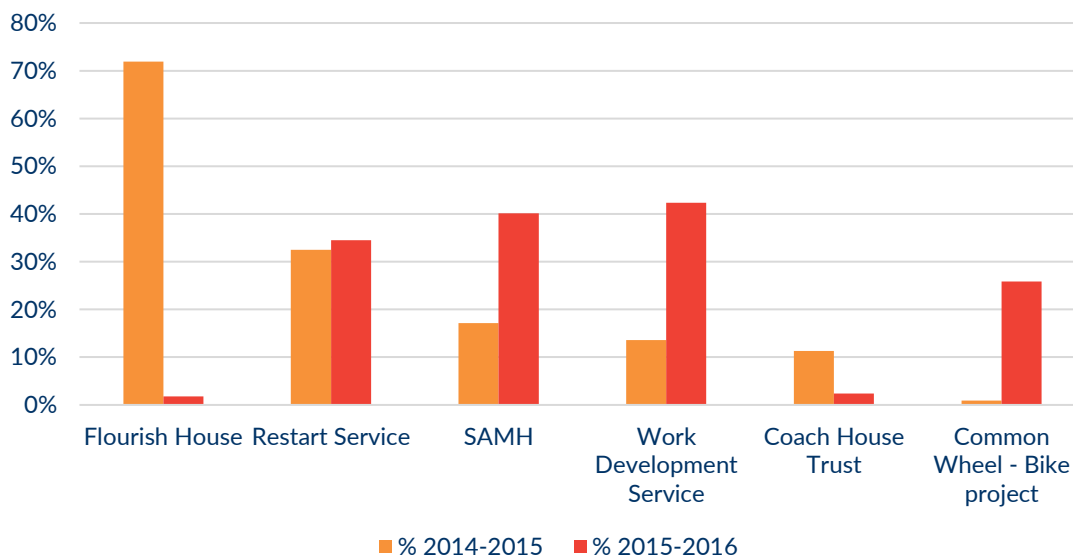


Figure 23 Percentage of clients that dropped out of the service due to health and social care reasons. Source: Rocket Science analysis of GHSCP employment service provided data

### Cost comparison analysis

This section seeks to benchmark the financial performance of the Partnership’s services against similar services across the UK.

As outlined in Figure 24, the average spent per client through the Partnership’s employment services is around £1,500. This could be somewhat higher if clients are accessing more than one service, however we have been able to isolate multiple use clients in order to work this out. The average spent on employability support for clients in Glasgow according to the Cambridge Policy Consultants 2014 report is £1,110.<sup>41</sup> This includes all clients, many of whom are much closer to employment than the Partnership’s target client group. Even taking into account that the average cost per client for Partnership’s services may be higher due to clients accessing multiple services, we think that the average cost per client to the Partnership is reasonable.

<sup>41</sup> Cambridge Policy Consultants (2014) Review of the Allocation to Employability Resources in Scotland, Final Report. Last accessed at [http://www.employabilityinscotland.com/media/473005/sef\\_-\\_employability\\_research\\_-\\_cambridge\\_policy\\_consultants\\_-\\_final\\_report\\_-\\_november\\_2014.pdf](http://www.employabilityinscotland.com/media/473005/sef_-_employability_research_-_cambridge_policy_consultants_-_final_report_-_november_2014.pdf) on 7 September 2016

Average cost per head in Glasgow	£1,110
Average cost per head in HSCP	£1,500
Average job outcome cost*	£9,200
Average job outcome in WP	£4,650
Payment offered to place highest needs in WP	£13,500
* excludes Galgael, Common Wheel, Flourish House, Coach House, Restart	

*Figure 24 Cost of services - a comparison. Source: Rocket Science analysis of GHSCP employment service provided data and Cambridge Policy Consultants (2014)*

In terms of the average cost per job outcome – the review of Work Programme estimated that it cost providers £4,650 on average to support someone into employment.<sup>42</sup> The average cost to the Partnership per job outcome is £9,200. In calculating this figure, we have excluded GalGael, Common Wheel, Flourish House, Coach House and Restart as they are early Stage 1 support and we consider that including them would distort the true average cost for services focusing on getting clients into employment. Generally speaking, the clients that obtained paid employment through Work Programme were much closer to the market than the Partnership’s target clients. Clients more akin to those the Partnership supports were generally ‘parked’ by Work Programme providers and did not obtain employment. Work Programme providers were offered a potential total payment of around £13,500 to help those with the highest needs into sustained employment.

## Conclusions

Generally, the performance of the Partnership in obtaining progression, education, training, volunteering, and employment outcomes is strong. It is demonstrating a range of traits which we consider good practice for employment services working with this target client group. We would recommend that the performance of the Bridging Service is investigated further. We understand that the Bridging Service is undergoing a range of changes in its focus and delivery.

