Staff Attitudes Survey: Employability and Financial Inclusion

NHS Greater Glasgow and Clyde and Glasgow City Council Social Work

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2 Myrtle Park, Glasgow G42 8UQ
t: 0141 424 3765
e:katy.macmillan@odsconsulting.co.uk

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About this research

In March 2013, the NHS Greater Glasgow and Clyde Patient Focus Employability Group appointed us to survey staff in relation to employability and financial inclusion. The work was commissioned to inform future policy, practice, training and support in employability and financial inclusion. The survey was to cover all staff within NHS Greater Glasgow and Clyde, and Glasgow City Council Social Work Services.

Profile of respondents

We received 1,346 complete responses to the survey. A quarter of respondents worked for Glasgow City Council Social Work Services, and almost three quarters worked for NHS Greater Glasgow and Clyde. A quarter of respondents worked in a hospital setting, and three quarters in a community setting.

Respondents worked with a wide range of different client groups. Over half of respondents worked with people with mental health issues – and this was particularly high (almost two thirds) among NHS staff. The vast majority of respondents (82%) were practitioners – with most others being managers, policy makers or providing administrative support functions.

Attitudes to employability and financial inclusion

Approximately half of those respondents who worked directly with clients felt that it was, or should be, their role to discuss employability and financial inclusion with clients – and help them to access appropriate services. Fewer NHS staff felt that this was, or should be, their role compared with Social Work staff. These figures are broadly comparable to figures from the 2006 and 2008 staff attitudes surveys, which focused on employability.

"It may not always be appropriate or relevant to discuss the above statements due to the fact that many of the clients within the caseload are retired or unavailable for work due to ill health."

(Survey respondent, NHS)

Staff were asked if they believed that there were opportunities and jobs available for clients. Around a fifth agreed – showing a clear trend of a reduction in the proportion of staff agreeing with this statement since 2006. Around a third said that paid employment was a genuine option for their clients, broadly in line with findings from 2006 and 2008. Generally, responses across sectors and across those working with different client groups were very similar.

"We are told there are more Zero Hours contracts than ever before....so the majority of people I see are either unemployed, disabled or retired. I don't feel there is an abundance of secure, permanent jobs available."

(Survey respondent, NHS)

Many stated that there was clear evidence about the link between poverty and poor health outcomes, and expressed concern that the economic situation – and particularly welfare reform – would have a negative impact on health inequality.

"Welfare reforms will devastate families causing stress, anxiety and the economic impact will be greatly felt especially to the old, frail and vulnerable of our communities."

(Survey respondent, Social Work)

Impact of employability and financial inclusion activity on health

Respondents were also asked the extent to which they believed financial inclusion and employability activity can impact on people's mental and physical health, and quality of life. Overall, there was a strong perception that both financial inclusion and employability activity could have a significant impact on mental health, physical health and quality of life.

"Being in control of aspects of your life improves your mental well-being; being financially aware, able to manage your money better and having the maximum money available to you allows greater control over that aspect."

(Survey respondent, NHS)

Comparison between Social Work and NHS staff responses suggests that Social Work staff saw a slightly stronger relationship between financial inclusion activity and mental health, physical health and quality life.

Those working with children and families and young people leaving care were most likely to see a correlation between financial inclusion and mental health, physical health and quality of life. However, a minority of respondents expressed concern about the impact of financial inclusion activity, suggesting that it did not address underlying issues of inequality and poverty.

Benefits and priorities for clients

We asked respondents about the benefits of financial inclusion and employability support to their clients. Almost everyone who responded suggested at least one way in which their clients would benefit from employment and financial support. Key themes emerging included better physical and mental health; self esteem and confidence; and bringing a clear structure to their day.

"It brings about a certain degree of normalisation and inclusion into the wider society, and as a result a sense of more independence and self-confidence."

(Survey respondent, NHS)

Respondents generally felt that around employability and financial inclusion, the highest priority areas for their clients included:

- building routines, self awareness and life skills;
- access to benefits and income maximisation;
- financial awareness and capability; and
- fuel poverty.

"If we can help people develop and build more personal skills as a baseline support then, I feel we will be better placed to help them then progress their skills in relation to specific areas like employment."

(Survey respondent, NHS)

However, awareness of services to support clients within these high priority areas was relatively low. Many respondents indicated that it could be difficult to keep track of the support available. Some pointed to the financial constraints experienced by all services, and indicated that there were issues about service sustainability and capacity. Others highlighted that it was time consuming to keep track of support initiatives, unless this was co-ordinated across their team or department.

Talking about employability and financial inclusion

The survey explored the level of confidence respondents had in talking about employability and financial inclusion, and their understanding of the wider context. Over a third of respondents felt confident talking about employability and financial inclusion and felt that they understood changes to the Welfare System – but around a third did not.

Levels of confidence and understanding varied significantly by sector. While almost half of Social Work respondents felt confident discussing employability and financial inclusion, this fell to just a third for NHS respondents.

The survey asked whether respondents felt confident accessing appropriate support for clients. There was a higher level of awareness about the support available to help clients with financial inclusion than employment. Again, Social Work staff had higher levels than NHS staff of awareness of support and how to access it.

Joint working and support

We explored whether respondents signposted or referred clients to other organisations for employability or financial inclusion support. Almost half of respondents had formal agreements in place for referral. Overall, referral and signposting in relation to financial inclusion was more common than around employability. NHS respondents were less likely than Social Work respondents to refer for both employability and financial inclusion services.

The survey also asked whether respondents undertook any joint work with employability or financial inclusion services, beyond referral and signposting. Overall, just less than a fifth had wider joint working arrangements in place. However, this increased to over a quarter for Social Work respondents. Many said that joint working was often undertaken on an individual basis, depending on the needs of the client. Many also highlighted that the ability to work with other services depended on the perception of the quality of service offered by them, and individual relationships with staff.

"In some cases clients work with a number of different services - I ensure that I link in with the services and we work together in the best interests of the client."

(Survey respondent, Social Work)

Barriers to financial inclusion and employability support

We asked respondents about barriers to providing financial inclusion and employability support. A key theme to emerge related to the lack of employment opportunities that are available to clients. This was especially common among respondents who worked with clients with a learning disability, with several highlighting the difficulties faced by clients with support needs in finding employment.

Several respondents also talked of clients' lack of desire and motivation to seek support and employment – often due to concerns about being worse off financially due to taking up employment. Some who worked with people with a criminal record, a history of taking drugs or issues such as homelessness felt that their clients faced particular barriers to employment.

> "Clients are scared to change anything. People are scared to come off of benefits and into work as they are unsure of the effect on their benefits and what impact this will have on their families."
>
> (Survey respondent, Social Work)

Several respondents also cited lack of resources and lack of knowledge as barriers to their clients accessing financial and employment support. Respondents (mainly NHS employees) felt that there was a lack of information readily available to clients and support staff on how to explore the options available to them, and that in the instances where information is available, it is generally outdated. Others, often within Social Work Services, talked of staff shortages, lack of experience and pressures on workloads.

Support for staff in future

Respondents identified three key areas where they considered support to be necessary in relation to increasing their confidence in supporting clients. These were:

- better quality training – to enable them to better support clients;
- better quality information – particularly about the range of support available; and
- better communication between organisations and services – building confidence in signposting, referral and joint working.

1. Introduction

About this report

1.1 In March 2013, NHS Greater Glasgow and Clyde appointed us to undertake a survey of staff in relation to employability and financial inclusion. The work was commissioned by the NHS Greater Glasgow and Clyde Patient Focus Employability Group, to inform future policy, practice, training and support in employability and financial inclusion. The survey was to cover all staff within NHS Greater Glasgow and Clyde, and Glasgow City Council Social Work Services. This report sets out the findings from this survey.

Method

1.2 This research took the form of a single online survey of all staff within NHS Greater Glasgow and Clyde, and Glasgow City Council Social Work Services.

Survey design

1.3 The survey was designed in conjunction with a project Steering Group, which involved representation from NHS Greater Glasgow and Clyde and Glasgow City Council. The Steering Group members also worked closely with others within their organisations to ensure the wording of each question was relevant and appropriate. The survey was then piloted in early May 2013 with a small number of individuals from each organisation. Ten NHS and five Glasgow City Council staff participated in the pilot, and provided comments on their experience of completing the survey.

Survey issue

1.4 The survey was then issued on 30 May 2013 to Glasgow City Council Social Work staff. It was issued to all 4,000 Social Work staff through a single email with a link to the online survey. Staff were encouraged to get in touch if any Social Work teams required surveys in a different format. A reminder email was issued to all Social Work staff in August 2013. Senior Social Work staff were also asked to encourage participation in the research. A total of 331 complete responses were received from Social Work staff.

1.5 The survey was issued to NHS Greater Glasgow and Clyde staff in July 2013. This delay was due to a national NHS staff attitudes survey taking place during the same timescales, and a changeover in the NHS lead for the research. It was agreed that this survey would not be issued at the same time as the national staff attitudes survey.

1.6 The method for issuing the survey to NHS staff was through a series of 'Champions'. NHS Greater Glasgow and Clyde collated a list of 29 Champions who would issue the survey to their staff teams and colleagues, and would encourage staff to complete the survey. The Champions were again asked in August 2013 to remind staff to complete the survey.

