STAFF VIEWS AND EXPERIENCES ON EMPLOYABILITY AND FINANCIAL INCLUSION ISSUES

RESEARCH COMMISSIONED BY NHS GREATER GLASGOW AND CLYDE

Final Report

Jacki Gordon

[Jacki Gordon + Associates]

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Finally, the stakeholders who attended the seminar at which I presented the findings deserve a mention. In many ways, your feedback reaffirmed my own views, but you also raised other important points that have implications for future planning and practice. Thank you for sharing your views so candidly.

Executive summary

Background

In February 2016, NHS Greater Glasgow and Clyde (NHSGGC) Patient Focused Employability Group (as it was then) commissioned research to understand the knowledge, attitudes and practice(s) of the health and social care workforce in relation to the employability and financial inclusion (E&FI) of their patients/clients.

> **Employability** can be defined as the combination of factors and processes which enable people to progress toward, move into and stay in employment and move on within the workplace. **Financial inclusion** aims to ensure people are encouraged to access basic financial products and services to help them manage their money better, plan ahead for the future and cope with financial distress.

The Group intended that the research findings are used to identify how to support staff in playing a stronger and more effective role in relation to E&FI.

Research methods

The research methods comprised:

- an electronic survey to the health and social care workforce in NHSGGC and all GGC local authorities, specifically targeted at those staff with direct contact with patients / clients
    - 4,181 respondents to the survey met the eligibility criteria. The overwhelming majority (88%) were NHS employees, with the remainder (12%) employed by a GGC local authority (LA)
- interviews with a small sample of survey respondents
    - seven interviewees were from the NHS and five from a LA.
- a feedback event with 32 GGC stakeholders.

Key findings

There were **mixed views** across the research participants regarding whether or not:

- their professional roles required a focus on E&FI
- E&FI should be part of their professional role
- it was appropriate to be proactive in exploring E&FI needs
- there have been increased expectations or requirements to address E&FI over the past three years
- E&FI practices have increased over the past three years.

It was more common for research participants to consider that they have a role in:

- responding to needs identified by patients/clients rather than proactively enquiring about these

- signposting to support services than discussing E&FI issues with their patients/clients.

Exploration of the variability in views and experiences indicated that:

- Levels of knowledge, E&FI practices, and changes in these were **higher among LA respondents** than NHS ones, and **higher among NHS respondents working in community settings** than NHS respondents working in the acute sector.

- An E&FI focus was considered to be appropriate for interviewees for whom there was a legislative duty, for those with a holistic remit, and/or where employability or financial inclusion issues were commonly determinants or consequences of the presenting problem. In contrast, interviewees highlighted how service-led priorities could direct their focus to other outcomes and priorities (e.g. safe discharge of patients).

- In the interviews, there was some suggestion that E&FI roles can be circumscribed for certain employees, notably those performing a support role.

In addition, the research findings expose complexities, and even difficulties, with the conceptualisation of E&FI practice. From the interviews, in particular, it was evident that:

- The term 'financial inclusion' is not universally understood: some interviewees used the term (incorrectly) to refer, in an undifferentiated manner, to addressing individuals' money concerns more generally and/or to supporting welfare needs.

- The notion of E&FI practice requires some unpacking as distinctions emerged between: asking about E&FI needs and responding to the unprompted emergence of such needs; and, discussing needs versus (simply) signposting or onward referral.

Feedback from the stakeholders pointed to the desirability of achieving a number of inter-related outcomes in the future – an E&FI pipeline that is shared with, and understood by, the health and social care workforce; cross-workforce understanding of precisely what (different) staff should be doing; increased motivation and capability to perform these roles; and increased and improved E&FI practices.

Conclusion

The findings from this research indicate, however, that the health and social workforce is not homogeneous in terms of staff members' roles, needs, and potential in addressing E&FI issues.

Future planning and associated research should be underpinned by clarity and tighter specification of what is expected of the health and social care workforce. This should be informed by, and reflect, what is feasible for staff. As such, this will be dependent on the roles and remits of different staff groups, the settings in which they work and the nature of the patient/client contact that they have.

This agenda requires strong strategic leadership, and enhanced and sustained accountability.

1. Introduction

1.1 Commissioning of this research

In February 2016, NHS Greater Glasgow and Clyde (NHSGGC) Patient Focused Employability Group (as it was then) commissioned research to understand the knowledge, attitudes and practice(s) of the health and social care workforce in relation to the employability and financial inclusion (E&FI) of their patients/clients.

> **Employability** can be defined as the *combination of factors and processes which enable people to progress toward, move into and stay in employment and move on within the workplace*. This definition acknowledges that for many gaining meaningful and sustainable employment will be a process.
>
> **Financial inclusion** aims to *ensure people are encouraged to access basic financial products and services to help them manage their money better, plan ahead for the future and cope with financial distress*.

1.2 Background

Previous GGC workforce surveys on the topic of E&FI have been conducted in 2006, 2008 and 2013. These differ in the questions posed and in their distribution methods, and have had modest uptake e.g. the 2013 survey had 1,346 complete responses.

The report of the 2013 survey indicated that:

- Respondents (mainly NHS employees) felt that there was a lack of information readily available to clients and staff on how to explore available E&FI support options, and that in the instances where information was available, it was generally outdated.
- Others, often within Social Work Services, talked of staff shortages, lack of experience and pressures on workloads mitigating against E&FI practice.
- There was a desire for: better quality training and information (particularly about the range of support available); and better communication between organisations and services - building confidence in signposting, referral and joint working.

The findings from the 2013 survey were presented to the Employability and Strategic Leads in NHSGGC and Local Authorities. When that report was published, it was decided that the findings should be taken back to local employability partnerships to implement rather than there being system-wide action.

1.3 Aims of this research

In commissioning the research, the Patient Focused Employability Group (now the Employment and Health Strategic Group) hoped to explore whether perceptions of E&FI role, and knowledge and attitudes have changed *as a consequence* of the activities of the local employability partnerships over the past three years. The Group intended that the findings are used to identify how to support staff to perform stronger and more effective roles regarding E&FI.

2. Research Methods

2.1 Overview

The research methods comprised an electronic survey to the health and social care workforce in NHSGGC and all GGC local authorities; interviews with a small sample of survey respondents; and, a feedback event with GGC stakeholders.

2.2 The survey

The content of the survey was developed in collaboration with the commissioning team (members of the NHSGGC Employment and Health team and of the Public Health Directorate). This survey focused on current and perceived changes in knowledge, attitudes and practices regarding E&FI, and views and experiences of resources relevant to E&FI.[1]

Following the development and piloting of survey, information on the survey (including definitions of employability and financial inclusion, as provided in section 1.1. of this report), and a link to it, was sent:

- via direct emails to *all* NHS staff listed on the email system as well as being promoted on staffnet
- to strategic groups (the Health Improvement & Inequalities Group, the Vocational Rehabilitation Strategy Working Group, and the Employment & Health Strategic Group) and identified champions (including Chief officers of all Health and Social Care Partnerships [HSCPs]) for cascading to Local Authority staff.

The survey was open from the end of June until the beginning of August 2016 - a period of six weeks. Over this period, two reminders were issued using the distribution channels outlined.

2.3 Interviews

A small sample of interviewees (n=12) was drawn from survey respondents who indicated that they were willing to be contacted for a follow-up interview. Following their informed consent, the consultant (JG) interviewed them by telephone. Interviews focused on their views regarding having a role in E&FI, factors promoting or hindering them having/performing such a role, and what would strengthen their E&FI practice.[2] Interviews lasted between 11 and 29 minutes (mean duration = 18 minutes), were audio-recorded and subsequently transcribed in full.

2.4 Feedback event with stakeholders

The Employment and Health team issued an open invitation to 'stakeholders, practitioners, service managers, and other interested parties' in order to obtain their views on the research findings. Thirty-two attended, and after a presentation of the findings (by the consultant), they engaged in a series of facilitated discussions, sharing their views on the implications for future planning and practice. Their views are distilled in the reflections chapter of this report.

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[1] A (blank) copy of the survey is available from Lisa Buck, Health Improvement and Inequalities Manager, Employability and Health Team - Lisa.Buck@ggc.scot.nhs.uk

[2] The interview topic guide is available from Lisa Buck (details as above).

3. Notes on presentation of findings

3.1 Terminology

Throughout the remainder of the report:

- 'respondents' refers to those completing the survey
- 'interviewees' refers to those who participated in the telephone interviews.

3.2 Note on numbers and percentages quoted in relation to survey

In reporting the survey responses, percentages have been rounded to the nearest whole number.

The survey involved considerable routing i.e. the survey took account of respondents' responses in order that they bypassed subsequent questions that were manifestly irrelevant to them. Also, while responses to some questions were 'mandatory', this was not the case with them all: this was deliberate in order to reduce the likelihood of respondents exiting the survey before the end due to, for example, feeling frustrated at some of the questions, anxiety about anonymity, or indeed simply wanting to reach the end of the survey as quickly as possible. As a consequence, the reader will see that **the denominator can vary** between questions.

Tables providing breakdowns of data are provided in the appendices to this report. For ease of reading, percentages within these have also been rounded to the nearest whole number. In the narrative of the report, the percentages provided can differ by 1% to those appearing in the tables. This apparent anomaly arises because in the tables rounded percentages are shown separately for response options such as agree and strongly agree, whereas the narrative combines numbers of respondents providing each of these answers, and *then* computes the rounded percentage.

3.3 Sequence of the presentation of findings

The findings are ordered in order to:

- first describe the research participants' profiles
- then present views on professional role and changes in this i.e. findings of a fairly general nature in relation to both employability issues and financial inclusion ones.
- present views of a more specific nature e.g. attitudes, experiences and confidence levels on specific aspects of employability and financial inclusion
- conclude with views/experiences of relevant training and resources.

4. Survey respondents and Interviewees

4.1 Survey Respondents

There were **4,181 respondents** who met the eligibility criteria i.e. they worked for either NHS GGC or one of the GGC Local Authorities *and* their role involved face-to-face contact with patients/clients.[3]

Of these 4,181 respondents, **88% (3,671) were NHS employees and 12% (510) were Local Authority employees**.

4.1.1 NHS Respondents

Of the NHS respondents, 52% (1,911) worked in the acute sector, 36% (1,319) in the community (including primary care) sector and 3% (102) in corporate services. A further 7% (315) indicated that they worked in 'other'.

4.1.2 Respondents in the NHS acute sector

There were respondents from all acute sectors in NHS GGC: 36% (675) were from the South Sector (Gartnavel, Queen Elizabeth University Hospital, and Victoria) and 23% (435) from the North Sector (Glasgow Royal Infirmary, Stobhill, and Lightburn) which, together, constituted the majority of the acute sector respondents. See Table 1 (below) for a fuller breakdown.

Table 1: In which acute sector do you work?

Answer Options	Response %	Response No
North Sector (Glasgow Royal Infirmary, Stobhill, Lightburn)	23%	435
South Sector (Gartnavel, Queen Elizabeth University Hospital, Victoria)	36%	675
Clyde Sector (Royal Alexandria Hospital, Inverclyde Royal Hospital, Vale of Leven)	17%	323
Women and Children's Directorate (Royal Hospital for Children and Midwifery Services)	10%	185
Regional Directorate (Beatson, Neuro, Renal, Spinal)	8%	153
None of the above	7%	130
answered question		**1901**

Among NHS respondents working in the acute sector, the majority of respondents were nursing with 49% (918) in this category or allied health professionals (AHPs) (20%, 382). See Table 2 (over) for a fuller breakdown.

[3] 1480 were routed out as they did not have face-face-contact with patients/clients and a further 67 were routed out because they were not employed by either NHS GGC or by a Local Authority in the GGC area.