We consider that the Partnership’s per job outcome cost to be reasonable. Particularly given that Work Programme providers generally didn’t think that they could support their highest need clients into employment for less than £13,500.

<sup>42</sup> Cambridge Policy Consultants (2014) Review of the Allocation to Employability Resources in Scotland, Final Report. Last accessed at [http://www.employabilityinscotland.com/media/473005/sef\\_-\\_employability\\_research\\_-\\_cambridge\\_policy\\_consultants\\_-\\_final\\_report\\_-\\_november\\_2014.pdf](http://www.employabilityinscotland.com/media/473005/sef_-_employability_research_-_cambridge_policy_consultants_-_final_report_-_november_2014.pdf) on 7 September 2016

## Chapter 7 Service providers' views

We explored with each of the Partnerships employability service providers their perspectives on current roles and context. Four themes emerged from these discussions:

- Funding and procurement
- How best to support clients
- Integration into the wider landscape of provision
- Transforming employer engagement.

In this Chapter we set out the key issues and themes emerging under these headings before drawing out the most important points.

### Funding and procurement

The significance of the funding provided by GHSCP was widely acknowledged and there was a general consensus that this funding has been instrumental in accessing match-funding and so maximising organisational income.

Competitive procurement approaches can pose a challenge for providers – it takes a lot of (very limited) staff time and the criteria can be hard to meet. Specific examples of this were the match-funding requirements in the recent ESF tender round, and the lack of time to set up the required partnership arrangements to meet the funding requirements.

For some providers this was compounded by short term funding and there was a lot of support for longer-term funding (3 to 5 years) which it was felt would give providers more stability and enhance their performance. Longer term funding was seen as important for forward-planning, staff continuity and helping to plan for sustainability. The risks of long term funding for funders – particularly around performance – could be minimised by annual reviews, with funding reduced or removed if targets were not met.

The importance of flexible funding to effectively support clients further from the job market was stressed. This aligns with the national emphasis on 'black box' approaches which focus on outcomes rather than how these outcomes are achieved. In particular, flexible funding was needed to encourage asset-based approaches – in other words, it was important to be able to help clients build on their specific strengths.

Finally, there was frequent reference to the challenges posed by the introduction of self-directed support, which has posed some challenges:

- It has taken time to build a client base that ensured that enough money came in to continue with activities
- It changes how providers perceive clients – because funding is connected to clients instead of a service, clients become ‘walking pockets of funding’
- Clients who are not eligible for SDS funding can no longer access some services which were previously funded and accessible by all those who could be helped by it.

## How best to support clients?

We asked the services for the insights into ‘what worked’ for their client groups, and a number of common themes emerged:

- Individuals often have multiple barriers, so working in isolation did not make sense – to help clients in the round meant being in a position to connect them to a range of specialist services
- Establishing continuing relations with clients is crucial to build trust and achieve outcomes. This could take some time – but without this trusting relationship the client was not able to make progress.
- The situation, strengths and needs of clients needed to be seen in the round, in their social context. It was felt that a ‘social work’ model lent itself to this kind of approach and some compared this with the approach of some specialist health services, which could have a narrower focus.
- Peer support and mentoring play a key role in some services. For example, it is at the core of the addictions recovery model, and at the heart of the mental health ‘Clubhouse’ model (Flourish House) and other mental health services (eg Common Wheel).
- However, peer support and mentoring might not work for all services/client groups – for example, an experience of using this approach with those further from work had not been positive, with the group focusing on illness and barriers. But the value of trained mentors was stressed – in other words the use of expert supporters of peer groups could help overcome these potential risks
- Without active support and the management of progress, there was a risk of some clients getting ‘stuck’ in their barriers, and not realising their potential for progress through the pipeline

- The importance of helping clients gain work and then learn - and develop their skills - on the job was stressed. This was reflected in support for helping clients with health conditions and employment issues in parallel – rather than helping clients sort out health and other issues before they got onto the employability pipeline.

## Integration into the wider landscape of provision

We explored the place of the initiatives in the context of the wider infrastructure of support in Glasgow and Scotland.

There was a priority requirement to help to raise the profile of employability services amongst health and social care services so that those clients for whom employment was an achievable (if long term) goal were identified and referred. The success of this would depend on conveying an awareness of the value of employment in terms of its positive impact on health outcomes and social inclusion. The Partnership was felt to have an important role in ensuring that these messages reached the front line staff who engaged with potential clients of employability support services.

There was a recognition that a unified framework for reporting would ensure greater comparability, improved sharing of information, and help to support projects with less capacity/experience of monitoring.