1.7 The dispersed method of survey distribution within NHS Greater Glasgow and Clyde means that it is not possible to calculate exactly how many staff received the survey. Many of the 'Champions' passed the email on to others to distribute to smaller staff teams. We received contact from at least 15 Champions confirming that they had issued the survey to other staff. A total of 971 complete responses were received from NHS staff.

Survey analysis

1.8 The survey was closed on 13 September 2013. Firstly, we cleaned the survey data to ensure that there were no duplicates. We also removed responses where respondents had only included details about their role – but had not answered any further questions. We retained a note of these responses, so that we could analyse the profile of those who began the survey but did not complete any of the questions.

1.9 We then undertook a quantitative analysis of each of the closed questions. We analysed responses separately from NHS and Glasgow City Council staff, and drew out any key differences or similarities in responses.

1.10 The survey also included open, qualitative questions. In some cases, these were an open opportunity for respondents to comment on the reasons for their response to the closed questions. For each open question, we carefully read each of the responses, and used a process of 'manual thematic coding' to identify key themes, similarities and divergences in responses.

1.11 A similar survey of staff attitudes was also undertaken in 2006 and 2008. This focused on employability only (not financial inclusion). Where possible, we have drawn out comparison across the three surveys, to identify trends in responses. However, it is important to note that the questions asked in these surveys could be slightly differently worded – meaning that comparison should be treated with caution.

Note on terminology

1.12 This report uses the terms ‘employability’ and ‘financial inclusion’.

- By ‘employability’ we mean enabling people to progress towards employment, get into employment, stay in employment and move on in the workplace.
- By ‘financial inclusion’ we mean activities such as income maximisation, financial awareness and money management advice.

2. Profile of Survey Respondents

Introduction

2.1 This chapter sets out the profile of the individuals who responded to the survey. It covers the organisation the individuals work for; the client group they work with; their role and the setting they work in.

Respondents by organisation

2.2 There were a total of 1,346 complete responses to the survey. Of these, a quarter worked for Glasgow City Council Social Work Services, and almost three quarters worked for NHS Greater Glasgow and Clyde. This compares to 509 responses across health, housing and social care in 2008, and 650 from across health, housing and social care in 2006. In both 2006 and 2008, the surveys of health, housing and social care staff were coupled with a survey of employment and training organisations.

Table 2.1: Respondents by organisation

Organisation	Number	%
NHS GGC	971	72%
GCC Social Work	331	25%
Other/ not specified	44	3%
Total	**1,346**	

2.3 Of the 44 respondents who did not select the NHS or Social Work as their employer, 15 provided commentary. Just over a third (6) of these said that they had a joint role, across both the NHS and Social Work services. A small minority (3) worked for other local authority social work services within the Greater Glasgow and Clyde area. And a small minority said they were employed by GP practices, by voluntary organisations or by universities.

2.4 A total of 231 respondents (not included in the above figures) started to complete the survey, but only answered the very initial questions, about their role. Most of these (67%) were NHS employees. Of those who provided further commentary on their role, the vast majority (64%) were administrative workers, clerical officers or secretaries. As these responses were incomplete – with no further questions answered - they were excluded from analysis.

Client group

2.5 Respondents were asked to select which client groups they worked with, and could select as many groups as they felt was appropriate. Just over 90% of respondents answered this question.

Table 2.2: Client groups worked with, by sector				
Which client groups do you work with?	**Social Work staff**	**NHS staff**	**Other/ Not specified**	**All**
People with mental health issues	41%	62%	64%	57%
People with medical conditions	34%	54%	56%	49%
People with physical disabilities	36%	46%	33%	42%
People with learning disabilities	38%	41%	33%	40%
Older people	29%	45%	31%	40%
People with addictions issues	36%	40%	46%	39%
People with sensory impairments	25%	35%	36%	32%
Children and families	38%	30%	33%	32%
Homeless people	30%	25%	36%	26%
People in the criminal justice system	33%	15%	28%	20%
Young people who are leaving care	21%	8%	15%	11%
Total respondents	**303**	**882**	**39**	**1,224**

2.6 Over half of respondents worked with people with mental health issues – and this was particularly high (almost two thirds) among NHS staff. NHS respondents were also significantly more likely to work with people with medical conditions and older people.

2.7 In addition, some respondents said that they worked with other client groups (36 Social Work staff, 105 NHS staff and 7 other). Some provided details of specific client groups they worked with, such as people experiencing gender based violence, or people from ethnic minority communities. Some said that they worked with either all adults or all children, across all of the categories. And some said that they worked with the general public, who could fall into all or none of the above categories. A significant number of respondents said that they had an administrative, office based or support role – and would not generally work directly with the public.

Base

2.8 Respondents were asked whether they were based in a hospital, a community centre or other setting. Respondents could select more than one option, if appropriate. Just over 80 per cent of respondents answered this question.

Table 2.3: Base, by sector								
I am based in:	**Social Work staff**		**NHS staff**		**Other/ Not specified**		**All**	
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**
A hospital	15	6%	287	31%	7	17%	**309**	25%
A community setting	238	95%	669	72%	34	82%	**941**	77%
Other	78	31%	33	4%	3	7%	**114**	9%
Total respondents	**251**		**936**		**41**		**1,228**	

2.9 Overall, a quarter of respondents worked in a hospital setting, and three quarters worked in a community setting. While almost one third of NHS staff worked in a hospital setting, this fell to just six per cent for Social Work staff. Some indicated that they worked in both settings.

2.10 Almost one in ten respondents said that they worked in another setting, or provided further comment on their answer. Most of these respondents indicated that they worked in a non public facing office building. A small minority of Social Work respondents indicated that they were based in court, in prison or that they were peripatetic undertaking home visits. A small number also indicated that they were based both in a hospital and in a community setting. This applied to both Social Work and NHS staff.

Role

2.11 The survey asked whether respondents were policy makers, managers, practitioners or had another role. Just over 80 per cent of respondents answered this question. Respondents could provide multiple answers to this question.

Table 2.4: Role, by sector

I am a:	Social Work staff		NHS staff		Other/ Not specified		All	
	No	%	No	%	No	%	No	%
Practitioner	202	76%	683	83%	29	83%	**914**	82%
Manager or policy maker	64	24%	136	17%	6	17%	**206**	18%
Other	65	24%	157	19%	8	23%	**230**	21%
Total respondents	**266**		**819**		**35**		**1,120**	

2.12 The vast majority of respondents were practitioners – across both Social Work and NHS staff. Approximately one fifth of respondents were managers or policy makers. A high proportion – two fifths – said that they had other roles. Almost all of those who had other roles were administrative, clerical, secretarial or business support workers. Some were practitioners who provided details of their particular role. And a small minority had responsibility for training, professional development, research or commissioning of services.

3. Attitudes to Employability and Financial Inclusion

Introduction

3.1 This chapter sets out the survey findings in relation to roles and attitudes around employability and financial inclusion.

Role in relation to employability and financial inclusion

3.2 The survey asked a series of questions about whether respondents felt it was, or should be, part of their role to consider employability and financial inclusion issues. Almost all respondents (99%) answered this question. Table 3.1 shows the responses for practitioners only (excluding managers and policy makers), due to the focus on working with clients in this question.

Table 3.1: Practitioner roles in relation to employability/ financial inclusion

It is, or should be, part of my role to:	Strongly agree or agree		Neither agree nor disagree		Disagree or strongly disagree	
	Is	Should be	Is	Should be	Is	Should be
Discuss employability with my clients	49%	50%	15%	17%	24%	24%
Discuss financial inclusion with my clients	53%	54%	16%	17%	21%	21%
Help my clients access employability services	50%	52%	14%	17%	23%	22%
Help my clients access financial inclusion services	61%	60%	13%	16%	16%	16%

3.3 Overall, over half of respondents felt that it is, and should be, part of their role to help clients to access financial inclusion services. A similar proportion felt that it was, or should be, part of their role to help clients to access employability services. Generally, most people who had these roles felt that it was appropriate that discussing employability and financial inclusion, and helping clients access services, were part of their role.

3.4 Analysis of trends by sector highlights that proportionately fewer NHS staff felt that these activities were currently, or should be, part of their role than Social Work staff.

Table 3.2: Practitioner roles in relation to employability/ financial inclusion, by sector				
It is, or should be, part of my role to:	**Social Work staff strongly agree or agree**		**NHS staff strongly agree or agree**	
	Is	**Should be**	**Is**	**Should be**
Discuss employability with my clients	68%	69%	43%	44%
Discuss financial inclusion with my clients	69%	71%	48%	49%
Help my clients access employability services	70%	72%	44%	47%
Help my clients access financial inclusion services	73%	74%	57%	56%

3.5 In 2006 and 2008, staff across a wider range of services were surveyed about their attitudes. This included health, housing and social care. This highlighted that in 2008, 59 per cent of frontline survey respondents felt that it was part of their role to raise training and employability issues with 'Glasgow Works' priority group clients, and 60 per cent felt that it should be their role. This had increased from 44 per cent and 52 per cent respectively in 2006.

3.6 The questions asked are not directly comparable. However, it suggests that broadly the same proportion of staff consider that employability support is part of their role. The 2006 and 2008 surveys did not ask questions about financial inclusion.