Table 2: Which staffing group do you belong to?[4]

Answer Options	Response %	Response No
Nursing	49%	918
Allied Health Professional	20%	382
Health Care Support Worker	8%	144
Medical or Dental	8%	159
Health improvement adviser/ practitioner	1%	11
Other	14 %	274
answered question		**1888**

4.1.3 Health and Social Care Partnership

All Local Authority respondents and those NHS respondents working in the community (including primary care) were asked in which Health and Social Care Partnership (HSCP) they worked. There were respondents from each of the HSCPs with the largest numbers being from one of the three Glasgow HSCPs followed by Renfrewshire.

Table 3: In which Health and Social Care Partnership (HSCP) do you work?

Answer Options	Response Percent	Response Count
Glasgow South	20.9%	383
Glasgow North West	20.1%	368
Glasgow North East	18.1%	332
East Dunbartonshire	5.9%	108
East Renfrewshire	6.1%	111
Inverclyde	9.2%	169
Renfrewshire	16.3%	299
West Dunbartonshire	9.3%	171
I don't know	3.6%	66
answered question		**1832**

4.1.4 Respondents' patient/client groups

Survey respondents worked across a broad range of target groups. When asked which patient/client groups constituted a significant part of their role, the most commonly indicated were people with medical conditions (60%, 2,350), people with mental health issues (54%, 2,112), older people (48%, 1876) and people with physical disabilities (47%, 1814).

The full range of other listed target groups were also indicated: people with learning disabilities (37%; 1,447); people with sensory impairments (34%, 1335); people with addiction issues (40%, 1540); homeless people (21%, 836); children and families (27%,1046); young people, including young people who are looked after or accommodated (18%, 719); and people in the criminal justice system 8%, 328).

[4] This question was posed only to NHS respondents in the acute sector.

4.2 Interviewees

4.2.1 Willingness to be contacted for interview

259 survey respondents (206 from the NHS, 53 from a LA) indicated that they were willing to be contacted for interview.

4.3 Profile of interviewees

It was agreed with the commissioners that the sample of interviewees should comprise individuals employed by the NHS and individuals employed by a local authority, and as far as possible – include a range of views towards having an employability and financial inclusion role.

These criteria guided the selection of interviewees. As a consequence:

- Seven interviewees were employed by the NHS and five by a LA
- Among the NHS and LA interviewees, the survey data indicated that some considered that they had a role in relation to employability and/or financial inclusion, while others did not.

Interviewees worked within a range of settings (acute and community) and performed diverse roles. These roles are listed in Table 4.

Table 4: Breakdown of interviewees

NHS interviewees	LA interviewees
• Nurse (adult rehab) • Multiple Sclerosis (MS) specialist nurse • Ward Clerkess • AHP x 2 (acute) • Community Mental Health Services Manager • Health Care Assistant	• Social Worker x 2 • Social Worker/Mental Health Officer • Outreach worker (alcohol) • British Sign Language (BSL) Interpreter

5. Considerations and caveats in interpreting the findings

5.1 Survey findings

In any open survey such as the one here, and when there is no quota sampling for example, **no claims can be made about the representativeness of the findings**. It is a distinct possibility that as a general pattern, many of the people who fill out this survey may be 'exercised' over some aspect of their experience. In fact, it is possible that respondents to the survey overall, are more likely to have an interest in the subject matter. The potential for such **bias** should be borne in mind. For this reason, the findings from the survey should be considered descriptively and, while they provide insights into the views of many staff, the findings should not be treated / reported as definitive statistics.

It is also worth bearing in mind, that when findings are reported for all respondents, these will largely reflect the views of those who work in the NHS. This is because NHS respondents comprised 88% of survey respondents. Conversely, due to the relatively small proportion of respondents employed by local authorities, the responses from 'all' cannot be assumed to be representative of these local authority (LA) respondents. Therefore, in this report, as well as presenting findings for all respondents, some commentary is provided on whether / how these reflect the findings for NHS respondents and for LA respondents. Note, however, any references to comparisons between the findings from different types of respondents are purely descriptive i.e. no statistical analyses (tests) have been conducted.

It is also important to acknowledge that response profiles may differ between different localities, settings and staff groups. It is beyond the remit of this research to conduct such detailed comparisons. Furthermore, if data were to be subdivided in this manner, the numbers within a given subset would reduce, and thus, findings may become less stable or reliable.[5]

Finally, it is important to stress that care should be taken when comparing the findings from this survey with findings from the survey issued in 2013 as the characteristics of the two respondent samples may be very different.[6]

5.2 The interviews

The interviews provide insights into certain issues that may influence staff, and therefore *some* of the context for the survey findings. However, the interviews do not provide the whole story and interviewees should not be considered to be representative of all staff, or even their professional peers. It is also important to bear in mind that most of the NHS interviewees worked in acute worked in acute / hospital-based settings. A more nuanced picture might have emerged if there had been more community-based NHS interviewees.[7]

[5] Notwithstanding these caveats, requests for any additional breakdowns in data should be directed to Lisa.Buck@ggc.scot.nhs.uk

[6] In fact, only 4% (99) remember completing the 2013 survey, 19% (472) were unsure if they had previously done so, and 49% (1,249) were of the view that they did not complete a survey at that time.

[7] Promotion of E&FI issues has been higher in community-based programmes such as Keep Well, House of Care and chronic disease management (CDM) programmes for all GP practices.

6. Perceptions regarding expectations and requirements of professional role held

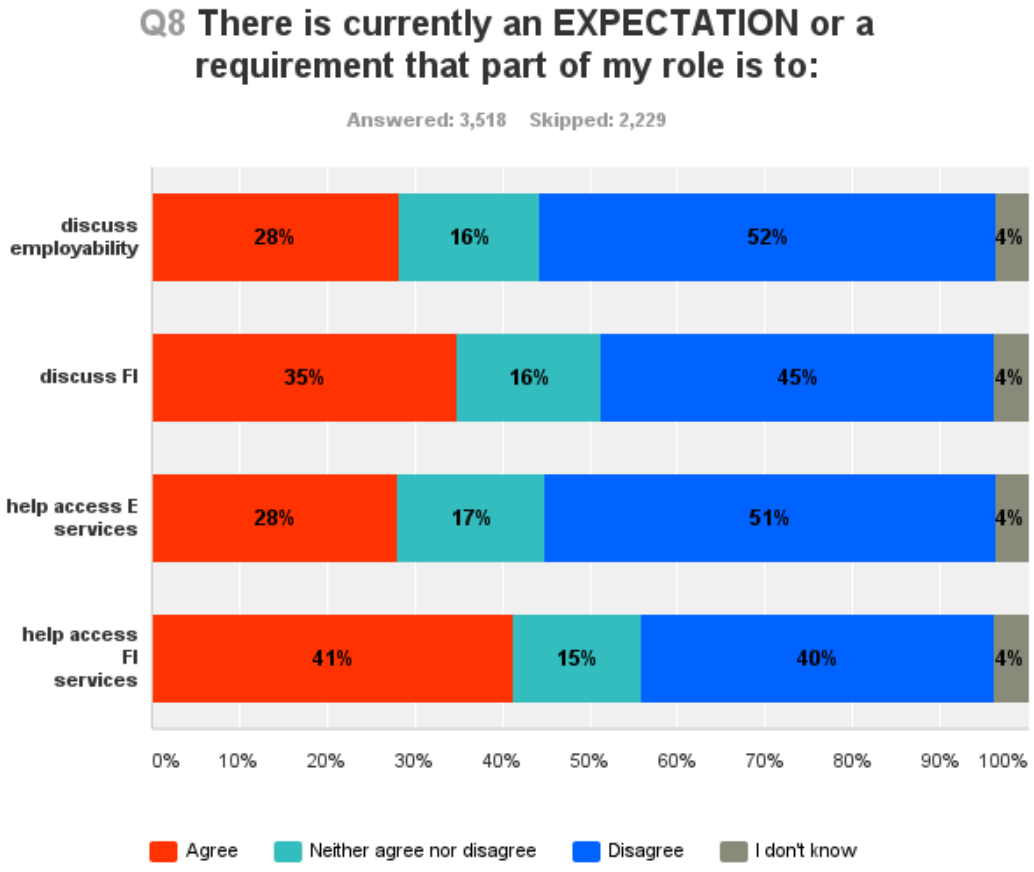
Among respondents overall, only a minority believed that there was an expectation or requirement that their role involved discussing employability and financial inclusion issues with their patients/clients and/or helping them access support services in connection with these issues.

Thus there was a lot of **disagreement** that there is currently an expectation or a requirement that part of their role is to:

- discuss employability with patients/clients (28% agreed, **52% disagreed**)
- discuss financial inclusion with patients /clients (35% agreed, **45% disagreed**)
- help patients/clients access employability services (28% agreed, **51% disagreed**)
- help patients/clients access financial inclusion services (41% agreed, **40% disagreed**).

As is evident from the figures above, the highest level of agreement (41%) was for the item - helping my patients/clients access financial inclusion services.

Box chart of responses



There was slightly more agreement regarding the financial inclusion issues than the employability ones i.e. it appears that respondents more commonly felt that they had a role in relation to financial inclusion than in relation to employability - a pattern that is evident in responses to subsequent questions (and reported at subsequent points in this report).

For a breakdown of responses, see Appendix 1a.

6.1 Perceived expectations for NHS respondents

Looking only at NHS respondents, the general pattern of responses reported in the preceding section was upheld, although the levels of disagreement were slightly elevated when compared with those for respondents as a whole (Appendix 1b).

6.1.1 A more detailed look: NHS community vs NHS acute staff

NHS **respondents in the community sector were more likely than those in the acute sector to agree** that there is currently an expectation or a requirement that part of their role is to:

- discuss employability with patients/clients (36% with roles in the community agreed vs 17% with roles in acute sector agreeing)
- discuss financial inclusion with patients/clients (45% vs 21% agreed)
- help patients/clients access employability services (36% vs 16% agreed)
- help patients/clients access financial inclusion services (52% vs 27% agreed).

6.2 Perceived expectations for LA respondents

LA respondents expressed a lot of **agreement** that there is currently an expectation or a requirement that part of their role is to:

- discuss employability with clients (**51% agreed**, 31% disagreed)
- discuss financial inclusion with clients (**66% agreed**, 18% disagreed)
- help clients access employability services (**53% agreed**, 29% disagreed)
- help clients access financial inclusion services (**69% agreed**, 16% disagreed).

Among LA respondents, there was also a stronger perception that their role required addressing financial inclusion issues than that their role required addressing employability issues.

For a breakdown of LA responses, see Appendix 1c.

6.3 Comparison of findings of NHS versus LA respondents

LA respondents were more likely than NHS respondents to indicate that it was a role expectation or requirement to discuss and to talk about, and help address, employability and financial inclusion needs.

6.4 Views and experiences of interviewees

Interviewees expressed a range of views concerning whether there was a requirement or expectation for them to address employability and financial inclusion issues, and the reasons for this. To set these views within context though, it was noteworthy that when talking about financial inclusion, many interviewees were referring to patients'/clients' financial *circumstances* and/or whether or not they were receiving, or in need of, *welfare benefits*.

6.4.1 Professional roles

Interviewees talked of the requirements of their role, and the outcomes that were prioritised in fulfilling these professional roles. Such prioritisation meant that, for some interviewees, employability and financial inclusion were not issues that they were required to address.

> *I don't feel there is an expectation, no, because really the main focus is on rehabilitation and any other medical issues that are needed at the time, so I wouldn't have said it's actually a focus for us [nurse manager]*

> *Our main focus is kind of looking at getting somebody home safely, or discharged safely, and then it can be followed up, rather than that being something that's a priority for us in the inpatient setting [AHP].*

In contrast, there were others who stressed that their role was **holistic**. In some cases it was felt that this holistic focus made it appropriate for them to address employability and financial inclusion (an issue that is picked up in the next chapter).

However, the social workers considered attention to employability and/or financial inclusion as their professional **responsibility**.