It was considered important for there to be a clear city-wide strategy for employability to ensure that the role played by – and the contribution of – the GHSCP funded projects was clear. This would also help the projects position themselves confidently alongside complementary services – and help them understand their role in the local strategic skills pipeline. The Partnership could play an important role in ensuring that there was a clear city wide strategy.

There was felt to be a significant gap between strategic level thinking and action on the ground – in other words it was felt that there was scope to strengthen the connection between each of the projects – and the projects as a whole – and the partnership group. This would be aided by the creation of a unified reporting framework.

Finally, there were a number of issues about the role and significance of the Department for Work and Pensions and its services:

- Some clients were clearly fearful that their engagement with employability services could affect their benefit status
- Glasgow-Elevate have initiated negotiations with DWP to ensure that clients undertaking work placements of 15hrs/week do not lose benefit entitlement; and that all members of the partnership are able to refer clients to Work Choice.

There was an important role for the partnership to play in engaging with DWP at a strategic level (ie on behalf of all the projects as a significant part of the employability service)

## Transforming employer engagement

There was widespread recognition by each project of the importance of having an effective employer engagement strategy with the resources to implement it. Without a range of destinations (placements and jobs) the scope to help clients achieve positive outcomes was significantly reduced.

Only two of the projects felt that they have such a strategy in place – the others felt they did not have the staff resources to put one in place.

For the client groups of the projects, the need for bespoke employer engagement was particularly important – in other words it was important to develop working relationships with a range of employers, some of whom could ‘meet some clients half way’. This involved careful targeting and reaching a range of employer types (eg large, SMEs, microbusinesses) as well as sectors. The focus should be on quality rather than quantity and on ensuring that it was possible to get a good match for both the needs of employers and the abilities and aspirations of clients.

At present there is no joined-up engagement with employers; it operates at a project level. What this means in practice is that projects are effectively ‘competing’ for employers and therefore unwilling to pool contacts. The Partnership could play an important leading role in helping the projects to develop and implement a coherent employer engagement strategy with a focus on the range of opportunities with match with the abilities, aspirations and ambitions of the client group. This could include:

- A ‘one-stop-shop’ for employers that doesn’t discriminate against clients with most barriers (in other words, those opportunities that could be filled by clients facing health conditions or other outstanding issues would not be filled by other clients)
- Leading by example; realising the potential of using NHS and GCC recruitment and placement opportunities for this client group – and helping them make the opportunities available in their procurement chains accessible to more clients.

However, many projects felt that employers’ attitudes and perceptions are still a major barrier for clients, so it remained important to raise awareness and challenge assumptions in terms of what clients were capable of and how they could contribute to the workplace.

## Chapter 8 Stakeholders' views

We interviewed 13 stakeholders to understand their view on:

- The Partnership's employability services
- The broader Glasgow employability landscape
- How the Partnership fits into this landscape
- The opportunities and challenges facing the Partnership.

The list of stakeholders can be found in Appendix 3.

We also ran a workshop that brought together the stakeholders and services to explore the implications of the review's analysis.

This chapter outlines the key messages that arose from the interviews and workshop.

The main messages from the stakeholder interviews were:

- The Glasgow employability landscape used to be well coordinated, but this has slipped over the last few years. As a result, it is hard for clients and service providers to understand what services exist, where, and the quality of that provision. This makes it more challenging for the Partnership to understand its place within - and to influence - the broader Glasgow environment.
- The Partnership's services deliver a range of 'softer-progression' outcomes as well as job, training and volunteering outcomes. These softer outcomes such as establishing a routine and reducing social isolation are often undervalued. This message was reiterated at the workshop.
- The Partnership has made some good steps towards operating as a coherent, joined up organisation. The Partnership needs to do this more, and particularly the employability services which need to come together more to "understand each other's worlds".
- The Partnership has a unique offer in the employability support space as it combines:
  - Understanding the complex client group
  - Operating in a space which is under provided
  - Wide reaching access to health and social care clients who engage with services across the Partnership, NHS and Local Authority.

The main messages from the workshop were:

- The Partnership and its employability services need to collaborate more in order to:
  - Engage with employers in a coordinated way to increase job opportunities for their clients
  - Share what works and encourage learning good practice from each other
  - Establish clearer routes for their clients through the Partnership's services
  - Actively manage the performance of the services as a whole.
- The Partnership appreciates its significance in the Glasgow employability landscape with around 4% of the estimated employability spend in the city and a client reach of the equivalent of 20% of the ESA Work Related Activity Group each year
- The Partnership needs to more clearly define what success means for their employability services and to measure performance against these consistently across the services.