Views on employability and financial inclusion

3.7 The survey asked the extent to which respondents agreed or disagreed with statements around employability and financial inclusion. Over 85 per cent of respondents answered this question.

Table 3.3: Practitioner views on employability and financial inclusion						
	Strongly agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Not applicable**
There are opportunities and jobs available for my clients	2%	18%	33%	26%	10.5%	10.5%
Paid employment is a genuine option for my clients	4%	23%	30%	24%	9%	10%
Poverty is a factor in poorer health outcomes for individuals	54%	33%	5%	2%	3%	3%
The current economic situation will have an impact on health inequality	53%	34%	5%	2%	2.5%	3.5%

3.8 Overall, approximately a fifth of respondents felt that there were opportunities and jobs available for their clients. Responses were very similar across Social Work and NHS staff. This fits with data from previous surveys, which shows a clear trend of a reduction in the proportion of staff believing that there are opportunities and jobs available for their clients. In 2006 almost half felt that there were opportunities and jobs, falling to 28 per cent in 2008, and to 19 per cent in 2013.

3.9 Just over a quarter felt that paid employment was a genuine option for their clients. This fell to less than a fifth (18%) for Social Work staff, and was much higher (28%) for NHS staff. Figures from previous surveys suggest that 32 per cent of respondents felt that paid employment was a genuine option in 2006; falling to 27 per cent in 2008. Findings from this 2013 survey suggest that broadly the same proportion as in 2008 believe that paid employment is a genuine option.

3.10 Almost all (87%) felt that poverty was a factor in poorer health outcomes for individuals. And a similar proportion (87%) felt that the current economic situation would have an impact on health inequality. Responses to both statements were broadly comparable across Social Work and NHS staff.

3.11 We compared responses across those working with different client groups. Overall, responses were very similar. There was very little variance in opinion:

- Generally, across all client groups, between 20 and 29% of respondents felt that there were jobs and opportunities available for their clients.
- Across all client groups between 23 and 29% of respondents felt that paid employment was a genuine option for their clients. This was lowest for people working with clients with learning disabilities, people with physical disabilities and older people.
- Across all client groups, almost all respondents felt that poverty was a factor in poorer health outcomes for individuals.
- Across all client groups, almost all respondents felt that the current economic situation will have an impact on health inequality.

3.12 A table highlighting the trends across different client groups is included as Appendix Three.

3.13 Respondents were asked to expand upon their reasons for their answers. A total of 370 respondents provided reasons. Some used the opportunity to explain that they said the questions were not applicable as they did not routinely work with clients. Others said that they worked with mainly the very young or very old, and did not feel that they had the knowledge to answer

these questions given that they didn't generally discuss employability and financial inclusion.

"It may not always be appropriate or relevant to discuss the above statements due to the fact that many of the clients within the caseload are retired or unavailable for work due to ill health."

(Survey respondent, NHS)

3.14 Many stated that there was clear evidence about the link between poverty and poor health outcomes, and expressed concern that the economic situation – and particularly welfare reform – would have a negative impact on health inequality. Many felt that changes such as the 'bedroom tax' introduced through UK Government welfare reform would have a further negative impact. Others felt that young people seeking employment could put further pressures on families facing poverty.

"Welfare reforms will devastate families causing stress, anxiety and the economic impact will be greatly felt especially to the old, frail and vulnerable of our communities."

(Survey respondent, Social Work)

"...for young people the hardship of unemployment with no benefits is an added strain on already financial strained families."

(Survey respondent, not specified)

3.15 Some highlighted that the availability of opportunities varied depending on the individual client. Some felt that some individuals may not be able to access or retain employment, but others would.

"We are told there are more Zero Hours contracts than ever before....so the majority of people I see are either unemployed, disabled or retired. I don't feel there is an abundance of secure, permanent jobs available."

(Survey respondent, NHS)

"A number of the people attending the centre are profoundly disabled and employment is not an option. Others simply would not be able to hold down work."

(Survey respondent, Social Work)

"There are no jobs going for anyone who is looking for a decently paid employment, and with most people who haven't worked for decades it will look like a marathon climb that is impossible to do."

(Survey respondent, Social Work)

3.16 Respondents were also asked the extent to which they believed financial inclusion and employability activity can impact on people's mental and physical health, and quality of life. Overall, there was a strong perception that both financial inclusion and employability activity could have a significant impact on mental health, physical health and quality of life.

Table 3.4: Impact of financial inclusion and employability on health								
Extent to which activity can impact on:	**Impact of financial inclusion activity**				**Impact of employability activity**			
	Not at all	**Not much**	**A little**	**A lot**	**Not at all**	**Not much**	**A little**	**A lot**
Mental health	< 1%	1%	16%	82%	< 1%	1%	13%	85%
Physical health	< 1%	2%	22%	76%	< 1%	2%	20%	78%
Quality of life	< 1%	1%	13%	86%	< 1%	1%	12%	87%

3.17 There was a very slightly higher perceived correlation between employability activity and mental health, physical health and quality of life, compared with financial inclusion activity. Generally, the link to mental health and quality of life was stronger than the link with physical health.

3.18 Comparison between Social Work and NHS staff responses suggests that Social Work staff saw a slightly stronger relationship between financial inclusion activity and mental health, physical health and quality of life. However, NHS staff saw a slightly stronger relationship between employability activity and mental health, physical health and quality of life.

3.19 We also compared responses across people working with different client groups. This highlighted that:

- Those working with children and families; young people leaving care were most likely to see a correlation between financial inclusion and mental health, physical health and quality of life.
- For employability, all client groups saw a very strong correlation with mental health, physical health and quality of life – and there were few significant differences across different groups.

3.20 A table highlighting responses by client group worked with is included as Appendix Three.

3.21 Again, respondents were asked to comment on the reasons for their answers. In total 424 respondents gave more detail in relation to financial inclusion. Some described how a discussion about financial inclusion could empower people, and that this engagement in itself could have a positive impact.

"A friendly discussion + awareness of knowledge empowers people and may have a positive effect on general well-being."

(Survey respondent, NHS)

3.22 Many talked about the damaging impact that concern about finances can have, in relation to stress, depression, anxiety and pressure on relationships. Some felt that engaging in positive activity around financial planning would help encourage a positive focus, and distract from a 'mindset of negativity' around finances – thereby enhancing mental health. Others pointed to the evidence base or research which links financial inclusion and health.

"Being in control of aspects of your life improves your mental well-being; being financially aware, able to manage your money better and having the maximum money available to you allows greater control over that aspect."

(Survey respondent, NHS)

"Research has proven that people who are in a more stable financial situation and perhaps in employment enjoy better health all round."

(Survey respondent, Social Work)

3.23 Some talked positively of the impact of financial inclusion activity, supporting people to make better use of their money, access appropriate services, purchase healthy food and live more comfortably.

"Money gives people choices - lack of money restricts choice, makes people feel helpless (and hopeless) and this affects all aspects of health."

(Survey respondent, NHS)

3.24 However, a minority expressed concern about the impact of financial inclusion activity, suggesting that it did not address underlying issues of inequality and poverty. And a very small minority questioned the link between poverty and health.

"Mental ill health does not discriminate between millionaires and paupers - it affects them all equally, and all the money in the world won't change a thing in terms of how it affects you."

(Survey respondent, NHS)

"It seems to me that this is frittering around the edges and not making the profound changes that will result in a more socially just society where we all benefit. This kind of work, it seems to me, only sustains the basic problems and doesn't address them."

(Survey respondent, Social Work)

3.25 A total of 392 respondents explained their thinking behind the link between employability and health. The vast majority talked of the value of work in providing a sense of purpose, structure and routine, and providing social opportunities so that people feel part of a community and society. Most felt that this had a very clear impact on confidence, self worth, motivation, pride and sense of control. Many pointed to the financial security and peace of mind which a secure and well paid job could offer.

3.26 However, a significant minority of respondents cautioned that the benefits of work come from a good job with a decent living wage.

> "All of the above is dependent on the type and security of work; the health benefits of being able to view yourself as a worker may well be overwhelmed by the negative effects of poor working conditions for minimum (not even living) wages."
>
> (Survey respondent, NHS)

3.27 Others cautioned that there was a need to make sure that individuals were not pushed into work when they felt it would be detrimental to their health.

> "The answer to this varies - if someone has mental and/or physical health problems working may improve their lifestyle and improve their isolation and increase brain activity and reduce depression. However, on the other hand, being pressured into work when not feeling capable/well enough, this can make mental and physical health worse."
>
> (Survey respondent, NHS)

Talking about employability and financial inclusion

3.28 The survey explored the level of confidence respondents had in talking about employability and financial inclusion, and understanding the wider context. Table 3.5 shows the responses from practitioners (excluding managers and policy makers) given that the question focused on client facing staff.

Table 3.5: Practitioner confidence around financial inclusion and employability						
Confidence and understanding	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Not applicable**
I feel confident if a client wishes to talk to me about employability	12%	30%	21%	23%	6%	8%
I feel confident if a client wishes to talk to me about income maximisation or money management	10%	29%	19%	26%	10%	6%
I understand the recent changes to the Welfare System and what they mean for my clients	7%	28%	19%	29%	13%	4%

3.29 Over a third of respondents felt confident talking about employability and financial inclusion. Over a quarter indicated they were not confident talking about employability and over a third were not confident talking about financial inclusion. While a third understood the changes to the Welfare System, over a third indicated that they did not.