> *I just feel that as a social worker, my assessments should be holistic and as part of that I would automatically look at the person's circumstances, their health, education, employment, housing, finances. It's my job to look at every person as a whole, and can visit all of the issues that's affecting them rather than just any specific ones. I feel that's social work's role [social worker]*

Importantly, both LA and NHS respondents highlighted that their respective roles are performed within the context of multidisciplinary-working. This can mean that, while some may not be required to directly address employability and financial inclusion issues - such issues were felt to be addressed elsewhere in the system.

> *They (patients) are either maybe not in long enough to be able to explore that in any great depth, or they're not fit or well enough when we have them, and that's probably also partly why we pass that onto community teams. Obviously our main focus is kind of looking at getting somebody home safely, or discharged safely, and then it can be followed up, rather than that being something that's a priority for us in the inpatient setting [AHP]*

The next chapter returns to this issue by reporting on views on performing a role via signposting and referral.

6.4.2 Fulfilling service-led requirements

Interviewees highlighted that their responsibilities were, first and foremost, to fulfil their requirements of their role as defined by their own service or to address the reason for an individual being referred to their service (i.e. their presenting problem). As such then, there was acknowledgement that priorities are service-led, and in meeting these requirements - financial inclusion and employability can assume a greater or lesser priority.

> *In the context of a clinic consultation, time is limited, so I would first and foremost be addressing the matters as to the reason of the referral, you know, in order to determine an appropriate course of action [AHP]*

> *The context that social workers find themselves in is very kind of service-led, limited by resource, very much having to prove every minutiae of need because of constraints on budgets and the need to sort of rationalise everything [social worker]*

In some cases, the requirements to meet these service-defined needs were felt to be professionally constraining. For example, one interviewee talked of wanting to look at employability pipeline options for his older clients, but of feeling like 'you're a bit in a box yourself' as priorities can often be circumscribed by the service in which one is working as well as the availability of agencies that can offer support.

6.4.3 Social workers' duties regarding financial inclusion

Addressing clients' rights and their entitlements were described as being routine dimensions to social work practice. As a consequence, the social workers' role includes a focus on financial needs, in particular - eligibility and claiming of appropriate benefits.

> *We tend to look at trying to maximise people's benefits…we look at what a person is getting, we ask them questions if they're willing to give us information, we tell them what they might be entitled to. That's a requirement of our role [social worker]*

In fact, this focus on financial issues was highlighted as **a duty that social workers are mandated to deliver**.

> *We've got a role under the Social Work Scotland Act to support people financially…I don't know the specific wordings of it, but it's section 12 I think it will be of the Social work Scotland Act… there is a duty on us to support people financially and to assist them if they need to maximise their income [social worker]*

The social worker role was seen to transcend simply helping clients access benefits, however, to extending to financial inclusion in the strictest sense of the term.

> *From my point of view, we would certainly sign up to financial inclusion - you're taking the norms that you and I would have in terms of access to resources in a safe and predictable way, in place, there for our needs …if they can access their resources then they can also access the facilities and services that are appropriate [social worker]*

6.4.4 Role boundaries

Interviewees with supportive roles (the British Sign Language interpreter, the ward clerkess and health care assistant) indicated that their roles are circumscribed insofar as it would be deemed inappropriate for them to ask patients/clients about their employability and financial needs.[8]

> *I think there is a line from our job that you are not meant to cross [ward clerkess]*

> *I think when I started out working it was very much something that I didn't think that I should be doing because I had quite a rule-based approach to my code of practice at that time, and I think that as this profession has evolved, there has been a greater discussion around what we call cross cultural mediation …you have to be very careful about how you do that though because you don't want to be seen to be interfering, you don't want to be seen to be taking over [BSL interpreter].*

However, these interviewees also pointed to a having a degree of latitude and personal judgment in responding to issues as they emerge e.g. telling other staff on the team of a patient's needs, or (personally) signposting to other services.

> *It's one of these situations where you might find that you get a variety of practice within the sign language interpreting profession, you might find that some people see their role being very much limited to everything that is said … but there can be other times where you can again use your professional judgement to be able to signpost. It's not that you're giving somebody advice, all you're doing is alerting them [BSL interpreter]*

6.4.5 Time and relationships

Having an ongoing relationship with their patients/clients was seen as providing increased opportunities for talking about employability and financial needs.

> *I'm not seeing the person as a one-off. I do long term work with people, because as I say we're asking people to change their lives…so it is about building relationships. It may be different if I only seen somebody on, you know, 2 or 3 times or 6 times [outreach worker]*

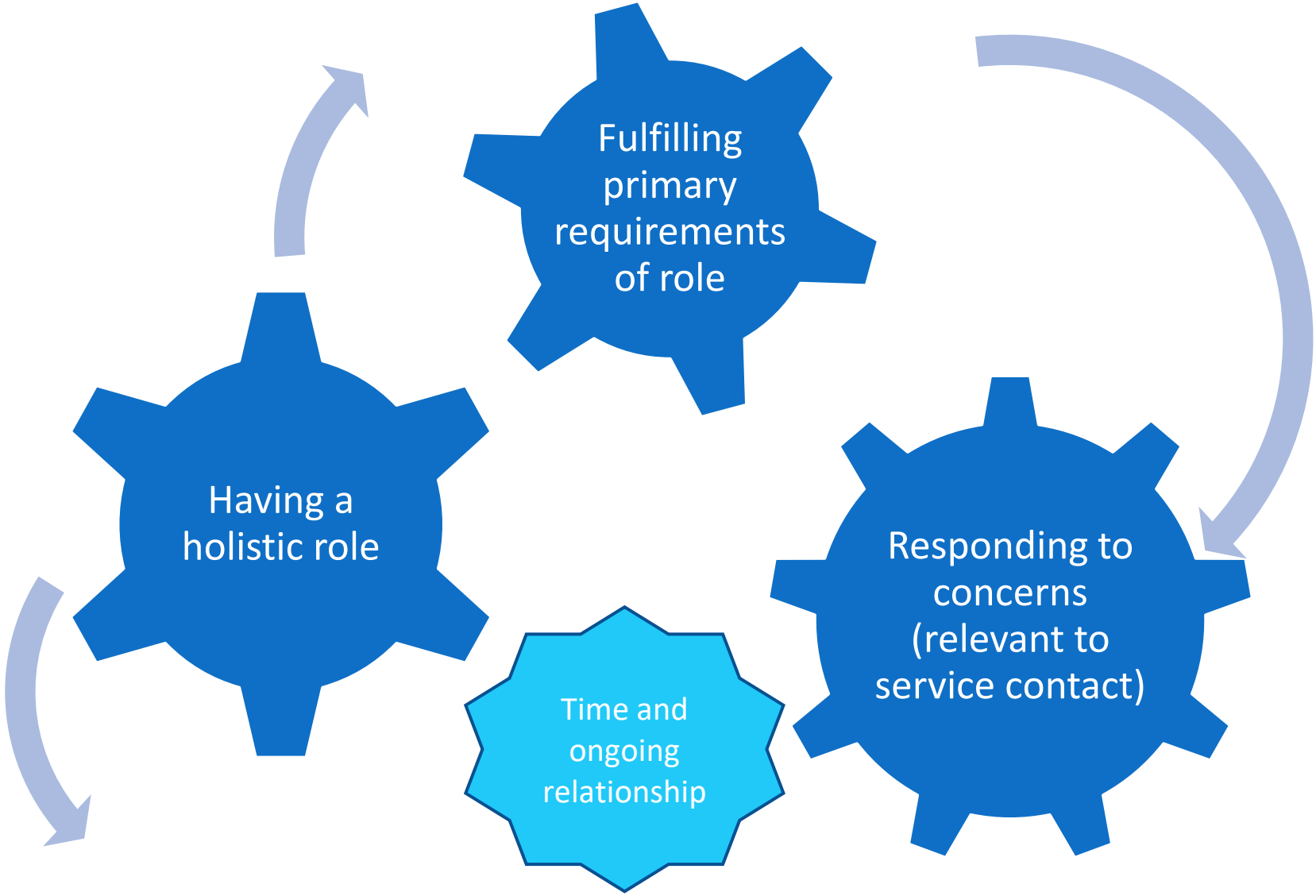
Furthermore, such long-term contact was seen to engender the type of relationship that would allow such issues to be raised in a non-threatening manner.

Conversely, the absence of such a relationship and the challenges of limited time and competing priorities could mitigate against discussions taking place, particularly when there were clinical priorities for interviewees. The following quote is illustrative of this.

> *If it was someone you were seeing at different points, you know, you might say oh actually…obviously you would deal with the clinical aspects first and foremost and then say 'What about this? You mentioned these financial problems the last time', or 'You mentioned you were struggling to find work. How's that going?' [AHP*

[8] The distinction between asking about needs, and responding to these, is picked up in Chapter 8.

Figure 1: Diagrammatic representation of key issues affecting E&FI role as identified in interviews



7. Views on whether role *should* include focus on employability and financial inclusion

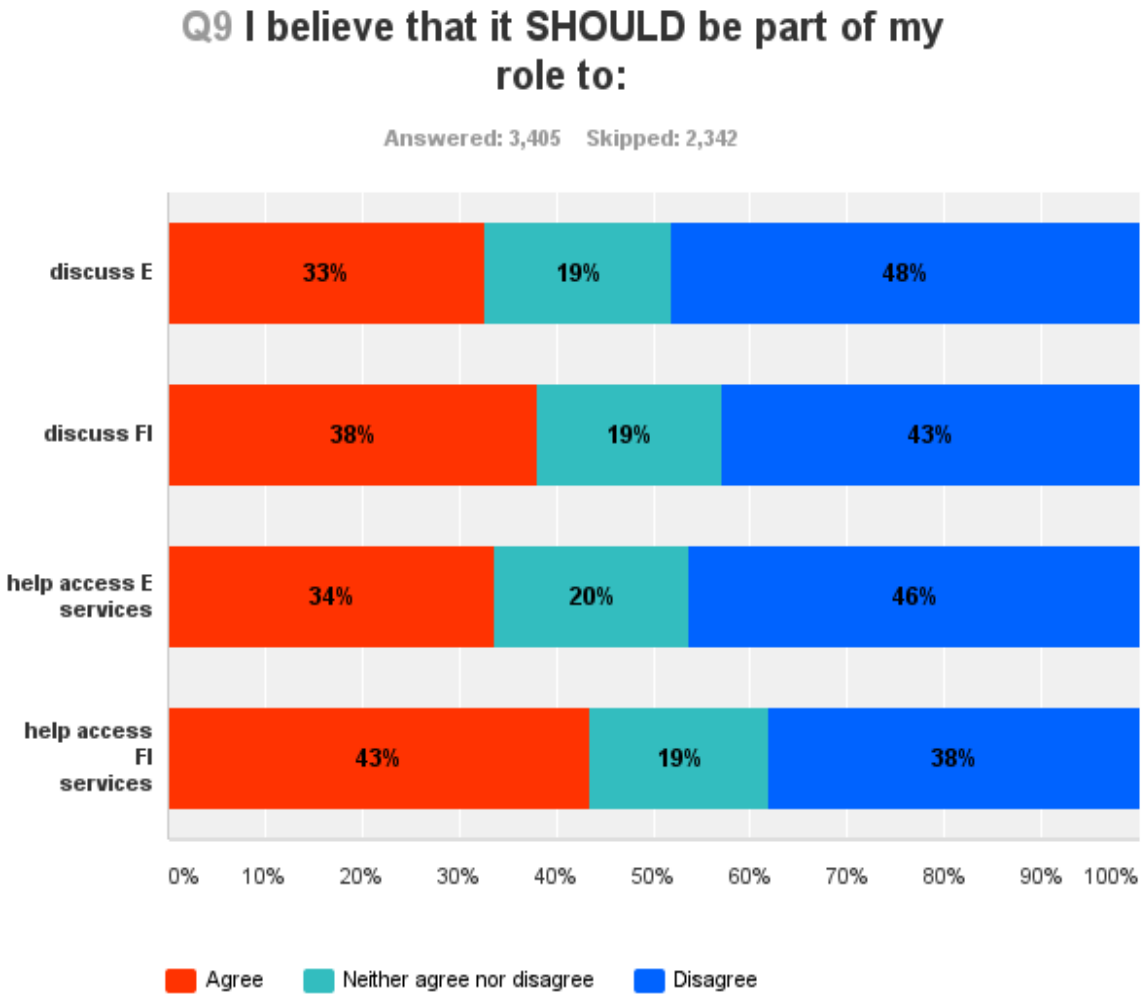
More respondents **disagreed** than agreed that they should:

- discuss employability with patients/clients (33% agreed, **48% disagreed**)
- discuss financial inclusion with patients /clients (38% agreed, **43% disagreed**
- help patients/clients access employability services (34% agreed, **46% disagreed**).