## Chapter 9 Conclusions and recommendations

### Conclusions

#### Collaborative approaches

- Common data collection methods, definitions and software is needed in order to enable accurate and efficient interrogation of performance data. During our evaluation we spent a large amount of time collating data from disparate sources and looking at ways to make this data comparable. In order to implement our recommendation for regular and detailed performance management more efficient and robust analysis of performance and management data should be developed.
- Introduce a common assessment process to generate comparable data
- Apply a single identifier per client to enable the Partnership to track clients between services
- Introduce common staff training and quality standards to ensure consistency in the quality of care.

#### Employer engagement

- Create an employer engagement resource that reports directly to the management group. This employer engagement team is responsible for increasing the number of employers and vacancies available to the partnership for work experience and jobs.
- For the first 6 months the employer engagement team should engage with only new employers to increase the number of job opportunities available. After 6 months the Partnership can look to merge the current employer lists and contacts to create a joined up approach to employer engagement.
- It is important that these employer advisors have a skill set in employer engagement, but that they also have an appreciation and understanding about working with the Partnership's clients, and an ability to identify and place clients in suitable opportunities.
- To ensure that all clients are getting fair access to employment opportunities, not just those that are the easiest to employ, we suggest a grading system that grades employers, job opportunities and clients to ensure that matching occurs. For example, if clients are graded either 1, 2 or 3, with grade 1 requiring the least ongoing support needs, and grade 3 the most, an employer with a specific role who is prepared to work with grade 3 clients should also be given a grade 3 and clients of grade 3 should have priority in terms of placement with these employers. This avoids grade 1 taking places that a grade 3 could.

## Structural changes to programmes

- Merge the Work Development Coordinators and any Occupational Therapists into the Bridging Service
- Ensuring that those services that offer a pre stage 1 service are recognised for their role in helping clients progress into stages 1 and 2, and focus on ensuring these transitions. They join the larger group of similar services in Glasgow that should be actively targeted to ensure that they are working with clients in order to ready them for Partnership, or mainstream, employability services. These programmes are:
  - Restart
  - Common Wheel
  - GalGael
  - Coach House
  - Flourish House.

## Partnership Governance

- Create a Strategy Board. This board is responsible for jointly deciding how the Partnership's employability services should be positioned in the wider employability infrastructure, raising awareness of their scale and significance, and developing working relationships with complementary providers and strategic funders. This work in turn will help the Board agree how their funding should be focused.
- Those currently managing the services should form a Management Team which should be focused on understanding and improving the performance of the services as a whole.
- We recommend a greater focus on regular interrogation of performance and management data. In order to do this, we recommend that there be a performance data analyst/advisor (perhaps part time) employed by the Management Team and responsible for generating analysis and interrogating the data produced by the projects in order to inform the Management Team on the partnership's performance and how to further enhance it.

## Partnership Communication

- One of the tasks of the Strategy Board should be to raise awareness amongst staff in the Partnership, NHS, and the Local Authority about the link between health and social care outcomes and employability. In addition, they have a role in ensuring that the approach of all three organisations is that it is everybody's job to identify clients who could benefit from employment, and employability support, and be getting them ready for referral to Partnership employability services or main stream employability services
- One of the tasks of the Strategy Board should be to raise awareness amongst staff and organisations who run pre Stage 1 services about the link between health and

social care outcomes and employability, and ensure that these organisations are identifying clients who could benefit from employment, and employability support, and getting them ready for referral to Partnership employability services or main stream employability services. This means that the employability part of the Partnership is reaching back down the employability pipeline to 'pull people through' into the services.

- The Partnership should create an identifiable brand for its employability services in order to:
  - Improve the internal operations of the partnership
  - Contribute to raising awareness of the range and scale of the services and the importance of employment in helping people live healthy lives
  - Help in clarifying the outward facing elements of the partnership's employability services including:
    - The employer engagement activities which will need to engage with employers under a recognisable brand
    - The engagement with clients so that clients can recognise the services and Partnership brand
    - The engagement with partnership and contract opportunities such as the City Deal and the successor national employment programme so that these organisations can recognise who they are partnering with or awarding contracts to.

## Opportunities for the Partnership

- Both the Glasgow City Region City Deal and the new national employability programme present an opportunity for the Partnership to attract additional funding to support its client groups. The Partnership also offer an attractive proposition to both the City Deal and the national employability programme due to their:
  - Scale – with the annual investment exceeding the proposed national programme spend in Glasgow
  - Current service offering which could be increased more efficiently and effectively than establishing new services
  - Access to the key target audience of clients as the Partnership already works with these target clients in their services (employability and non-employability services).
- To take advantage of these opportunities the Partnership should:
  - Ensure that its governance and operations are 'investment ready' to provide the City Deal and national employability programme with confidence that the Partnership will be able to deliver the required outcomes in exchange for their investment
  - Actively engage with these two opportunities to explore the kind of arrangement that would bring mutual benefit and specifically help to extend the reach and impact of services for those facing health and employability issues.