3.30 Levels of confidence and understanding varied significantly by sector. While almost half of Social Work respondents felt confident discussing employability and financial inclusion, this fell to just a third for NHS respondents.

Table 3.6: Confidence and understanding by sector		
Confidence and understanding	**Social Work staff strongly agree or agree**	**NHS staff strongly agree or agree**
I feel confident if a client wishes to talk to me about employability	50%	34%
I feel confident if a client wishes to talk to me about income maximisation or money management	48%	31%
I understand the recent changes to the Welfare System and what they mean for my clients	43%	28%

3.31 Most of those who indicated that they did not feel confident, or this was not applicable to them, said that they did not have routine contact with clients. Some managers said that they made sure they were aware of the wider context, so that they could support staff as required. Many said that it was not their role to give advice or guidance, but that they did feel confident that they could signpost the individual to an appropriate service for support.

3.32 Previous surveys highlighted that a significant proportion of health, housing and social care staff felt that they knew what to do if a client wished to discuss training and employment. In 2006, 63 per cent of respondents knew what to do, increasing to 71 per cent in 2008. The questions asked in 2013 are subtly different, but suggest that there is a lower level of confidence around talking about employability than in the past. However, it is important to note that significantly more survey responses were received from health and social care practitioners in 2013, suggesting that the survey will have been distributed beyond those most interested and confident in employability and financial inclusion issues.

Accessing support for clients

3.33 The survey asked whether respondents felt confident accessing appropriate support for clients. There was a higher level of awareness about the support available to help clients with financial inclusion than employment.

Table 3.7: Practitioner views on accessing support for clients

Accessing support for clients	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
I know what kinds of support are available to help clients towards employment	7%	33%	19%	24%	8%	8%
I know what kinds of support are available to help clients with financial inclusion	10%	40%	18%	19%	8%	5%
I know how to access support to help clients towards employment	9%	36%	19%	20%	8%	8%
I know how to access support to help clients towards financial inclusion	13%	36%	19%	20%	8%	8%

3.34 Again, Social Work staff had higher levels than NHS staff of awareness of support and how to access it.

Table 3.8: Accessing support by sector				
Accessing support by sector	**Social Work staff strongly agree or agree**	**NHS staff strongly agree or agree**		
		Hospital Based	**Community Based**	**Total**
I know what kinds of support are available to help clients towards employment	53%	23%	41%	34%
I know what kinds of support are available to help clients with financial inclusion	56%	31%	55%	44%
I know how to access support to help clients towards employment	57%	30%	44%	38%
I know how to access support to help clients towards financial inclusion	59%	37%	63%	50%

3.35 One hundred and ninety-three respondents provided reasons or further information about their answers to this question. Most highlighted that they would signpost people to appropriate support. Some reiterated that they were not client facing and so these questions were not applicable.

> "We routinely make referrals to the bridging services and to job centre plus and signpost patients towards agencies that coordinate volunteering opportunities and offer advice on finances (money matters) and benefit entitlement (CAB)."
>
> (Survey Respondent, NHS)

3.36 In 2006, just over half of health, social care and housing staff said that they knew what kinds of support were available to help clients towards employment, rising to 62 per cent by 2008. However, this fell significantly to 38 per cent by 2013. Many highlighted that there were changes in the organisations available to support clients, and that it could be challenging to keep up to date with the support available.

Priorities within employability and financial inclusion

3.37 Respondents were asked about the priorities within employability and financial inclusion, and how aware they were about the services available within these priority areas.

Table 3.9: Priorities within employability and financial inclusion								
	Priority				Awareness of services to support clients			
	Low	Med	High	n/a	Low	Med	High	n/a
Building routines, self awareness and life skills	9%	16%	56%	19%	23%	28%	32%	17%
Building specific employment skills	31%	25%	18%	27%	35%	29%	14%	22%
Supporting people into work	31%	22%	20%	28%	38%	28%	12%	22%
Access to benefits and income maximisation	6%	15%	61%	17%	23%	33%	29%	15%
Financial awareness and capability	10%	26%	48%	17%	28%	35%	22%	16%
Access to financial services like bank accounts/ loans	20%	29%	32%	20%	38%	29%	14%	18%
Fuel poverty	18%	22%	40%	21%	39%	30%	14%	18%
Homelessness	23%	21%	33%	23%	31%	27%	23%	19%

3.38 This highlighted that the highest priority areas include:

- building routines, self awareness and life skills;
- access to benefits and income maximisation;
- financial awareness and capability; and
- fuel poverty.

3.39 However, awareness of services to support clients within these high priority areas was relatively low. Just one third rated their awareness of support with building routines and life skills as high, and this fell to less than a third for access to benefits; just over a fifth for financial awareness and capability; and just 14 per cent for fuel poverty.

3.40 Respondents provided commentary on their reasons for considering these issues to be a high priority. Many highlighted that the clients they worked with had very varied needs, and so the priorities changed depending on the individual. This was a particular issue for the themes around financial inclusion (benefits/ financial awareness/ access to financial services/ fuel poverty/ homelessness). Many felt that it was not appropriate for them to be exploring these issues with their clients, and so they didn't know what the priorities were for their client group.

> "These issues very much vary among individuals. Very few people on my caseload are in paid employment. Motivation/interest levels in relation to structured activity, employability & making lifestyle changes also tend to vary."
>
> (Survey respondent, NHS)

3.41 Some talked of the work they did generally to support routines, which could form a strong basis for future employability focused work.

"Building routines, self-awareness and life skills are fundamental to the rehabilitation programme that we offer patients. We would see building specific employment skills as the responsibility of other agencies, particularly as many of our patients are a long way away from being able to return to work."

(Survey respondent, NHS)

"If we can help people develop and build more personal skills as a baseline support, then I feel we will be better placed to help them then progress their skills in relation to specific areas like employment."

(Survey respondent, NHS)

3.42 However, some highlighted that they simply did not have the time to consider these issues within their current role. Some highlighted that they may work on these areas if they had capacity, while others suggested that it was not relevant to their area of work. In particular, many NHS respondents felt that issues around financial inclusion were the responsibility of Social Work, or other organisations.

"The health visitors role is so busy and full that they are focused first on their core duties so these activities staff may be good at signposting to and supporting but it is not first on their list of things to do."

(Survey respondent, NHS)

"I don't have the knowledge, experience/training but most of all I don't have the time or inclination to deal with such a complex area in my own working environment. It's not relevant for me. It would delay discharges and hold up valuable elective surgical beds lengthening waiting lists for much needed surgery.

(Survey respondent, NHS)

"Do not have the time...to assist patients properly with these types of problems, but l feel there should be a named person who has this expertise to do so that l can refer onto."

(Survey respondent, not specified)

3.43 Many respondents indicated that it could be difficult to keep track of the support available. Some pointed to the financial constraints experienced by all services, and indicated that there were issues about service sustainability and capacity. Others highlighted that it was time consuming to keep track of support initiatives, unless this was co-ordinated across their team or department. A minority talked of useful approaches in the past, where there were clear points of signposting and referral for clients requiring support – but

highlighted that this needed senior level support and commitment. A minority of individuals said that they maintained their own files on sources of support.

> "We have done much work on this. The problem is that new initiatives rise and fall before we can get used to them."
>
> (Survey respondent, NHS)

> "Little emphasis on routing to employment sustainability of ongoing support required has seen previous employment initiatives flounder."
>
> (Survey respondent, Social Work)

4. Joint Working and Support

Introduction

4.1 This chapter explores responses to a series of questions around joint working in relation to employability and financial inclusion. It also summarises responses to questions exploring the support required to enhance employability and financial inclusion working in the future.

Signposting

4.2 The survey asked whether respondents signpost or refer clients to other organisations for employability or financial inclusion support. Overall, referral and signposting in relation to financial inclusion was more common than around employability. NHS respondents were less likely than Social Work respondents to refer for both employability and financial inclusion services.

Table 4.1: Signposting, by sector

	Social Work respondents		NHS respondents		Total	
	Employ	Financial inclusion	Employ	Financial inclusion	Employ	Financial inclusion
Often	26%	29%	12%	25%	16%	26%
Sometimes	27%	34%	26%	31%	26%	31%
Rarely	24%	16%	17%	12%	19%	13%
Never	7%	6%	21%	14%	17%	12%
N/a	16%	16%	24%	19%	22%	18%

4.3 Overall, 42 per cent of respondents often or sometimes referred or signposted clients for employability or financial inclusion support. In 2006, 55 per cent said that they had ever referred people for support, rising to 64 per cent in 2008. In 2013, 61 per cent said that they had ever referred people for support of this nature.

4.4 Respondents were asked which organisations they referred and signposted to and why. Two hundred and eighty-six NHS respondents answered this question, and 98 Social Work respondents. Generally, responses to this question were limited, with respondents simply providing a list of organisations and support services they signposted to. Where commentary was provided, respondents cited the service as providing good support to their clients in a specific area, such as legal or financial support, or support in helping to find a job. A small number of respondents took the opportunity to say that although their job probably should entail referring clients to support services, they did not have the time to do so.

4.5 A note of the organisations listed in response to this question is included as Appendix Two.

4.6 The survey also asked whether there were formal referral arrangements in place with the organisations they worked jointly with. This highlighted that overall, almost half of respondents had formal agreements in place.