Conversely, **more agreed** (43%) than disagreed (38%) that their role should include helping with access to financial inclusion services.

A breakdown of responses is provided in Appendix 2a.

Box chart of responses



7.1 Views of NHS respondents

Looking at NHS respondents only, these were more likely to **disagree** than agree that their role should involve them discussing employability or financial inclusion issues or that it should involve them helping with access to services for employability i.e. the pattern of their responses mirrored those for respondents overall.

However, roughly the same percentage agreed (40%) and disagreed (41%) that they should have a role in assisting patients in accessing financial inclusion services (Appendix 2b).

7.1.1 A more detailed look: NHS community vs NHS acute staff

NHS respondents in the community sector were more likely than those in the acute sector to agree that there that part of their role should be to:

- discuss employability with patients/clients (42% with roles in the community agreed vs 20% with roles in acute sector agreeing)
- discuss financial inclusion with patients/clients (49% vs 23% agreed)
- help patients/clients access employability services (44% vs 21% agreed)
- help patients/clients access financial inclusion services (55% vs 30% agreed).

7.2 Views of LA respondents

LA respondents were **more likely to agree than disagree** that they believed that they should:

- discuss employability with clients (54% agreed, 26% disagreed).
- discuss financial inclusion with clients (66% agreed,17% disagreed)
- help clients access employability services (55% agreed, 26% disagreed)
- help clients access financial inclusion services (67% agreed, 18% disagreed).

For a breakdown of LA responses, see Appendix 2c.

7.3 Comparison of findings of NHS versus LA respondents

LA respondents were more likely than NHS respondents to believe that, as part of their role, they should discuss and help their clients access services in relation to E&FI issues.

7.4 Views of interviewees

The issue of whether or not it was appropriate to discuss and help patients/clients with E&FI seemed to pivot on issues to do with how **holistic** interviewees felt their role to be, and **how much of a priority these issues were for their patient/client group** and therefore for them to address within the context of their role. Some interviewees, notably those working with individuals with longstanding mental health or addiction problems, or the elderly - felt that their role should not require that they address employability. The subsections below provide quotations to illustrate these themes.

7.4.1 Having a role to support holistic needs of patients/clients

Interviewees (such as the community mental health services manager, social workers, mental health officer, and outreach worker) who described their role as being holistic, felt that it was appropriate that they address E&FI as part of their role.

> *I think I've chosen it (financial inclusion) as part of my role. It's part of holistically helping people. We can't exclude these important parts of people's lives…if we're asking people to make great changes in their lives, we need to be looking at ways that we can help them and even signposting in aspects such as financial inclusion and employability. I see it as part of my role [outreach worker]*

> *I guess for us it's important to realise what out there in the wider world might have an impact on somebody's mental health, so we do ask about employability. We ask the work question in terms of are they looking for employment. We look at their social structure and their routine for the day. We also ask about finances, we ask about debt or any struggles, anything in those contexts. And I guess what we want to know is the impact of that on their mental health, or can we make…can we offer support for say, a client that we don't feel is appropriate for secondary mental health care. But we do identify other issues that we could support them with or refer them on [community mental health services manager]*

7.4.2 Responding to issues of concern for their patients/clients

Examples were given of the appropriateness of addressing employability and/or financial inclusion issues when these issues were identified by the clients/patients as a concern or as key to their wellbeing or recovery.

> *I don't think it's as such expected of us, but because it's such a big thing... most of our population of patients are between the ages of early 20s to late 40s, so a lot of the patients are in work and are having issues with work, and it will always come up in a consultation, 'What do you think I should do about my work? How can I explain about MS?' Patients will bring it up, so that's why it's part of our job.…in fact, the majority of patients will talk about money and work, and their worries about it and what can they do to get some help with it [MS specialist nurse]*

> *More than often it's the clients that bring up any issues or any concerns they have (regarding financial issues), but…I think through general relationship building and looking at different parts of their lives, it seems to naturally come up via me or them, so it's a kind of joint thing, not something I would not go into [outreach worker].*

> *Quite simply it would be patient need, you know? There are individuals who will tell you they're struggling financially, who specifically ask for help, and there are those people in society who struggle to access various set ups for various reasons, you know, and recently I can think of one family in particular and in those instances, yes, it would be a case of rather than in a clinic consultation I would suggest 'What about this group? What about that group?' There are certain families where you know that they struggle to access services due to their circumstances, and those individuals I will then probably…I would make the phone calls myself. I would say to a patient 'Are you happy*

that I would contact this service? I think this service can help you. Are you happy that I contact them to ask them to contact you?' [AHP]

In section 8.4, more detail is provided on views and experiences in being proactive in exploring such needs versus simply responding to these if/when they emerge.

7.4.2.1 Employability needs

Some interviewees were of the view that employability pipeline issues were not (immediate) priorities for their target group, and as a consequence, should not be a priority for them in their professional role.

A lot of the clients have got long term chronic health problems, and you're talking two years down the line, we're still helping them recover through treatment, so adding that in, that wouldn't be appropriate for them, it's enough, they have enough to deal with at the moment, rather than deal with that, you know? [outreach worker]

I guess the things we want to consider really is what does that client want to do, are they ready for it …I think some of the challenges can be maybe if the mental health is impacting on the client, they might not be ready, so we sometimes have to focus on improving that first to get them to a position where employability is something that's appropriate and it's relevant to them and they're able [community mental health services manager]

I feel it's not something that comes up on this ward …so I feel that it's not really a role that I would be involved in because I feel that it's never an issue that's been raised [ward manager, talking about older patients]

8. Views on the appropriateness of (proactively) asking about employability and financial inclusion needs

Attitudes to addressing employability and financial needs were further explored to identify the extent to which respondents considered that it was appropriate for them to *proactively* enquire about these needs.

Respondents overall were more likely to **agree** than disagree that it was appropriate for them to ask patients/clients:

- whether they are employed (**63% agreed**, 23% disagreed)
- if they have any financial concerns or difficulties (**54% agreed**, 30% disagreed)
- if they would like to be signposted to money management support **(54% agreed**, 30% disagreed)

Thus, more than half of respondents overall felt that it was appropriate for them to ask whether their patients/clients have a job, whether they have financial difficulties and whether they would like signposted for support in connection with such difficulties.

Respondents overall were also more likely to **agree** than disagree that it was appropriate for them to ask patients/clients:

- if they would like to be signposted to employability support (**45% agreed**, 37% disagreed).

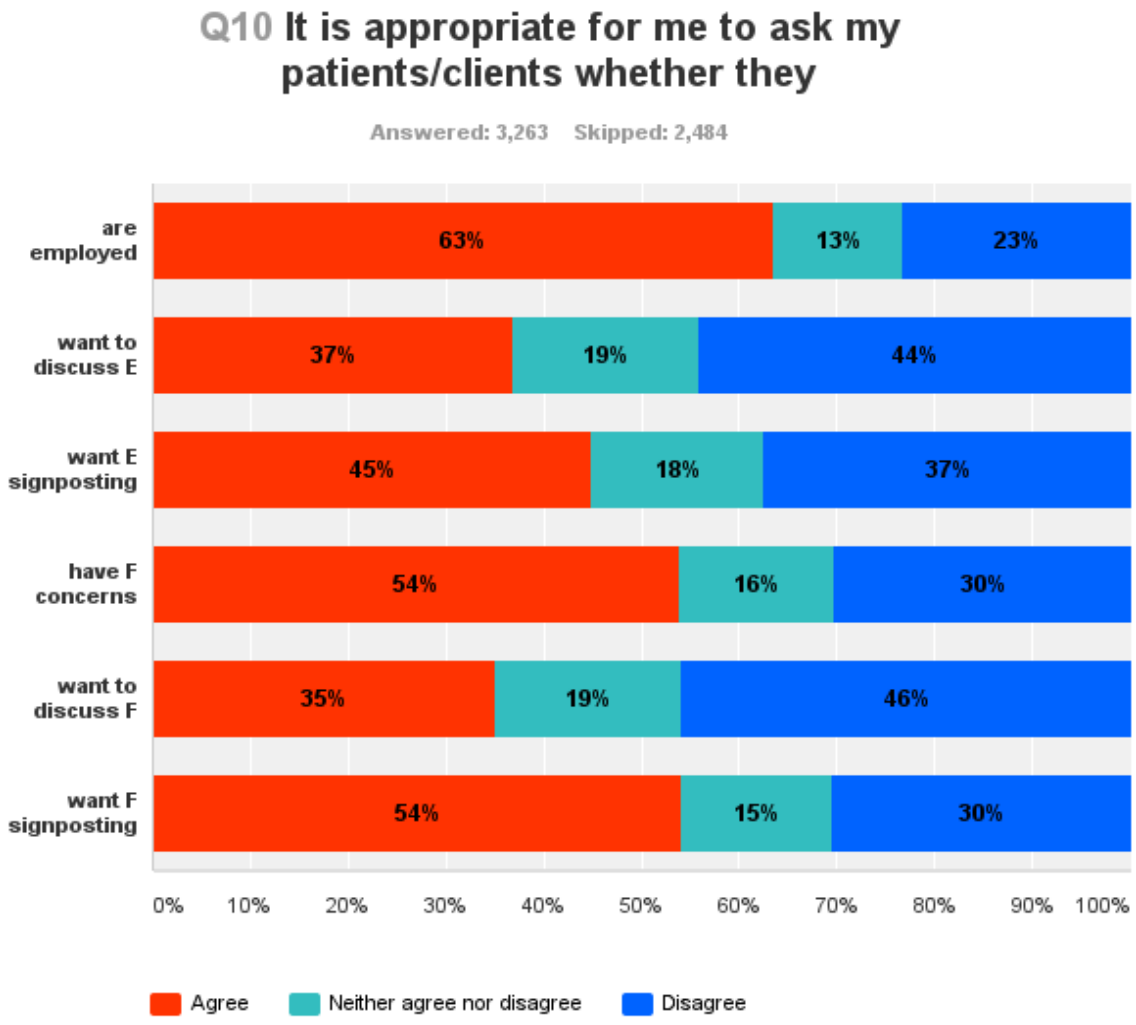
Conversely, respondents overall were more likely to **disagree** than agree that it was appropriate for them to ask patients/clients:

- if they would like to discuss employability issues so that they can try to help (37% agreed, 44% disagreed)
- if they would like to discuss money management issues so that they can try to help (35% agreed, 46% disagreed).

Thus, it would seem that for respondents overall, it was considered **more appropriate to enquire about needs and to signpost to support services than to engage in discussions** about the issues. This would seem to be consistent with adopting a brief intervention model.

A breakdown of responses is provided in Appendix 3a.

Box chart of responses[9]



8.1 Views of NHS respondents

Consideration of the views of NHS respondents mirrors the *pattern* of responses reported in the preceding section insofar as the balance between agreement and disagreement remains the same. However, the percentages agreeing with each of the issues are lower (see Appendix 3b).