## Proposed structure

Overleaf we set out our proposed structure for the Partnerships employability services

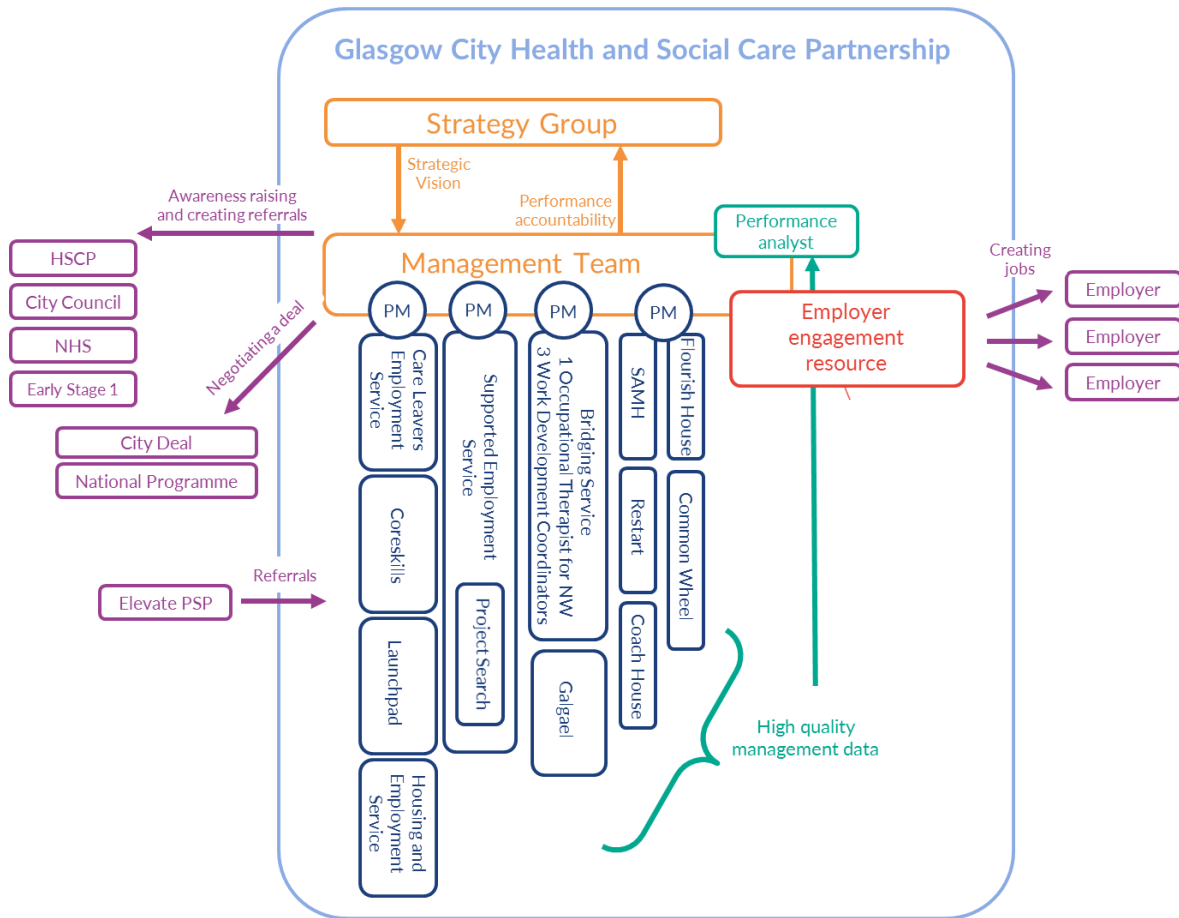


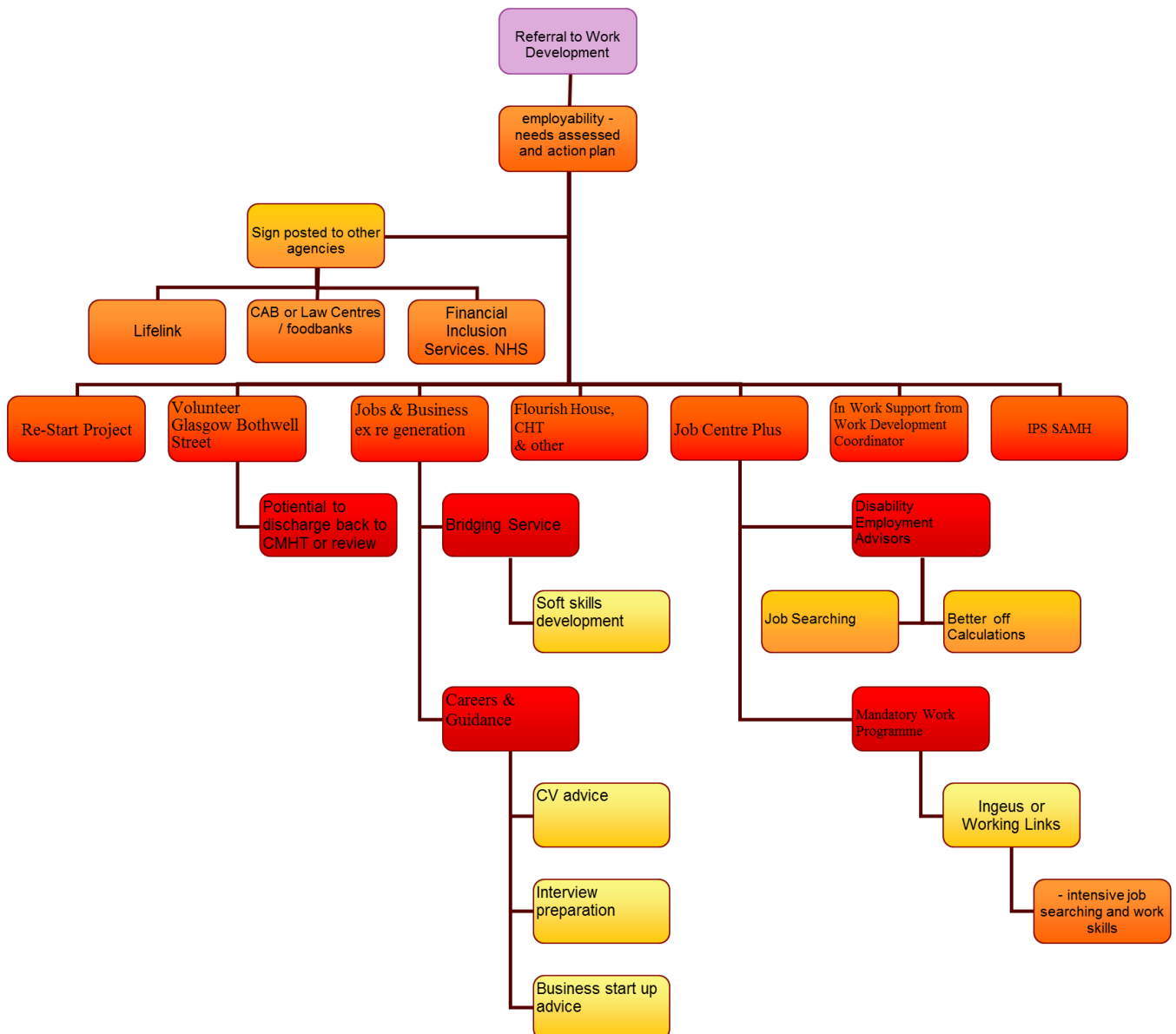
Figure 25 Proposed structure of the Partnership's employability services

Based on our recommendations the structure has the following features:

- A Strategic Board responsible for the overall positioning of the services as a whole and their strategic relationship to wider services and their engagement with key funding sources such as City Deal and the Scottish Governments proposed successor programme. The Board will also lead on ensuring a wider awareness of the role of frontline staff across health and social care in terms of identifying those clients who can realistically aim for an employability outcome and ensure appropriate referral.
- A Management Team focused on actively managing the performance of the service as a whole, and on driving a range of collaborative activities, in particular joint staff training and the sharing of good practice
- A collaborative resource to take forward a strengthened approach in the areas of employer engagement and performance analysis.

## Appendix 1: Work Development Service onward referral chart

This appendix contains the onward referral chart developed by the Work Development Service. It outlines the onward referral destinations for Work Development Service clients.



Source: Work Development Service