Table 4.2: Formal agreement in place, by sector			
Formal agreements in place?	**Social Work respondents**	**NHS respondents**	**Total**
Yes	51%	44%	45%
No	49%	56%	55%

4.7 Respondents were also asked how they felt about the quality of signposting and referral that clients received between their service and employability/ financial inclusion services. Responses were varied – but broadly the same proportion of respondents indicated that the signposting process was poor or could be improved as those who indicated the quality of the signposting to be good. There was generally little commentary provided as to why this was the case.

4.8 Respondents who considered the process to be good or very good generally simply stated this, with commentary as to why rather limited. Generally, it appeared that the quality of the process depended on the expertise (in selecting who to refer their clients to) and desire of staff to help their clients out.

> "Good advice is provided from the wealth of experience from our existing staff group."
>
> (Survey respondent, Social Work)

> "Good quality service which is performance managed."
>
> (Survey respondent, NHS)

> "I am happy with the quality of signposting and referral - in the majority of cases I will support the client to attend initial meetings so that they are comfortable with the referral."
>
> (Survey respondent, Social Work)

> "It is good because the organisations we signpost to are good."
>
> (Survey respondent, NHS)

4.9 Where respondents considered the quality of signposting to be poor, there was a sense among staff that they were not well informed about the services available and as a result felt unable to provide enough quality information to their clients. In addition, there was also a feeling that more must be done to support their clients in making links to other organisations, but that they themselves did not feel in a position to provide this support.

> "Poor signposting, as there are a variety of local services and resources with different remits. In addition, there is poor awareness on the part of staff regarding the resources available to clients."
>
> (Survey respondent, Social Work)

> "Poor, service previously had direct access to Social Work team which provided good support and advice, this is no longer available therefore the information gaining process is more problematic. With all the recent changes to the Welfare System and return to work programmes, I no longer feel equipped to provide relevant advice."
>
> (Survey respondent, NHS)

> "It's not good enough, really we should be supporting service users (particularly adults with LD) through this process otherwise they struggle. Difficulties such as appointment times, understanding information, having confidence etc."
>
> (Survey respondent, Social Work)

> "Signposting can be very patchy, depending largely on the individual practitioner's personal knowledge base."
>
> (Survey respondent, NHS)

4.10 Some respondents indicated that they considered the signposting in place to be neither good nor bad. Several stated that they felt the process of signposting to be mixed because they were not given any proper feedback regarding how clients progressed, and so there was no way of telling whether or not they were signposting clients appropriately. Some highlighted particular barriers for people from ethnic minority communities and asylum seekers.

> "Referral process is ok. It is the time people wait for an appointment and input that is problematic. The services cannot cope with the demand."
>
> (Survey respondent, Social Work)

"The referral process for employability is clear and concise - unfortunately the information process after that does not flow so easily. Retrieving information on progress can be labour intensive."

(Survey respondent, Social Work)

"The initial contact is positive but you then become excluded in the process and often hear conflicting responses from clients and the service."

(Survey respondent, NHS)

4.11 There were also respondents who indicated that they considered signposting of services to be much better with regard to either employability or financial inclusion, with this generally depending on the expertise or job role of the respondent themselves.

"Good for employment not for financial inclusion as I feel there should be a specific service within addiction which could deal with this."

(Survey respondent, NHS)

"Good re employability, need to improve re financial issues."

(Survey respondent, Social Work)

"For financial inclusion I feel it's very good especially since we can offer a fast track service. No formal system in place for employability."

(Survey respondent, NHS)

Wider joint working

4.12 The survey also asked whether respondents undertook any joint work with employability or financial inclusion services, beyond referral and signposting. Overall, just less than a fifth had wider joint working arrangements in place. However, this increased to over a quarter for Social Work respondents.

Table 4.3: Joint working arrangements, by sector

Wider joint working in place?	Social Work respondents	NHS respondents	Total
Yes	26%	15%	18%
No	74%	85%	82%

4.13 One hundred and thirty-six respondents provided more information about the nature of joint work. Many said that joint working was often undertaken on an individual basis, depending on the client's needs. Many also highlighted that the ability to work with other services depended on the perception of the quality of service offered by them, and individual relationships with staff.

Some felt that it was essential to work jointly – or at least in parallel in a co-ordinated manner.

> "If service user is accepted by local service, I generally keep in touch with service provider, as in most cases I continue to have responsibility for care management."
>
> (Survey respondent, Social Work)

> "Yes at least some short-term joint working. This can often be the difference between success and failure with another agency."
>
> (Survey respondent, Social Work)

> "In some cases clients work with a number of different services, I ensure that I link in with the services and we work together in the best interests of the client."
>
> (Survey respondent, Social Work)

4.14 Some respondents indicated that they had undertaken joint visits with employability or financial inclusion services, and had assisted with form filling for other services. Others said that they made sure that referral involved passing on as much information as possible, so that a joint visit wasn't necessary.

> "I have tried to phone the service on the client's behalf when they have problems. I do not see the point of joint visit/contact as I would try to give as much information as a referrer."
>
> (Survey respondent, NHS)

4.15 Some referred to specific examples of joint working in particular areas. For example, one NHS respondent referred to a pilot underway to train money advice workers to raise the issue of smoking with their clients, and to refer to the health service.

Barriers to financial inclusion and employability support

4.16 In total, 154 Social Work and 418 NHS respondents answered questions related to the barriers their clients face with regard to obtaining financial support and gaining employment. Most of the people who responded chose to focus on the barriers to employment.

4.17 A key theme to emerge across responses related to the lack of opportunities that are available to clients, with most respondents indicating that employment opportunities which are available are generally poorly paid, and tend to be quite inflexible. This was especially common among respondents who

worked with clients with a learning disability, with several respondents highlighting the difficulties faced by clients with support needs in finding employment.

"Employability - Lack of suitable opportunities and some appear to be quite tokenistic. Significant levels of physical disabilities appear to be a barrier to engaging with these opportunities."

(Survey respondent, Social Work)

"There is a real lack of opportunity – there are very limited numbers of jobs available, and a great deal of competition."

(Survey respondent, NHS)

"The main barriers are organisations will not employ adults with learning disabilities/ autism...this has been exacerbated recently due to the state of the economy. Employers cannot afford to take on people with additional support needs (even though they should not discriminate)."

(Survey respondent, Social Work)

"Paid employment opportunities are extremely scarce for my client group."

(Survey respondent, Social Work)

4.18 Another theme to emerge was that client attitudes and behaviours can present a major challenge to finding suitable employment and financial support. Several respondents talked of clients' lack of desire and motivation to seek support and employment. Some respondents did however suggest that this lack of motivation is a result of their client believing that they would be worse off (mainly in financial terms) if they were to find a job.

"Regrettably the attitude of the young people themselves is the biggest barrier they face - they are not willing to look for employment, training, or apply to further education."

(Survey respondent, Social Work)

"There is a lack of motivation on client's part (many come from families where there are 4 generations who have never worked.) There is also a lack of skills and education, as well as a lack of ambition to improve their own situation and look to a better future, due to their lack of self-esteem, confidence and belief in themselves."

(Survey respondent, NHS)

"Clients are scared to change anything. People are scared to come off of benefits and into work as they are unsure of the effect on their benefits and what impact this will have on their families."

(Survey respondent, Social Work)

4.19 Other respondents highlighted that they work with people who have a criminal record, have a history of taking drugs and face current issues such as being homeless. As such, they felt that their clients found it difficult to find employment, suggesting very few employers would readily employ people in that situation. In addition, some respondents also suggested that as a result of these barriers, their clients have a negative outlook with regard to finding employment and therefore they have no confidence in their ability to find work, meaning they don't attempt to.

"The main barriers faced by my clients are homelessness, a lack of skills, qualifications and experience, the fact that they have a criminal record, they suffer from mental health problems, and that they are currently suffering from or recovering from addictions."

(Survey respondent, Social Work)

"Stigma, realistic opportunities and availability, drug and alcohol issues, homeless issues, lack of time to concentrate on these issues with people."

(Survey respondent, NHS)

4.20 Several survey respondents also cited a lack of resources and a lack of knowledge as a barrier to their clients accessing financial and employment support. Respondents (mainly NHS employees) felt that there was a lack of information readily available to clients and support staff on how to explore the options available to them, and that in the instances where information is available, it is generally outdated. Others, often within Social Work services, talked of staff shortages, lack of experience and pressures on workloads.

"Lack of advertising about these services, sometimes changes might be made to services I refer to and I have not been made aware of these changes."

(Survey respondent, NHS)

"There is a lack of staff (staff who have retired not being replaced due to a lack of funding), and there is a lack of experience among newer staff."

(Survey respondent, Social Work)

4.21 Finally, respondents talked about how they didn't have the time, and how employability and financial inclusion didn't fit within the scope of their job. Some respondents, both Social Work and NHS staff, said that they didn't have the expertise, time nor desire to assist their clients in finding employment and/or financial support.

> "I don't have the time and don't want to be an expert in this area – I want to do my own job well."
>
> (Survey respondent, Social Work)

> "We simply do not have the resources to add it to our role."
>
> (Survey respondent, NHS)

4.22 Previous surveys from 2006 and 2008 show that the main barriers to raising training and employment issues with clients were barriers put up by the client; and concern about a loss or reduction in benefits. Other barriers included that it was not appropriate due to client circumstances; that they didn't have time to help clients in this way; and that they didn't feel they had sufficient knowledge in this area to help.