8.1.1 A more detailed look: NHS community vs NHS acute staff

NHS **respondents in the community sector were more likely than those in the acute sector to agree that it is appropriate** for them to ask their patients whether:

- they are employed (72% with roles in the community agreed vs 55% with roles in acute sector agreed)

[9] For presentation purposes, the exact wording of the questions have been edited in this box chart.

- they would like to discuss employability issues so that they can try to help (45% vs 24% agreed)
- they would like to be signposted to employability support (58% vs 30% agreed)
- they have any financial concerns or difficulties (65% vs 39% agreed)
- they would like to discuss money management issues so that they can try to help (43% vs 21% agreed)
- they would like signposted to money management support (68% vs 38% agreed).

8.2 Views of LA respondents

LA respondents were more likely to **agree** than disagree that they believe that it was appropriate for them to ask clients:

- whether they are employed (**79% agreed**, 12% disagreed)
- if they would like to discuss employability issues so that they can try to help (**64% agreed**, 23% disagreed)
- whether they would like to be signposted to employability support (**69% agreed**, 16% disagreed)
- if they have any financial concerns or difficulties (**85% agreed**, 8% disagreed)
- if they would like to discuss money management issues so that they can try to help (**70% agreed**, 16% disagreed)
- if they would like to be signposted to money management support (**84% agreed**, 8% disagreed).
- Comparison of findings of NHS versus LA respondents

LA respondents were more likely than NHS respondents to believe that, as part of their role, they should ask about, and therefore proactively raise, employability and financial inclusion issues with individuals on their caseload.

They were also a lot more likely than NHS respondents to consider it appropriate to offer to *discuss* employability and financial inclusion issues. Thus, it would seem that compared with the NHS respondents, the LA ones felt it more appropriate to 'go beyond' a brief intervention model of (simply) identifying need and signposting as appropriate.

8.3 Views of interviewees

As indicated previously (in 6.4 and 7.4), for some, most notably the social workers - addressing financial inclusion issues was considered to be integral to their role and responsibilities, and therefore (proactively) asking about these issues was a wholly appropriate thing for them to be doing. This was underpinned by their (legislative) *duty*.

Furthermore, as financial or employability difficulties could be a commonly occurring *determinant* or *consequence* of the presenting problem - proactive exploration of any such difficulties was also described as part of the service assessment process and subsequent service response, either directly or via onward referral. This theme was evident in the accounts of both (some) NHS Interviewees and (some) LA interviewees.

> *I guess what I'm trying to say is the bit that would get them into our services would be their secondary mental health presentation, because that's the service we provide for those people. But there's lots of other things that sit behind that in terms of how we assess...We would look at the financial picture of that client being referred to us. If we find and they confirm to us that there's financial difficulties there either with debt, fear of eviction, losing their house, fear of redundancy, employment, we would again support them through our services [community mental health service manager]*

> *We would ask people - are they employed? What are they working as? That is something that we would ask as part of our assessment, but usually it's 9 times out 10, it's discussed in the clinic through just general conversation with the patient, as in 'How are you? How have you been since the last time I seen you?' They'll talk about their MS, they'll talk about their lives, their work, their money, you know, the patients will…and if there's no issue with it, they won't bring it up, and we won't bring it up, but we will ask about their job, how is their work going, that is something that we would ask, we wouldn't necessarily ask about money [MS specialist Nurse]*

8.3.1 A distinction between responding to needs and proactively enquiring about these

Some highlighted that while they felt comfortable responding to individuals' spontaneous expression of employment or financial concerns, they considered that it would be inappropriate for them to ask about such needs. Such views were expressed by those performing a support role i.e. BSL interpreter, ward clerkess, and health care assistant.

> *If you speak to them, things do come up in conversation…. They'll say 'Oh I want to get into work, it's boredom'. And if they ask me to do anything, get me numbers, this or that, then I will do it….We wouldn't be allowed to ask those kinds of questions because they're personal questions [ward clerkess]*

8.3.2 Link between employability and financial needs

The links between employability and financial needs were often made by interviewees. Furthermore, there were instances where interviewees highlighted how they would respond to an individual's identification of an employment problem, by asking about their financial needs and vice versa.

> *Occasionally people do mention that they aren't working, and then in a response to that I would ask how are things financially, if they're getting any sort of support [AHP]*

However, for some there was reticence about asking about employment due to concerns that this may be misconstrued as an expectation or pressure that patients/clients have a (paid) job, and imply disapproval over them claiming benefits.

Figure 2: Factors underpinning perceived appropriateness of asking about E&FI needs as identified in interviews

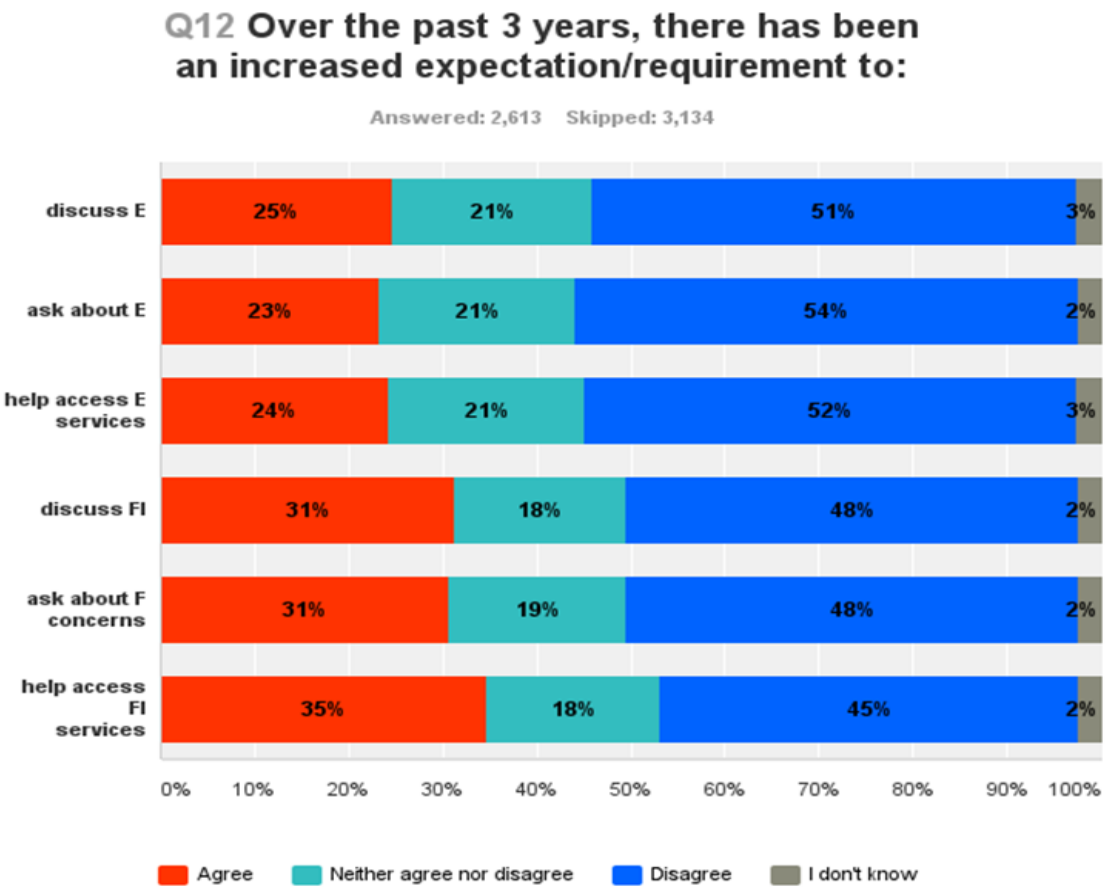
9. Perceived changes in role requirements over the past three years

Respondents who had been in their current role for at least three years were more likely **to disagree** than agree that there were increased expectations or requirements to:

- discuss employability with patients/clients (25% agreed, **51% disagreed)**
- specifically ask patients/clients if they have any employability issues (23% agreed, **54% disagreed)**
- help patients/clients access employability services (24% agreed, **52% disagreed)**
- discuss financial inclusion with patients/clients (31% agreed, 48% **disagreed)**
- specifically ask patients if they have any money management issues (31% agreed, **48% disagreed)**
- help patients/clients access financial inclusion services (35% agreed, **45% disagreed)**.

A breakdown of responses is provided in Appendix 4a.

Box chart of responses[10]



[10] Legend in box chart have been edited for presentation purposes

9.1 Views of NHS respondents

Consideration of the views of NHS respondents only mirrors the pattern of responses reported in the preceding section insofar as there was more disagreement than agreement that there had been increased expectations or requirements across all of the issues. In fact, levels of agreement were lower across each of the items than was the case for respondents as a whole: across the issues listed, between 48% and 57% disagreed that there had been increased expectations or requirements (Appendix 4b).

9.2 Views of LA respondents

LA respondents were more likely to **agree** than disagree that over the past three years there has been an increased expectation or requirement that it is part of their role to:

- discuss employability with clients (**42% agreed**, 34% disagreed)
- ask clients if they have any employability issues (**42% agreed**, 36 disagreed)
- help clients access employability services (**43% agreed**, 33% disagreed)
- discuss financial inclusion with clients (**55% agreed**, 25% disagreed)
- ask clients if they have any money management issues (**57% agreed**, 25% disagreed)
- help clients access financial inclusion services (**56% agreed**, 24% disagreed).

Thus, among LA respondents – more felt that there had been increased expectations/ requirements for financial inclusion issues than for employability matters (Appendix 4c)

9.3 Comparison of findings of NHS versus LA respondents

LA respondents were more likely than NHS respondents to indicate that that there has been an increased expectation or requirement for their role to involve addressing employability and financial inclusion needs.

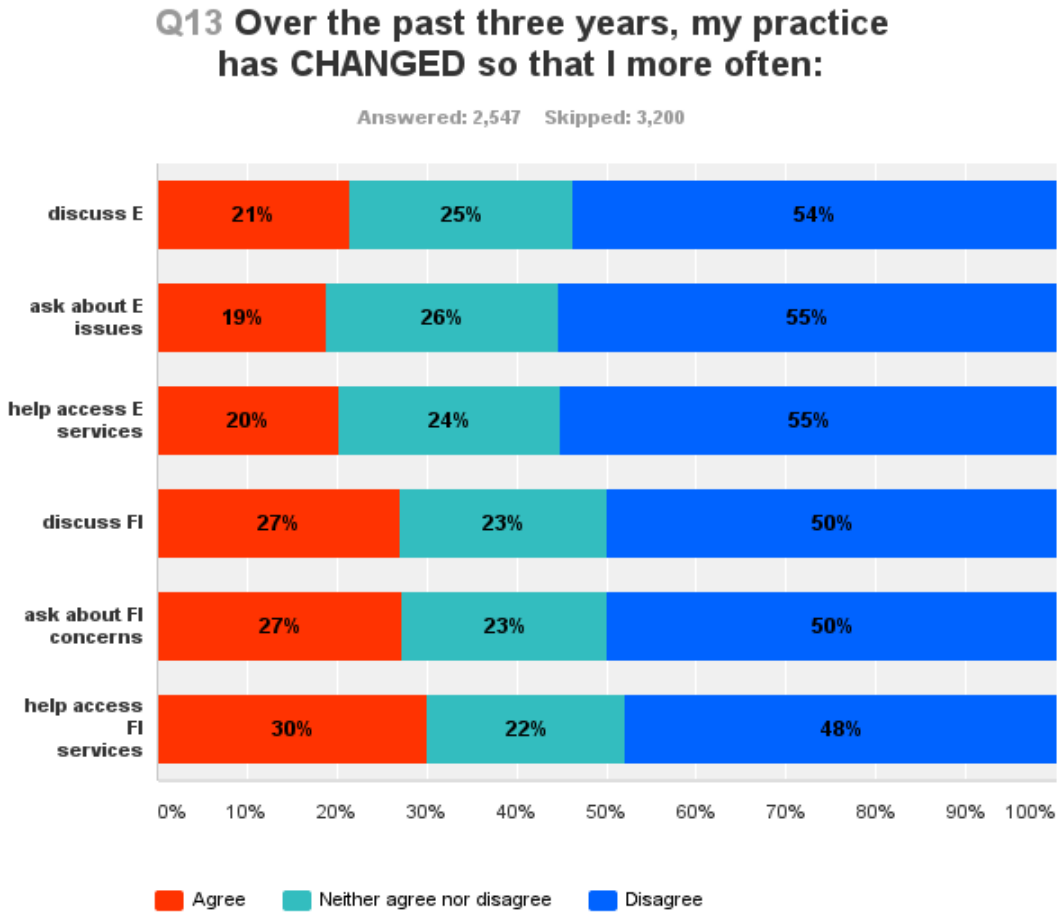
10. Changes in professional practice over the past three years

Respondents who had been in their current role for at least three years were more likely to disagree than agree that they more often:

- discuss employability with my patients/clients (21% agreed, **54% disagreed**)
- specifically ask patients/clients if they have any employability issues (19% agreed, **55% disagreed**)
- help patients/clients access employability services (20% agreed, **55% disagreed)**
- discuss financial inclusion with patients/clients (27% agreed, **50% disagreed**)
- specifically ask my patients if they have any money management issues (27% agreed, **50% disagreed**)
- help my patients/clients access financial inclusion services (30% agree, **48% disagreed**).