## Appendix 2: Service by service performance

### Bridging Service

Table 18 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	-	579 <i>900</i>	-
Total supported	1039	1063	
Job outcomes	113 (11%)	122 (11%) <i>70</i>	
Job sustainability	-	-	
Training/education	461 (44%)	463 (44%) <i>275</i>	
Volunteering	46 (4%)	56 (5%)	
Onward referrals	Internal referrals 45%, External referrals 15%	Internal Referrals 35%, External Referrals 16%	
No progress due to health & social care reasons	-	-	

## GalGael

Table 19 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	92 <i>112</i>	101 <i>112</i>	79 clients out of 101 completed the first 6 weeks of training in 2015-2016.  100% of participants reported improved mental health, improved confidence and increased self-worth in 2014-2015.
Total supported	104	127	
Job outcomes	7 (7%) <i>15</i>	5 (4%) <i>15</i>	
Job sustainability	-	-	
Training/education	0 (0%) <i>11</i>	2 (2%) <i>11</i>	
Volunteering	11 (11%) <i>11</i>	16 (13%) <i>11</i>	
Onward referrals	-	-	
No progress due to health & social care reasons	-	-	

## Occupational Therapy

Outcomes data for the Occupational Therapy is not comparable as it is only recorded for July 2014 to January 2016 and therefore it has been excluded from the aggregated analysis. Reported outcomes for this 1 ½ year period are as follows:

- Paid work – 9 (12%)
- Vocational training – 3 (4%)
- Further Education – 4 (5%)
- Work placement/training – 1 (1%)
- Business support – 2 (2%)
- Health and wellbeing – 21 (28%).