Benefits of financial inclusion and employability support

4.23 Respondents were asked about the benefits of financial inclusion and employability support to their clients. It was clear from many Social Work and NHS employees that supporting their clients in obtaining employment and financial support was seen as something important that would provide considerable benefits to clients. Almost everyone who responded suggested at least one way in which their clients would benefit from employment and financial support.

4.24 One key theme centred on the potential of financial inclusion and employability support to enable clients to become physically and mentally healthier. Several respondents talked about the reduction in stress levels that employment and being in a better financial state would bring about, and suggested that clients would also be less anxious and worried if they were able to find a stable, paid job. Most respondents indicated that any financial inclusion or employability support had the potential to contribute to helping reduce stress levels and consequently their client's overall health.

> "Financial support would lead to increased spending power to provide choices in how to spend finances with a view that this could improve quality of life, health and reduce stress levels regarding debts."
>
> (Survey respondent, Social Work)

"Having an additional service to assist clients in accessing employment and financial support would help with the individuals overall wellbeing by helping to reduce stress/ anxiety and improve on health."

(Survey respondent, NHS)

"Client feels supported and understands the process into employment, which allows them to feel less stressed and more in control of the move into work, as they don't feel they are taking such a big step into the unknown."

(Survey respondent, Social Work)

4.25 Several respondents were also keen to point out the fact that employment and more financial awareness would lead to their client having more confidence and self-esteem, stemming from having a greater involvement in society.

"Increased support would help improve self-esteem and confidence and give the client a greater sense of self-worth."

(Survey respondent, Social Work)

"It brings about a certain degree of normalisation and inclusion into the wider society, and as a result a sense of more independence and self-confidence."

(Survey respondent, NHS)

4.26 In addition to leading to greater self-esteem and confidence among clients, respondents also pointed out that support, particularly employment support would enable their clients to have a more structured life and consequently a greater sense of purpose. In addition, respondent felt that their clients would develop social skills through work.

"Support would provide a purpose, a daily structure and a sense of achievement to their lives."

(Survey respondent, NHS)

"It leads to social inclusion, increased civic awareness and responsibility."

(Survey respondent, Social Work)

4.27 Others highlighted that support would lead to a better quality of life for their clients in general terms. In the main, respondents simply stated this and therefore there wasn't much commentary as to why, but there was a clear consensus that if clients were supported properly, the quality of their life would increase substantially.

"They will increase their income therefore the potential to increase their quality of life."

(Survey respondent, Social Work)

"The clients will be happier and healthier with a better quality of life but they will have to be prepared to make an effort too, and learn to budget wisely, using the talents that were bestowed upon them and work hard."

(Survey respondent, NHS)

Support for staff in future

4.28 Respondents from NHS and Social Work identified three key areas they considered support to be necessary in relation to increasing their confidence in supporting clients. These were - better quality training; better quality information; and better communication between organisations and services.

4.29 Respondents agreed that more training was necessary to enable them to better support clients in employability and financial inclusion. Generally respondents simply stated that they would like to see better training, with no specifics around the kind of training they needed. Where commentary was provided, respondents felt that the current training schemes in place were not suitable for their purpose, and generally didn't cover the financial inclusion and employment information they required in enough detail.

"More training and information on financial inclusion and welfare benefits and reform would be very useful."

(Survey respondent, Social Work)

"More information and training which is appropriate to the service and young people I work with."

(Survey respondent, NHS)

"Training/briefings on what employment support services are available and how disabled people can be supported to work. Any training that is currently being provided has been insufficient in increasing staff awareness therefore further training is required."

(Survey respondent, Social Work)

"More training tailored to basic level. I have had an afternoon training by Social Work on new benefits and did not understand most of it."

(Survey respondent, NHS)

4.30 A large number of respondents also requested better quality information about the support available for their clients.

"Clear information and greater awareness of supports and how to access them."

(Survey respondent, Social Work)

"I feel that I would require either training or general information about services which would provide the best possible support to my clients. Due to a lack of knowledge I would feel uncomfortable taking this on alone."

(Survey respondent, NHS)

"More information about services that support people, and a base for workers to ask advice from."

(Survey respondent, Social Work)

"More information in the form of info leaflets, hand-outs with appropriate service information which admin/reception staff could access to give to patients. A website with general/specific information that staff can use to gain better information would also be useful."

(Survey respondent, NHS)

4.31 Respondents also suggested that if there were better communication links between support services, and a more streamlined approach was taken, then their job would be much easier and they would also have a greater degree of confidence in signposting or referring clients, as their working relationships would be closer with support services.

"Better links with specialist employment agencies and workers within teams who specialise in supporting people to access employment."

(Survey respondent, Social Work)

"Better links with services that provide this so we can get help for clients and then they can look at their mental health issues, once they have control and understanding of these issues."

(Survey respondent, NHS)

"Stronger links with employability services and having the potential to fast track clients who require urgent assistance with financial inclusion support applications."

(Survey respondent, Social Work)

"For our staff to link in better with other services, for better efficient communication, for training, to have staff confident there is a service that they can link their staff into and that will be able to provide support in various ways."

(Survey respondent, NHS)

4.32 The final theme to emerge, from a small number of respondents, centred on a lack of resources and a lack of suitable employment opportunities for their clients. A few Social Work respondents mentioned that their job would be easier if there were more resources and opportunities available that they could direct their clients towards.

> "More realistic accessible resources and reliable on-going funding for the services that provide this support."
>
> (Survey respondent, Social Work)

> "More resource targeted at specific employability and financial inclusion services, training, education and employment."
>
> (Survey respondent, Social Work)

> "I would suggest more employment initiatives at commissioning stages and grants in relation to apprentice schemes for older people and less restriction on age discrimination."
>
> (Survey respondent, Social Work)

4.33 There were a few Social Work and NHS respondents who highlighted that they felt confident in signposting clients, but that this was not something that should have been in their job description.

> "Sorry, but beyond what the staff do already in signposting the financial services I would oppose any attempt to make this part of (our) role. We cannot achieve a satisfactory outcome in the time available to us."
>
> (Survey respondent, NHS)

> "Unfortunately due to time restraints, it would not be possible to do any more as this is not in our remit and resources are limited."
>
> (Survey respondent, NHS)

> "I do not feel it is my role to do this. However, I am very confident in signposting about this."
>
> (Survey respondent, Social Work)

Appendix One: Survey

Health and Social Care Survey 2013

INTRODUCTION

NHS Greater Glasgow and Clyde and GCC Social Work Services wish to understand more about how health and social care staff working in Glasgow perceive their role in relation to both employability and financial inclusion.

We would like to gather your views on:

- your role and experiences in relation to employability – by which we mean enabling people to progress towards employment, get into employment, stay in employment and move on in the workplace; and
- your role and experiences in relation to financial inclusion – by which we mean activities such as income maximisation, financial awareness and money management advice.

This survey is for all staff. Please complete it even if you don't think that employability or financial inclusion are part of your role. This is useful for us to know.

The survey should take you 15 minutes to complete.

This survey is anonymous. Information will be treated confidentially, and reporting will not identify individuals. Please complete it by **13 September 2013.**

If you prefer, you can:

- request the survey in a word format or hard copy – contact ann.elliott@odsconsulting.co.uk
- complete the survey over the phone – call 0141 424 3765 and ask for Emma, Jo or Ann

This work has been commissioned by the NHS GGC Patient Focus Employability Group, and will inform future policy, practice, training and support in this field.

Health and Social Care Survey 2013

About You

1. I work for:

- ◯ GCC Social Work Services
- ◯ Greater Glasgow and Clyde NHS

Other (please specify)

2. I work with...(please tick all that apply)

- ☐ people with physical disabilities
- ☐ people with learning disabilities
- ☐ people with sensory impairments
- ☐ people with mental health issues
- ☐ people with addictions issues
- ☐ people with medical conditions
- ☐ homeless people
- ☐ older people
- ☐ children and families
- ☐ young people who are leaving care
- ☐ people in the criminal justice system

Other (please specify)

3. I am based in:

- ☐ A hospital
- ☐ A community setting

Other (please specify)

4. I am a:

- ◯ Policy maker
- ◯ Manager
- ◯ Practitioner

Other (please specify)

Health and Social Care Survey 2013

Your Role in Relation to Employability and Financial Inclusion

5. Please state how much you agree or disagree with each of the following statements:

It is currently a part of my role to:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
Discuss employability with my clients	◯	◯	◯	◯	◯	◯
Discuss financial inclusion with my clients	◯	◯	◯	◯	◯	◯
Help my clients access employability services	◯	◯	◯	◯	◯	◯
Help my clients access financial inclusion services	◯	◯	◯	◯	◯	◯

6. Please state how much you agree or disagree with each of the following statements:

It should be part of my role to:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
Discuss employability with my clients	◯	◯	◯	◯	◯	◯
Discuss financial inclusion with my clients	◯	◯	◯	◯	◯	◯
Help my clients access employability services	◯	◯	◯	◯	◯	◯
Help my clients access financial inclusion services	◯	◯	◯	◯	◯	◯