A breakdown of responses is provided in Appendix 5a.

Box chart of responses[11]



[11] Legends in box chart have been edited for presentation purposes

10.1 Views of NHS respondents

Consideration of the views of NHS respondents only mirrors the pattern of responses reported in the preceding section: across items, 51% - 58% indicated that their practice had not changed against 17% - 27% who responded that it had (Appendix 5b).

10.2 Views of LA respondents

LA respondents were more likely to **agree** than disagree that over that over the past three years that they more often:

- discuss financial inclusion with clients (**46% agreed**, 26% disagreed)
- ask clients if they have any money management issues (**49% agreed**, **25% disagreed**)
- help clients access financial inclusion services (**48% agreed**, 27% disagreed).

In addition, LA respondents were only marginally more likely to disagree that they more often:

- discuss employability with clients (31% agreed, **37% disagreed**)
- ask clients if they have any employability issues (31% agreed, **37% disagreed**)
- help clients access employability services (33% agreed, **37% disagreed**).

A breakdown of responses is provided in Appendix 5c.

10.3 Comparison of findings of NHS versus LA respondents

LA respondents were more likely than NHS respondents to indicate that they more frequently engage in financial inclusion practices now than three years ago.

10.4 Views of interviewees

While changes in role were not specifically explored in the interviews, mention was made of:

- increased focus on employability issues among AHPS due to their role now in providing Fitness for Work documentation[12]
- training and updates on welfare reforms (mentioned by local authority interviewees and by the community mental health services manager)
- seeing information and updates on the NHSGCC intranet which elicited a sense of increased expectation (mentioned by an AHP)
- updated core assessment documentation that has an increased focus on employability and financial inclusion (mentioned by a community mental health services manager).

[12] The Allied Health Professions Advisory Fitness for Work Report is a form providing an employee, their employer and GP with information which may be used to help keep that employee in work or be signed off, usually for a specified length of time while recovering from injury, illness or a procedure

11. Attitudes regarding specific employability issues

Respondents were asked to indicate their agreement/ disagreement with a number of statements to identify attitudes to employability issues. Results for the full range of these are shown in Appendix 6. For reporting purposes, these are grouped into those that related to respondents' views on what was appropriate to their professional role, followed by more general and less role-relevant attitudes.

11.1 Attitudes on issues related to professional role

Respondents overall were more likely to **disagree** than agree that:

- It is not my business to ask patients/clients if they have a job (21% agreed, **56% disagreed**)
- It is not a good use of my time to discuss employability issues with my patients/clients (30% agreed, **39% disagreed**)
- I am concerned that it would be damaging to my relationship with my patients/clients if I were to ask about employability issues (16% agreed, **44% disagreed**).

i.e. respondents were more likely to hold favourable than unfavourable views on these issues.

They were also more likely to **agree** than disagree that:

- I know how to signpost my patients/clients for employability support (**37% agreed**, 30% disagreed).

Roughly the same proportion agreed as disagreed that:

- Discussions about employability should be left to people who specialise in the issue (35% agreed, 33% disagreed).

As it was expected that some respondents would work with people experiencing issues that might make paid work difficult or unlikely, there was an item:

- It is a good use of my time to encourage patients/clients to do unpaid work. For this item, 27% agreed, 24% disagreed.

Thus, across the attitudinal items that related to professional practice, the *balance* of opinion was more positive than negative.

11.2 Other more general attitudes

Respondents overall were more likely to indicate positive than negative attitudes on the remaining items, suggesting a level of optimism regarding the employability potential and prospects of their patients/clients. Thus, response profiles for the following statements were as follows:

- Discussing employability options with my patients can give them unrealistic expectations (20% agreed, **41% disagreed**)

- It is not a realistic prospect for most of my patients/clients to work (26% agreed, **40% disagreed**)
- I have patients/clients who are capable of doing a paid job (**59% agreed**, 11% disagreed)
- I would worry that my patients/clients might find paid work too much for them (19% agreed, **32% disagreed**)
- There are suitable paid jobs available for some of my patients/clients (**41% agreed**, 13% disagreed)
- Discussions about employment have nothing to do with health improvement (8% agreed, **61% disagreed**)
- Volunteering is a useful route into employment (**71% agreed**, 5% disagreed).

Thus, the most positive views were in relation to these two statements:

- volunteering as a useful route into employment
- discussions about employment have nothing to do with health improvement.

More than a quarter agreed that:

- Stigma in the workplace is an employability barrier for my patients/ clients (29% agreed, 20% disagreed).
    - Such stigma was mostly commonly identified by those respondents for whom a significant portion of their role involved working with people with mental health problems (69% agreed that stigma was a barrier).

11.3 Views of interviewees

Some interviewees (working in the NHS) felt that employability issues were not a relevant issue for older people.

Among those working in community settings, there was a view that there can be limited / an absence of locally-based services to help people across employability pipeline needs e.g. in CV writing, preparing for jobs etc. It was also felt that there is a dearth of local services to support older people into employment or into volunteering.

Concerns were expressed about making patients/clients feel pressured into working when they were not physically or mentally ready to take on these responsibilities.

12. Attitudes regarding specific financial inclusion issues

Respondents were asked to indicate their agreement/ disagreement with a number of statements to identify attitudes to financial inclusion issues. Results for the full range of these are shown in Appendix 7.

12.1 Attitudes on issues related to professional role

Respondents overall were more likely to agree that:

- Discussions about financial inclusion should be left to people who specialise in this issue (**39% agreed**, 26% disagreed)
- It is not my business to ask patients/clients how they manage their money (**36% agreed**, 30% disagreed).

Thus, among respondents as a whole, it was more common to feel that conversations about financial inclusion lay outwith, rather than within, their remits.

12.2 Other more general attitudes

Respondents were asked to indicate their agreement/disagreement with a number of more general statements regarding financial inclusion:

- Financial inclusion has nothing to do with health improvement - 5% agreed, **65% disagreed**
- Financial inclusion is an issue for all patients/clients - **49% agreed**, 4% disagreed)
- Financial inclusion is an important route to tackling inequalities - **60% agreed**, 6% disagreed.

Thus responses suggest awareness and acknowledgement of the importance of financial inclusion as a cross-cutting issue across patients/clients and to their health outcomes.

Responses to other items suggested a fair degree of understanding regarding the sorts of things that financial inclusion activities can seek to tackle:

- I should accept that it is ok for my patients/clients to borrow from door step lenders - 4% agreed, **58% disagreed**
- Having a bank account has nothing to with financial inclusion - 20% agreed, **40% disagreed**
- There are financial advantages to having direct debits set up - **68% agreed**, 3% disagreed
- Many of my clients have no need for insurance - 6% agreed, **54% disagreed**.

12.3 Views of interviewees

Some, demonstrated a strong understanding of financial inclusion when they talked about their role e.g. social workers, community services manager, outreach worker.

…welfare checks, credit union, for saving, opening bank accounts, things like that I would certainly support them to do these things.

Such detailed understanding did not surface in the accounts of the NHS interviewees working in the acute sector. In fact, it was common for NHS interviewees in the acute sector to conflate financial inclusion with welfare support.

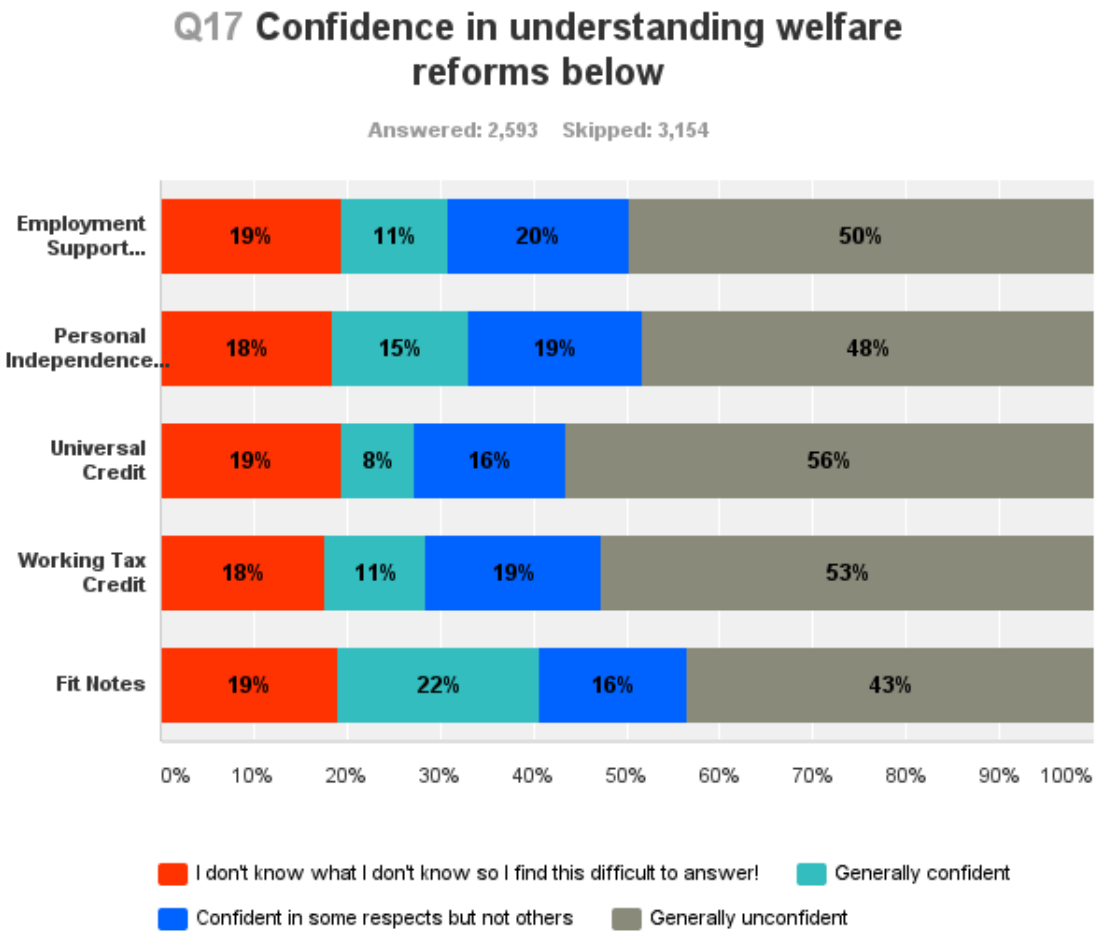
13. Understanding of welfare reforms

Respondents overall were not confident that they understand recent welfare reforms. They were more likely to indicate that they were **generally unconfident** than generally confident in their understanding of:

- Employment Support Allowance (11% were generally confident, **50% were generally unconfident**)
- Personal Independence Payments (15% were generally confident, **48% were generally unconfident**)
- Universal Credit (8% were generally confident, **57% were generally unconfident**)
- Working Tax Credit (11% were generally confident, **53% were generally unconfident**)
- Fit Notes (22% were generally confident, **43% were generally unconfident)**.