## Restart

The outcomes presented are based on files closed, which were 104 in 2014-2015 and 163 in 2015-2016, nevertheless, the percentages are based on total number of clients supported, in order to allow for comparison.

Due to the nature of clients using the Restart service, measurements of distance travelled are as important or more than job outcomes. In terms of work readiness, the service asked: *'Do our clients know what they would like to do in the future; do they have a goal in mind? Understanding that paid work may not be appropriate at this time but being aware of other options, for example, volunteering or further education.'* Change is measured between the baseline assessment and the most recent assessment for each client and is categorised as 'positive', 'negative' and 'no change'. A sample of the most recent scores for clients showed that:

- 49% had experienced positive change
- 17% had experienced negative change; and
- 34% had experienced no change in relation to their work prospects since being on the service.

Table 20 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	-	-	Distance travelled re Work: 49% positive 17% negative 34% no change.
Total supported	246	322 <sup>43</sup>	
Job outcomes	1 (0.4%)	6 (2%)	
Job sustainability	-	-	
Training/education	10 (4%)	8 (3%)	
Volunteering	4 (2%)	5 (2%)	
Onward referrals	-	-	
No progress due to health & social care reasons	80 (33%)	111 (34%)	

## Common Wheel

In terms of 'distance travelled', 100% of clients over last year felt they had developed new skills, including included bike maintenance, time-keeping, team work, confidence, motivation and communication.

Overall wellbeing – measured by the World Health Organisation tool (WHO-5) showed an average improvement from 14 to 18 out of 25 points before and after participating in the Build your Own Bike project.<sup>44</sup>

<sup>43</sup> An estimate for total supported based on referrals. We expect disengagement to be approximately compensated by clients continuing from previous years.

<sup>44</sup> Data provided directly by Common Wheel.

Table 21 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	91	95	100% developed skills.
Total supported	111	120	Improvement in wellbeing.
Job outcomes	3 (3%)		
Job sustainability	-	-	
Training/education	4 (4%)	5 (4%)	
Volunteering	5 (5%)	1 (0.8%)	
Onward referrals	-	-	
No progress due to health & social care reasons	1 client	31 (26%)	

## Flourish House

In addition to outcome data, a 2014 Social Return On Investment (SROI) analysis of Flourish House reported the following 'distance travelled' measurements in relation to work readiness:

- 75% of clients had increased employability potential *'through learning social skills whilst involved in the Work Ordered Day and other activities at Flourish'*
- 21% of clients had learnt new skills resulting in *'enhanced employability potential and confidence in considering employment'*.<sup>45</sup>

<sup>45</sup> Flourish House, SROI Report, 2014.

Other outcomes recorded were:

- *'Improvement in physical health'* – 100%
- *'New, meaningful relationships being formed at Flourish led to a reduction in social isolation'* – 77%
- *'Improved emotional wellbeing led to greater independence'* – 76%
- *'Reduction in harmful behaviours'* – 44%
- *'Regular participation in positive activity improved members' ability to manage their mental health'* – 30%.

Table 22 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	69	97	Increased employability through: Social skills (75%) Employability-related skills (21%).
Total supported	89	285	
Job outcomes	2 (2%)	2 (0.7%)	
Job sustainability	13 members received in in-work support.	10 members received in-work support	
Training/education	38 (43%)	43 (15%)	
Volunteering	11 (12%)	6 (2%)	
Onward referrals	-	-	
No progress due to health & social care reasons	64 (72%)	5 (2%)	

## SAMH

Table 23 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	41	88	-
Total supported	70	127	
Job outcomes	29 (41%) 40%	42 (33%) 40%	
Job sustainability	13/29 (45%) sustained >3 months	28/42 (67%) sustained > 3 months	
Training/education	15 (21%)	18 (14%)	
Volunteering	10 (14%)	15 (12%)	
Onward referrals	-	-	
No progress due to health & social care reasons	12 (17%) clients	51 (40%)	

## Coach House Trust

Table 24 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	30	23	Measurements include
Total supported	62	83	Skills development
Job outcomes	1 (2%)	2 (2%)	Attendance
Job sustainability	-	-	Communication
Training/education	4 (6%)	3 (4%)	Motivation and engagement
Volunteering	8 (13%)	3 (4%)	Mood
Onward referrals	-	-	Relapse in symptoms.
No progress due to health & social care reasons	7 (11%)	2 (2%)	Data for these currently not available.