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Your Views on Employability and Financial Inclusion

7. Please state how much you agree or disagree with each of the following statements:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
There are opportunities and jobs available for my clients	◯	◯	◯	◯	◯	◯
Paid employment is a genuine option for my clients	◯	◯	◯	◯	◯	◯
Poverty is a factor in poorer health outcomes for individuals	◯	◯	◯	◯	◯	◯
The current economic situation will have an impact on health inequality	◯	◯	◯	◯	◯	◯

Please tell us more about the reasons for your choices:

8. To what extent do you think that financial inclusion activity such as income maximisation, financial awareness and money management advice, can impact on:

	Not at all	Not much	A little	A lot
Mental health	◯	◯	◯	◯
Physical health	◯	◯	◯	◯
Quality of life	◯	◯	◯	◯

Please tell us why

9. To what extent do you think that employability activity such as supporting people to get work, stay in work and progress in work, can impact on:

	Not at all	Not much	A little	A lot
Mental health	◯	◯	◯	◯
Physical health	◯	◯	◯	◯
Quality of life	◯	◯	◯	◯

Please tell us why

Talking about Employability and Financial Inclusion

10. Please state how much you agree or disagree with each of the following statements:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
I feel confident if a client wishes to talk to me about employability	◯	◯	◯	◯	◯	◯
I feel confident if a client wishes to talk to me about income maximisation or money management	◯	◯	◯	◯	◯	◯
I understand the recent changes to the welfare system and what they mean for my clients	◯	◯	◯	◯	◯	◯

Please tell us more about the reasons for your choices:

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Accessing Support for Clients

11. Please state how much you agree or disagree with each of the following statements:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
I know what kinds of support are available to help clients towards employment	◯	◯	◯	◯	◯	◯
I know what kinds of support are available to help clients with financial inclusion	◯	◯	◯	◯	◯	◯
I know how to access support to help clients towards employment	◯	◯	◯	◯	◯	◯
I know how to access support to help clients towards financial inclusion	◯	◯	◯	◯	◯	◯

Please tell us more about the reasons for your choices:

Priorities within Employability and Financial Incllusion

EMPLOYABILITY

12. How much of a priority are the activities below for the individuals you support?

	Low	Medium	High	Not applicable
Building routines, self awareness and life skills	◯	◯	◯	◯
Building specific employment skills	◯	◯	◯	◯
Supporting people in work	◯	◯	◯	◯

Please tell us more about the reasons for your choices:

13. How would you rate your awareness of services to support your clients in this area?

	Low	Medium	High	Not applicable
Building routines, self awareness and life skills	◯	◯	◯	◯
Building specific employment skills	◯	◯	◯	◯
Supporting people in work	◯	◯	◯	◯

Please tell us more about the reasons for your choices:

FINANCIAL INCLUSION

14. How much of a priority are the activities below for the individuals you support?

	Low	Medium	High	Not applicable
Access to benefits and income maximisation	◯	◯	◯	◯
Financial awareness and capability	◯	◯	◯	◯
Access to financial services like bank accounts and loans	◯	◯	◯	◯
Fuel poverty	◯	◯	◯	◯
Homelessness	◯	◯	◯	◯

Please tell us more about the reasons for your choices:

15. How would you rate your awareness of services to support your clients in this area?

	Low	Medium	High	Not applicable
Access to benefits and income maximisation	◯	◯	◯	◯
Financial awareness and capability	◯	◯	◯	◯
Access to financial services like bank accounts and loans	◯	◯	◯	◯
Fuel poverty	◯	◯	◯	◯
Homelessness	◯	◯	◯	◯

Please tell us more about the reasons for your choices:

WORKING JOINTLY

16. Do you signpost or refer clients to other organisations for:

	Yes, often	Yes, sometimes	Rarely	Never	Not applicable
Employability support	◯	◯	◯	◯	◯
Financial inclusion support	◯	◯	◯	◯	◯

17. Which organisations to you signpost or refer clients to - and why:

18. Do you have formal arrangements in place with these organisations? (By this we mean, an agreement about how you put the client in touch with this organisation)

◯ Yes

◯ No

Please tell us more about the arrangements:

19. How do you feel about the quality of signposting and referral that clients receive between your service and employability/ financial inclusion services?

20. Do you undertake any joint work with employability and/or financial inclusion services, beyond referral and signposting?

- ◯ Yes
- ◯ No

Please tell us about this:

Support

21. What, in your opinion, are the main barriers to supporting your clients with employability and financial inclusion?

22. What do you think are the main benefits of supporting your clients with employability and financial inclusion?

23. What would help you to do more or feel more confident to support clients in relation to employability and financial inclusion?

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THANK YOU

Thank you very much for taking the time to complete this survey.

We will be holding an event to discuss the findings of this research. If you are interested in attending, please provide your contact details:

24. CONTACT DETAILS

Name:

Email:

Phone number:

Appendix Two: Signposting and Referral Arrangements

Organisation – Social Work Referrals and Signposting

Bridging Services (18)
Welfare Rights (25)
Citizen Advice Bureau (21)
DWP (5)
Job Centre and Job Centre Plus (7)
Financial Advice (14)
Careers Scotland (5)
Local Government Employability Services (11)
Remploy/restart (6)
Momentum (6)
Other (36)

- Further Education
- Credit Union
- Law Centre
- Money Matters/Money Advice Service
- Sacro
- Disability Scotland
- CPAG
- Volunteer Service
- Refugee Council
- Child Law Centre
- Drumchapel Law and Money Advice
- Community Mental Health

Organisation – NHS Referrals and Signposting

Bridging Services (18)
Welfare Rights (25)
Citizen Advice Bureau (33)
DWP (6)
Job Centre and Job Centre Plus (22)
Careers Scotland (5)
Local Government Employability Services (17)
Remploy/restart (8)
Mental Health Services (10)
Money Matters (32)
Money Advice Service (38)
Healthier Wealthier (15)
GERA (9)
Carer Services (8)
GEMAP (18)
Momentum (14)
GAIN (6)
Social Work (32)

Macmillan support services (23)

Other (57)

- Further Education
- Careers Scotland
- IPS
- Benefit Support
- Credit Union
- Law Centre
- Disability Scotland
- Volunteer Service
- Refugee Council
- Drumchapel Law and Money Advice
- Community Mental Health
- Arthritis Project
- Age concern
- Student Support
- Housing Associations
- Skills Development Scotland
- Regeneration Projects
- Jobs and Business Glasgow

Appendix Three: Additional Tables

Table A1: There are opportunities and jobs available for my clients – by client group worked with						
	Strongly Agree	**Agree**	**Neither/Nor**	**Disagree**	**Strongly Disagree**	**Not Applicable**
People with mental health issues (n=605)	2% (15)	19% (115)	30% (183)	24% (148)	10% (63)	13% (81)
People with medical conditions (n=520)	2% (12)	19% (98)	34% (178)	22% (113)	9% (45)	14% (74)
People with physical disabilities (n=456)	2% (9)	18% (81)	34% (154)	23% (107)	11% (48)	13% (57)
People with learning disabilities (n=426)	2% (10)	17% (72)	32% (137)	24% (103)	12% (50)	12% (51)
Older people (n=426)	2% (8)	16% (67)	33% (139)	20% (87)	11% (45)	19% (80)
People with addictions issues (n=418)	3% (12)	18% (76)	34% (142)	26% (108)	10% (42)	9% (38)
People with sensory impairments (n=343)	2% (8)	16% (55)	34% (116)	22% (76)	10% (34)	16% (54)
Children and families (n=343)	3% (9)	19% (64)	34% (116)	22% (75)	7% (25)	16% (54)
Homeless people (n=276)	3% (8)	20% (56)	31% (86)	25% (70)	11% (31)	9% (25)
People in the criminal justice system (n=221)	4% (9)	25% (56)	27% (59)	22% (48)	13% (29)	9% (20)
Young people who are leaving care (n=123)	2% (3)	27% (33)	27% (33)	22% (27)	12% (15)	10% (12)

Table A2: Paid Employment is a genuine option for my clients – by client group worked with						
	Strongly Agree	**Agree**	**Neither/Nor**	**Disagree**	**Strongly Disagree**	**Not Applicable**
People with mental health issues (n=603)	3% (20)	24% (143)	29% (176)	23% (140)	8% (47)	13% (77)
People with medical conditions (n=518)	4% (23)	22% (116)	33% (173)	19% (98)	7% (38)	14% (70)
People with physical disabilities (n=453)	3% (15)	21% (96)	34% (152)	20% (90)	9% (43)	13% (57)
People with learning disabilities (n=422)	3% (14)	20% (86)	32% (136)	23% (95)	10% (42)	12% (49)
Older people (n=423)	4% (17)	19% (82)	31% (133)	18% (76)	9% (39)	18% (76)
People with addictions issues (n=418)	4% (17)	23% (95)	33% (139)	23% (97)	8% (33)	9% (37)
People with sensory impairments (n=341)	4% (12)	20% (68)	34% (116)	20% (68)	7% (25)	15% (52)
Children and families (n=342)	5% (16)	23% (80)	30% (104)	22% (75)	5% (17)	15% (50)
Homeless people (n=276)	4% (12)	22% (62)	33% (92)	23% (64)	8% (22)	9% (24)
People in the criminal justice system (n=222)	5% (10)	24% (54)	31% (68)	24% (53)	8% (18)	9% (19)
Young people who are leaving care (n=124)	2% (3)	23% (29)	31% (39)	24% (30)	9% (11)	10% (12)