Other respondents indicated that they were 'confident in some respects but not others', with percentages ranging from 16% - 20% across the listed reforms. A breakdown of responses is provided in Appendix 8a.

Box chart showing responses



13.1 Views of NHS respondents

Consideration of the views of NHS respondents mirrors the pattern of responses reported in the preceding section (Appendix 8b).

13.2 Views of LA respondents

LA respondents were more likely to indicate that they were generally unconfident than generally confident in their understanding of the five welfare reforms listed:

- Employment Support Allowance (28% were generally confident, **36% were generally unconfident**)
- Personal Independence Payments (32% were generally confident, **37% were generally unconfident**)
- Universal Credit (20% were generally confident, **48% were generally unconfident**)
- Working Tax Credit (22% were generally confident, **48% were generally unconfident**)
- Fit Notes (29% were generally confident, **42% were generally unconfident)**.

However, fairly substantial percentages (20% - 30% across items) indicated that they were 'confident in some respects, but not others'.

13.3 Comparison of findings of NHS versus LA respondents

LA respondents were more likely to be confident across all the listed welfare reforms than was the case with the NHS respondents. This difference was least marked in the case of Fit Notes.

13.4 Views of interviewees

Some, most notably those with a community-based professional role, indicated that they had a working knowledge of welfare reforms, and that in view of the fact that there were specialist services to which they could refer, such working knowledge was generally sufficient.

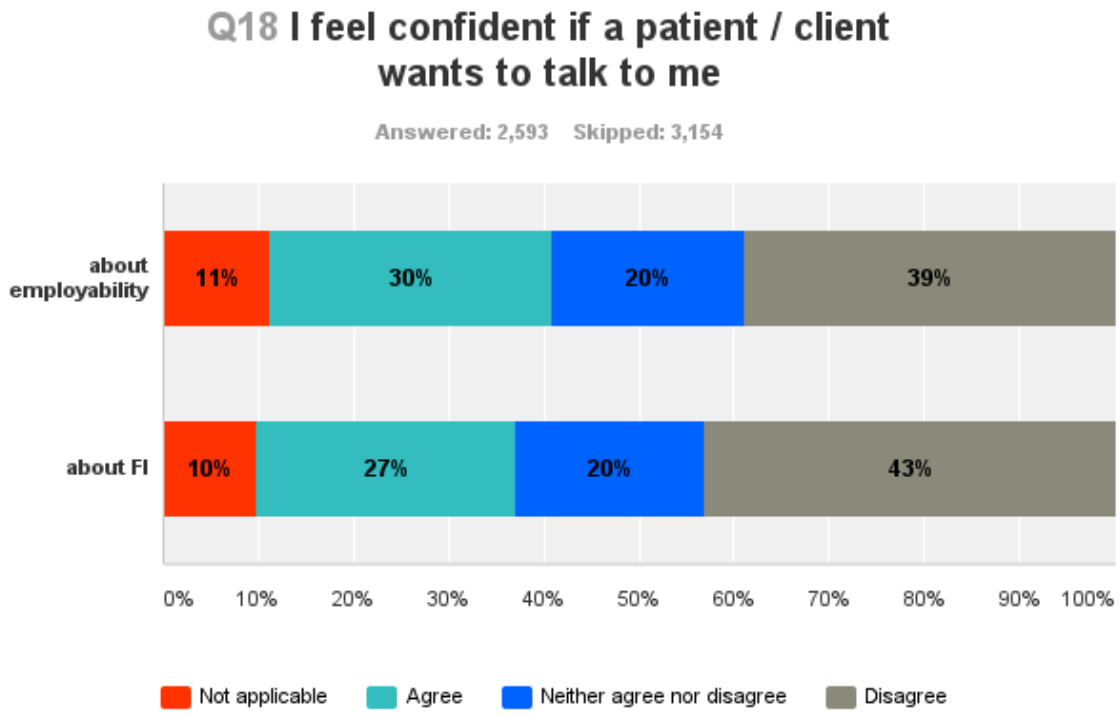
14. Confidence in employability and financial inclusion conversations

Respondents were more likely to indicate that they **disagreed** than agreed that they feel confident if:

- a patient/client wishes to talk to me about employability (30% agreed, **39% disagreed**)
- a patient/client wishes to talk to me about financial inclusion (27% agreed, **43% disagreed**).

A further 20% neither agreed nor disagreed (see Appendix 9a).

Box chart of responses



14.1 Views of NHS respondents

NHS respondents' views followed the pattern above (see Appendix 9b for breakdown of responses).

14.1.1 Comparison of NHS respondents in community and acute settings

NHS respondents in the community compared with NHS respondents working in the acute sector were more likely to indicate that they feel confident if patients want to talk to them about:

- employability issues (36% in the community vs 18% in acute settings)
- financial inclusion issues (34% in the community vs 13% in acute settings).

14.2 Views of LA respondents

LA respondents were more likely to **agree** than disagree that they feel confident if:

- a patient/client wishes to talk to me about employability (**53% agreed**, 21% disagreed)
- a patient/client wishes to talk to me about financial inclusion (**55% agreed**, 20% disagreed).

A further 22% neither agreed nor disagreed (see Appendix 9c).

14.3 Comparison of findings of NHS versus LA respondents

LA respondents were more likely than NHS respondents to feel confident having conversations with their clients/patients regarding employability and financial inclusion matters.

15. Changes in confidence in having employability and financial inclusion conversations

Commonly, respondents felt 'no more or less confident now than three years ago' if a patient/client wishes to talk to them about:

- employability (51% felt no more or less confident)
- income maximisation or money management (50% felt no more or less confident).

21% felt more confident. Diminished confidence was indicated by 6% for employability conversations and 8% for financial inclusion ones (See Appendix 10a).

15.1 Views of NHS respondents

Consideration of the views of NHS respondents mirrors the pattern of responses reported in the preceding section (Appendix 10b).

15.2 Views of LA respondents

A sizeable proportion of LA respondents indicated that they now feel more confident in discussing employability or financial inclusion issues than three years ago (35% and 39% respectively).

However, the most common response was that there had been no change in confidence levels: percentages feeling 'no more or less confident than three years ago' were 48% and 43% for employability and financial inclusion respectively (Appendix 10c).

15.3 Comparison of findings of NHS versus LA respondents

It was more common for LA respondents to indicate that their confidence had increased on employability and on the financial inclusion issues than was the case among the NHS respondents.

16. Receipt of relevant training or briefings

The survey asked whether respondents had received over the past three years:

- training on health related behaviour change generally
- training, information or support on the Greater Glasgow and Clyde Health and Wellbeing online directory
- training or verbal briefings on employability issues
- training or verbal briefings on financial inclusion
- written or electronic briefings on employability
- written or electronic briefings on financial inclusion.

Reflecting on their experience over the past three years:

- 24% of respondents had received training on health related behaviour change
- Training or verbal briefings on employability and financial inclusion issues had been received by 12% and 14% respectively
- Written or electronic briefings on employability and financial inclusion issues had been received by 11% and 12% respectively
- Training, information or support on the NHSGGC Health and Wellbeing Directory had been received by 8%
- Just over half of respondents (52%) indicated that they had not received any of these resources, and a further 11% did not know or could not remember (see Appendix 11a).

16.1 Experiences of NHS respondents

Consideration of the views of NHS respondents mirrors the pattern of responses reported in the preceding section (Appendix 11b).

16.2 Experiences of LA respondents

Just over half had received no training or briefings, or could not remember if they had. Conversely:

- 21% had received training on health related behaviour change
- Training or verbal briefings on employability and financial inclusion issues had been had been received by 21% and 22% respectively
- Written or electronic briefings on employability and financial inclusion issues had been received by 18% and 23% respectively

- 5% had had training, information or support on the GGC Health and Wellbeing Directory

A breakdown of responses is provided in Appendix 11c.

16.3 Comparison of findings of NHS versus LA respondents

Over the past three years, LA respondents were more likely than NHS ones to have received:

- training or verbal briefings on employability issues
- training or verbal briefings on financial inclusion
- written or electronic briefings on employability
- written or electronic briefings on financial inclusion.

Conversely, LA respondents were less likely than NHS to have received training, information or support on the GGC Health and Wellbeing online directory.

17. Awareness and use of NHS Greater Glasgow and Clyde's Directory of Health and Wellbeing Services

17.1 Awareness of directory

Less than half of respondents (38%) were aware of the Directory of Health and Wellbeing Services created and managed by NHS Greater Glasgow and Clyde. Of those who were aware, most were only vaguely so (Appendix 12a).

This pattern of responses was evident for NHS respondents (Appendix 12b) and LA respondents (Appendix 12c). Awareness of the directory was even lower (33%) among LA respondents than NHS ones.

17.2 Use of directory

Among those respondents who were very aware of the directory, 26% had used the directory to identify employability support services and 31% to identify services for financial inclusion support (Appendix 13a)[13].

17.3 Views and experiences of the directory

Amongst those who had used the directory[14], views and experiences of the directory were generally positive, and there was an overwhelming view (87%) that they would use the directory again (less than 5% would not).

In addition, well over half agreed that:

- the directory was easy to search (**67% agreed**, 9% disagreed)
- there was sufficient information on services to identify whether a service was appropriate (**66% agreed**,7% disagreed)
- there were appropriate / available services (**63% agreed**, 8% disagreed)
- I have confidence in the services listed in the directory (**57% agreed**, 5% disagreed).

The breakdown of data is provided in Appendix 14.

17.4 Reasons for not using the directory

Those who knew of the directory but had not used it were asked to the reasons for this.

Of the options provided, the most common one was forgetting that it is there, with 41% indicating that this was the case.

A breakdown of responses to the full range of options is provided in Appendix 15.

13 Use of directory was (of course) lower among those who were either vaguely aware than very aware of the directory (see Appendix 13b).

14 It should be noted that these numbers are, however, low - just 114 respondents

18. Views of interviewees on training, resources, and knowing what services are available

18.1 Knowledge of, and signposting to, services

Some, most notably LA interviewees and NHS interviewees working in the community, talked of knowing what services are available locally. A key theme in their accounts was that of strong-interagency working with these community-based agencies. Such interagency-working was credited with not only helping to keep them abreast of local service developments, at times through delivering training to them, but also of the issues that such services address.

> *I know a lot of good services in my area. I make sure it's my business to know so that I can help other people… We work really well in XXXX in terms of partnership working and stuff, and we get great training opportunities that not only inform us of new and existing services, but update us on any changes etc. So we're very fortunate [outreach worker]*

NHS interviewees in the acute sector expressed a desire to be better aware of the range of services to which they could refer their patients. While some talked of referring their patients to other parts of the NHS (e.g. community-based services), they felt that their limited knowledge of support services (for E&FI) was an issue that could be usefully strengthened. Furthermore, there was talk of not knowing 'what's out there', in particular - whether there are services tailored to the specific needs that their patients/clients might have.

> *We do refer to OTs in the community and things like that but sometimes it's difficult just knowing who to refer to if someone's got genuine money trouble - MS specific- there's nothing [AHP]*

The NHS interviewees had, at best, limited awareness of the NHSGGC Service Directory, and as a consequence - no use of it. In fact, one interviewee (an AHP) recalled how a year ago she had attended training on health-related behaviour change at which the trainer had talked about the directory, but that she subsequently 'had not had a chance' to look at it.