## Work Development Service

Table 25 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	-	-	
Total supported	206 <sup>46</sup>	170	
Job outcomes	19 (9%)	5 (3%)	
Job sustainability	-	-	
Training/education	12 (6%)	5 (3%)	
Volunteering	40 (19%)	24 (14%)	
Onward referrals	-	-	
No progress due to health & social care reasons	28 (14%)	72 (42%)	

<sup>46</sup> An estimate for total supported based on referrals. We expect disengagement to be approximately compensated by clients continuing from previous years. The same applies for the 2015-2016 figure.

## Supported Employment Service (SES)

Table 26 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	-	-	
Total supported	130	92	
Job outcomes	30 (23%)	24 (26%)	
	7	7	
Job sustainability	-	-	
Training/education	34 (26%)	18 (20%)	
	19	19	
Volunteering	21 (16%)	7 (8%)	
Onward referrals	-	-	
No progress due to health & social care reasons	-	-	

## Project Search

Project Search is very narrowly focused around employment outcomes; and therefore do not record other outcomes. As all Project Search clients are simultaneously supported by the Supported Employment Service, those who do not find work immediately after the completion of their course will continue their journey within SES.

Table 27 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	22	22	
Total supported	22	22	
Job outcomes	16 (73%) <i>60%</i>	11 (50%) <i>60%</i>	
Job sustainability	-	-	
Training/education	-	-	
Volunteering	-	-	
Onward referrals	-	-	
No progress due to health & social care reasons	-	-	

## Care Leavers Employment Service (CLES)

CLES does not record outcomes, presumably because it supports clients alongside other more targeted Leaving Care Services such as Coreskills, Launchpad and HES. It supported 82 clients in 2014-2015 and 132 in 2015-2016.

## CLES Coreskills

Table 28 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	-	44	In 2015-2016, 25/60 care leavers received SQAs up to intermediate 2 levels.
		25	
Total supported	57	69	
	50	50	
Job outcomes	2 (4%)	-	
Job sustainability	-	-	
Training/education	18 (32%)	18 (26%)	
Volunteering	3 (5%)	3 (4%)	
Onward referrals	-	-	
No progress due to health & social care reasons	-	-	

## Launchpad

Table 29 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	38	40	26 clients in 2015-2016 received a qualification whilst on the programme.
Total supported	38	40	
Job outcomes	13 (34%)	18 (45%)	
Job sustainability	9/13 (70%) sustained work for > 6 months	-	
Training/education	4 (11%)	1 (3%)	
Volunteering	-	-	
Onward referrals	-	-	
No progress due to health & social care reasons	-	-	

## Housing and Employment Service (HES)

As a service offering mainly in-work support, HES only reports on job sustainability.

- 40 clients received in-work support in 2014-2015 – sustainability has not been reported
- 47 clients received in-work support in 2015-2016, of which 25 (53%) have been in work for > 6 months.

## Glasgow Addictions Service employability programme

This is the precursor to Elevate that ran between 2012 and 2015.

Table 30 Source: Rocket Science analysis of GHSCP employment service provided data

Actual	2014 -2015	2015-2016	Distance travelled
<i>Targets</i>			
Clients engaged	10	10	
Total supported	10	10	
Job outcomes	7 (70%)	9 (90%)	
Job sustainability	-	-	
Training/education		1 (10%)	
Volunteering	-	-	
Onward referrals	-	-	
No progress due to health & social care reasons	-	-	

## Appendix 3: List of stakeholders interviewed

During our review we interviewed:

Fiona Moss Head of Health Improvement and Inequalities, NHS.  
Alison McCrae Economic Development Manager, GCC.  
John Thomson Health Improve Lead, North West Division, NHS.  
Angie Black Manager – Supported Employment, GCC  
John Goldie Head of Addictions, South Sector, NHS.  
Catherine Totten Forensic Mental Health Services, Specialist Practitioner,  
Occupational Therapist, NHS.  
Steven Black CEO, Momentum.  
Tom Jackson Chief Officer, Community Justice, GCC.  
Susanne Millar Assistant Director of Social Work Services, GCC.  
Morag Sweeney Partnership and External Relations Manager, Job Centre Plus,  
DWP.  
Cathy Rice Health Improvement Lead, Adults and Older People, South  
Division, NHS.  
Jim McBride Service Manager, Criminal Justice Social Work GCC.  
Steven Krausen –Project Manager mental health / Restart, NHS