Table A3: Poverty is a factor in poorer health outcomes for individuals – by client group worked with						
	Strongly Agree	**Agree**	**Neither/Nor**	**Disagree**	**Strongly Disagree**	**Not Applicable**
People with mental health issues (n=606)	56% (339)	32% (194)	4% (23)	1% (9)	2% (15)	4% (26)
People with medical conditions (n=521)	53% (274)	33% (172)	6% (29)	2% (10)	2% (12)	5% (24)
People with physical disabilities (n=456)	52% (239)	34% (154)	5% (25)	2% (7)	3% (12)	4% (19)
People with learning disabilities (n=425)	55% (235)	31% (131)	5% (23)	2% (9)	3% (11)	4% (16)
Older people (n=427)	50% (214)	34% (145)	6% (25)	2% (7)	2% (9)	6% (27)
People with addictions issues (n=421)	57% (240)	33% (137)	3% (14)	2% (7)	2% (10)	3% (13)
People with sensory impairments (n=343)	55% (190)	30% (103)	5% (18)	2% (7)	3% (9)	5% (16)
Children and families (n=342)	65% (222)	24% (81)	3% (9)	1% (5)	2% (6)	6% (19)
Homeless people (n=276)	55% (153)	32% (89)	4% (11)	2% (6)	2% (6)	4%(11)
People in the criminal justice system (n=222)	61% (136)	28% (62)	3% (6)	1% (3)	3% (7)	4% (8)
Young people who are leaving care (n=124)	73% (90)	21% (26)	0	1% (1)	3% (4)	2% (3)

Table A4: The current economic situation will have an impact on health equality – by client group worked with						
	Strongly Agree	**Agree**	**Neither/Nor**	**Disagree**	**Strongly Disagree**	**Not Applicable**
People with mental health issues (n=605)	54% (327)	33% (200)	6% (34)	2% (10)	2% (12)	4% (22)
People with medical conditions (n=519)	50% (261)	35% (179)	7% (35)	2% (11)	2% (11)	4% (22)
People with physical disabilities (n=455)	50% (228)	36% (163)	6% (28)	2% (8)	3% (12)	4% (16)
People with learning disabilities (n=423)	53% (223)	34% (142)	6% (25)	2% (9)	2% (10)	3% (14)
Older people (n=425)	49% (210)	35% (149)	6% (27)	2% (7)	2% (9)	5% (23)
People with addictions issues (n=419)	56% (233)	33% (137)	6% (25)	2% (8)	2% (8)	3% (11)
People with sensory impairments (n=342)	52% (178)	34% (117)	5% (17)	2% (7)	3% (9)	4% (14)
Children and families (n=343)	62% (211)	27% (94)	4% (13)	1% (3)	2% (6)	5% (16)
Homeless people (n=277)	54% (150)	32% (89)	7% (19)	3% (7)	2% (4)	3% (8)
People in the criminal justice system (n=222)	56% (125)	31% (68)	5% (10)	2% (4)	3% (7)	4% (8)
Young people who are leaving care (n=124)	69% (86)	21% (26)	4% (5)	0	3% (4)	2% (3)

Table A5: Impact on mental health, by client group worked with								
Mental Health	**Impact of financial inclusion activity**				**Impact of employability activity**			
	Not at all	**Not much**	**A little**	**A lot**	**Not at all**	**Not much**	**A little**	**A lot**
People with mental health issues (n=601/599)	1% (3)	1 % (8)	18% (106)	81% (484)	<1% (1)	2% (11)	13% (76)	85% (511)
People with medical conditions (n=516/512)	<1% (2)	2% (8)	18% (91)	80% (415)	<1% (1)	2% (9)	13% (66)	85% (436)
People with physical disabilities (n=453/450)	<1% (2)	2% (7)	18% (80)	80% (364)	<1% (2)	2% (9)	14% (62)	84% (377)
People with learning disabilities (n=421/417)	1% (3)	2% (8)	19% (79)	79% (331)	1% (3)	2% (9)	13% (53)	84% (352)
Older people (n=422/416)	<1% (1)	1% (5)	18% (75)	81% (341)	0 (0)	1% (6)	13% (52)	86% (358)
People with addictions issues (n=418/416)	<1% (1)	1% (6)	18% (74)	81% (337)	<1% (1)	1% (5)	13% (54)	86% (356)
People with sensory impairments (n=341/339)	0% (0)	2% (6)	18% (60)	81% (275)	<1% (1)	2% (7)	12% (40)	86% (291)
Children and families (n=342/339)	0% (0)	1% (5)	14% (47)	85% (290)	0% (0)	2% (5)	14% (47)	85% (287)
Homeless people (n=277/275)	<1% (1)	1% (4)	20% (55)	78% (217)	<1% (1)	2% (5)	13% (37)	84% (232)
People in the criminal justice system (n=221/219)	<1% (1)	2% (4)	20% (45)	77% (171)	<1% (1)	2% (5)	11% (24)	86% (189)
Young people who are leaving care (n=124/122)	0% (0)	3% (4)	14% (17)	83% (103)	0% (0)	4% (5)	11% (13)	85% (104)

Table A6: Impact on physical health, by client group worked with								
Physical Health	**Impact of financial inclusion activity**				**Impact of employability activity**			
	Not at all	**Not much**	**A little**	**A lot**	**Not at all**	**Not much**	**A little**	**A lot**
People with mental health issues (n=599/595)	<1% (2)	4% (21)	23% (135)	74% (441)	1%(3)	2% (14)	21% (125)	76% (453)
People with medical conditions (n=516/509)	<1% (1)	3% (14)	24% (123)	73% (378)	1% (3)	2% (13)	21% (109)	75% (384)
People with physical disabilities (n=453/446)	0% (0)	3% (14)	25% (113)	72% (326)	1% (3)	3% (12)	23% (104)	73% (327)
People with learning disabilities (n=421/414)	0% (0)	3% (14)	24% (101)	73% (306)	1% (3)	3% (11)	21% (88)	75% (312)
Older people (n=422/413)	0% (0)	3% (13)	24% (101)	73% (308)	<1% (1)	2% (7)	22% (89)	77% (316)
People with addictions issues (n=418/413)	<1% (1)	4% (17)	22% (94)	73% (306)	<1% (2)	2% (9)	21% (88)	76% (314)
People with sensory impairments (n=341/337)	0% (0)	3% (10)	23% (77)	74% (254)	1% (2)	2% (9)	20% (67)	77% (259)
Children and families (n=342/337)	0% (0)	3% (9)	17% (58)	80% (275)	<1% (1)	3% (10)	19% (65)	77% (261)
Homeless people (n=276/274)	1% (2)	4% (11)	24% (66)	71% (197)	1% (2)	3% (7)	22% (60)	75% (205)
People in the criminal justice system (n=221/219)	0% (0)	4% (9)	23% (51)	73% (161)	0% (0)	4% (8)	21% (47)	75% (164)
Young people who are leaving care (n=124/122)	0% (0)	2% (2)	18% (22)	81% (100)	0% (0)	5% (6)	20% (25)	75% (91)

Table A7: Impact on quality of life, by client group								
Quality of life	**Impact of financial inclusion activity**				**Impact of employability activity**			
	Not at all	**Not much**	**A little**	**A lot**	**Not at all**	**Not much**	**A little**	**A lot**
People with mental health issues (n=597/595)	<1% (2)	1% (6)	14% (85)	84% (504)	<1% (1)	2% (10)	11% (64)	87% (520)
People with medical conditions (n=516/510)	<1% (1)	1% (4)	14% (74)	85% (437)	<1% (1)	2% (9)	12% (59)	86% (441)
People with physical disabilities (n=453/448)	<1% (2)	1% (4)	14% (64)	85% (383)	<1% (2)	2% (9)	13% (57)	85% (380)
People with learning disabilities (n=421/415)	<1% (2)	1% (5)	14% (59)	84% (355)	<1% (2)	2% (8)	11% (47)	86% (358)
Older people (n=421/413)	<1% (1)	1% (3)	14% (58)	85% (359)	0% (0)	2% (7)	10% (43)	88% (363)
People with addictions issues (n=417/414)	0% (0)	1% (4)	14% (60)	85% (353)	<1% (1)	1% (4)	12% (48)	87% (361)
People with sensory impairments (n=341/337)	<1% (1)	1% (2)	14% (47)	85% (291)	<1% (1)	2% (8)	10% (35)	87% (293)
Children and families (n=342/337)	0% (0)	1% (2)	10% (33)	90% (307)	0% (0)	2% (6)	13% (43)	85% (288)
Homeless people (n=275/274)	0% (0)	1% (3)	17% (46)	82% (226)	<1% (1)	1% (4)	11% (31)	87% (238)
People in the criminal justice system (n=220/218)	0% (0)	1% (2)	15% (34)	84% (184)	0% (0)	3% (6)	10% (22)	87% (190)
Young people who are leaving care (n=124/121)	0% (0)	1% (1)	10% (13)	89% (110)	0% (0)	3% (4)	10% (12)	87% (105)