Lack of awareness of the range of community services beyond the NHS among interviewees in the acute sector meant that any signposting or referral was largely restricted to the limited few services already known to them (such as the job centre). One interviewee (a ward clerkess) talked of taking it upon herself to google for contact details in relation to a patient wanting to claim his personal independence payment.

18.2 Wanting to stay abreast of developments

Interviewees highlighted that they would need to know which services are currently available in order that they can perform a (stronger) role in signposting. Some (e.g. the ward manager and the ward clerkess) suggested that the types of things that what would make a difference to them would be leaflets and posters on community-based services. These would serve as aide memoires for staff and also as a resource that they could give to their patients/clients.

If I had access to information which they might want information on - what benefits they'd be entitled to, but I feel I just don't know enough to give anyone information so if perhaps I had some resources about information that I could forward, then that would be more helpful…if it's there and easy to access, then I'd feel confident in using it and giving it to other patients and staff [ward manager]

As this latter quote indicates, some (basic) information on welfare reforms would also be valued. There was a view though, that currently available information on benefits is complex, particularly for lay people.

Interviewees stressed that to be useful, information must be current. Some talked of the need to be kept abreast of welfare and service developments, and that this requires that they receive outputs timeously i.e. they expressed a need for training, verbal briefings, information bulletins, or leaflets to alert them to, or quickly follow, any new developments in welfare reforms or in services. The importance of being updated in an **ongoing manner** was stressed.

I think it (training) needs to be ongoing, I think there needs to be more. I mean I need to feel confident about approaching that with the people, and the most I do, but I think to keep that going, we need to be…it's like knowing the local resources, we need to know how to approach things the best way to help people in these areas, so having ongoing training I think would help keep staff's confidence about approaching that, you know, with people [outreach worker]

Training specific to E&FI was suggested by some, and one NHS interviewee who had been on health behaviour change training (run by Health Improvement colleagues) felt that it would have been useful if this had included an explicit (and in-depth) focus on such issues. Furthermore, it was suggested that training should be tailored to the needs of staff with particular roles in order that the information would be relevant to their day-to-day practice.

NHS interviewees frequently made references the NHSGGC intranet. This was considered to offer an ideal way to reach staff and inform them of pertinent issues.

18.3 Context and associated challenges

Interviewees highlighted increased needs among the general community and their patient/client groups, and of these, in turn, creating a greater demand for their services.

We see a big impact in welfare reform in terms of people's mental health …We find an increase in referrals, we find an increase in demand, we find an increase in the complexity of the presentations [community mental health services manager]

High levels of demand meant that simply having the will to do more inclusion type work was insufficient. Rather, a key issue was of struggling to manage large workloads and constantly 'firefighting' which mitigated against performing a stronger role in relation to employability (in particular) but also regarding financial inclusion.

I'd want to do more… There are not enough hours in the day, basically! There's time pressures and that's what impacts on it [social worker]

Having appropriate service back up was seen, however, as being half the battle. Yet interviewees bemoaned the withdrawal of funding for certain community-based (third sector) services. Termination of services, in some cases – ones that were specifically targeted at individuals with particular needs, and therefore quite specialised – narrowed the referral options open to them. This was considered to be a particularly acute issue in employability pipeline services.

> *There used to be an agency in this area who were lottery funded and I could make a referral on to them, and they linked people in with voluntary work, and it sometimes led to full time employment as well, and I found that resource was helpful because then the times pressures that I had weren't having as much of an impact on the client because I could refer them to this agency who that specific role was, and I found that useful, but then the lottery funding didn't continue so that agency didn't continue [social worker]*

Thus, the interviews indicate that the question - how could employability and financial needs be better met by staff? - needs to take cognisance of, and address, the context in which staff are working.

19. Reflections

The Employability and Health Strategic Group commissioned this survey as it was keen to identify knowledge, attitudes and practices of the health and social care workforce across NHS Greater Glasgow and Clyde. This seemed to be underpinned by a view that every contact is a health improvement opportunity, that all staff who work directly with patients/clients should be addressing health improvement needs, and that this should include a focus on E&FI.

The findings from this research indicate, however, that the health and social workforce is not homogeneous in terms of staff members' roles, needs, and potential in addressing E&FI issues. Importantly:

- There were **mixed views** from respondents about the appropriateness of focusing on E&FI. While an E&FI focus was considered to be appropriate for some (e.g. where there was legislative duty, for those with a holistic remit, where employability or financial inclusion issues were a determinant or consequence of the presenting problem), service-led priorities could direct some of the workforce to focus on, and prioritise, other outcomes (e.g. safe discharge of patients).

- Levels of knowledge, E&FI practices, and changes in these were **higher among LA respondents** than NHS ones, and **higher among NHS respondents working in community settings** than NHS respondents working in the acute sector.

- There was some suggestion that E&FI roles might be **circumscribed** for certain employees.

In addition, the research exposes complexities, and even difficulties, with the conceptualisation of E&FI practice. It would seem that:

- The term 'financial inclusion' is not universally understood: some interviewees used the term (incorrectly) to refer, in an undifferentiated manner, to addressing individuals' money concerns more generally and/or to supporting welfare needs.

- The notion of E&FI practice requires some unpacking as distinctions emerged between: asking about E&FI needs and responding to the unprompted emergence of such needs; and, discussing needs versus (simply) signposting or onward referral.

It would seem then that the issues presented above have implications for future planning (e.g. by the Employability and Health Strategic Group and employability partnerships) in relation to considering, clarifying and communicating: what is meant by financial inclusion; and what the workforce's role should be in relation to this, and in relation to employability in view of the diverse roles and settings in which this workforce practises.

Interviewees talked of: the high demands they experience within their current roles; their professional responsibilities to address, first and foremost, the principal requirements of their role; and fulfilling their professional responsibilities within the constraints of the time that they have available. In view of these pressures and competing priorities, it would seem that consideration should be given to the issue of what is feasible (or realistic) for staff. As such, the question - what is feasible - is likely to be influenced by things like setting, level and frequency

of contact with patient/client group, role (social, clinical or support), and how much of a priority E&FI issues are likely to be for the patients/clients at the point at which they are in contact with the service.

It may be, therefore, that consideration should be given to differentiating the nature and level of intervention that might be encouraged by people with different roles.

It is noteworthy that there was more cross-workforce support for the idea that it is appropriate to enquire about needs and to signpost to support services than it is to engage in discussions about E&FI issues. This would seem to be consistent with more buy-in to the idea of delivering a brief intervention. In contrast, the findings point to less of an appetite for engaging in in-depth and personal E&FI conversations and providing individualised and tailored support.

E&FI issues can be inter-related, and interviewees highlighted that talking about employability difficulties could prompt discussions about financial issues and vice versa. This was not always the case however, and this research suggests that staff may view financial inclusion as a bigger issue, and therefore more of a priority for them. However, as there was some confusion about the term financial inclusion - what seems, at face value, to be a greater willingness to perform a role in relation to financial inclusion than employability may be a spurious finding that has arisen (despite the fact that all survey respondents were given a definition of financial inclusion). Notwithstanding the possibility that this finding is indeed a specious one, it will be important to acknowledge that financial inclusion and employability are separate issues, and two different asks of the workforce. The barriers for staff may be different too: in the interviews some talked of concerns about asking about employability as patients/clients may misconstrue this as a view that they ought to have a job.

When this research was commissioned, there was a hope or expectation that there might be positive changes in E&FI knowledge and practices that have arisen as a consequence of the activities of the local employability partnerships over the past three years. However, this research is *not* underpinned by a series of a priori hypotheses or theories about specific changes in knowledge or practice that were expected to have come about as a direct consequence of activities in different settings, localities or with particular staff groups. As a result, the data have not been interrogated to identify specific outcomes, nor to answer key questions. Because the research is not informed by an outcome-focused approach such as this, it becomes difficult to draw any conclusions about the success of activities to date, in particular – which of the range of activities (GGC wide or more locally) have been effective (and in whom), and which have been ineffective.

It is understandable that readers of this report may now have an interest in looking at particular data subsets. However, if such data breakdowns are compared (between, for example, different HSCPs or different acute settings) – it would be inadvisable, and possibly fallacious, to retrospectively attribute any differences to particular efforts over the past three years.

It is suggested that, should research be commissioned in the future, it would be useful to take a theory-driven approach that 'tests out' whether or not intended changes have taken place – an approach that would involve clearly articulating at the research outset (precisely) what changes are expected to have occurred and (predominantly) among whom. Taking a theory-driven approach like this would therefore offer a stronger basis focusing the analyses and for interpreting data.

It is notable, however, that findings from the interviews resonate with the key findings of the 2013 survey insofar as similar themes emerge: lack of awareness of community-based services by NHS staff; huge workload pressures on staff, particularly in social care; and expressed desires for better resources and (relevant) training - particularly services to which staff can signpost individuals needing E&FI support. Thus, it might seem that any developments to address these issues over the past three years have not been 'felt' by those working at the coalface, or at least, not universally so.

The findings from this research were presented to a group of stakeholders to elicit their views on the implications for the future, in particular regarding planning and practice. Their views chime with points raised throughout this report, as they highlighted:

- clearer specification and communication about what financial inclusion actually entails (and that it is not simply money advice or indeed signposting to welfare support)
- that it would be useful to conceptualise, develop and share an E&FI pathway, and within this – differentiate 'who does what'
- the need for more clarity about financial inclusion
- the need for more clarify and tighter specification of E&FI roles for different staff, settings etc. and acknowledgement that it is not appropriate for all staff to raise E&FI issues
- that there should be a multi-levelled approach that includes campaign materials such as posters and leaflets, and training that is targeted and tailored to (separate) staff groups, settings, services etc.
- that there should be more consistency brought to the agenda e.g. through standardised documentation dictating what different types of staff are expected to address
- that E&FI should be promoted via staff intranet and integrated into existing resources (such as E-learning modules) and systems (e.g. staff KPIs, staff meetings)
- that efforts need to be sustained to keep E&FI high on the agenda
- that staff should be encouraged and motivated to introduce and sustain strengthened practices (through things like sharing of good news stories and being informed of improved outcomes that are arising because of changes in staff practice).

Thus, they point to a number of key inter-related outcomes for the future: agreement of an E&FI pipeline for the health and social care workforce; cross-workforce understanding of precisely what (different) staff should be doing; increased motivation and capability to perform (stronger) E&FI roles; and increased and improved E&FI practices. To drive these changes, stakeholders also highlighted the need for stronger leadership coupled with enhanced and sustained accountability.

Defining outcomes along these lines would provide a stronger and tighter focus for any future research, and would provide a basis for identifying whether and where progress is being made.

20. Appendices

Appendix 1: Perceived expectation / requirement of role

Appendix 1a: All respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	I don't know
discuss employability with my patients/clients	9% (324)	19% (667)	16% (564)	24% (851)	28% (988)	4% (124)
discuss financial inclusion with my patients/clients	11% (383)	24% (847)	16% (573)	21% (736)	24% (845)	4% (134)
help my patients/clients access employability services	9% (300)	20% (687)	17% (593)	24% (843)	28% (968)	4% (127)
help my patients/clients access financial inclusion services	13% (442)	29% (1007)	15% (521)	18% (636)	22% (778)	4% (134)
Response Count 3518						

Appendix 1b: NHS respondents only

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	I don't know
discuss employability with my patients/clients	8% (237)	17% (520)	16% (492)	25% (769)	30% (927)	4% (118)
discuss financial inclusion with my patients/clients	8% (260)	22% (670)	17% (508)	23% (693)	26% (808)	4% (124)
help my patients/clients access employability services	7% (216)	17% (528)	17% (518)	25% (769)	30% (911)	4% (121)
help my patients/clients access financial inclusion services	10% (317)	27% (817)	15% (461)	20% (601)	24% (741)	4% (126)
Response Count 3063						

Appendix 1c: LA respondents only

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	I don't know
discuss employability with my patients/clients	19% (87)	32% (147)	16% (72)	18% (82)	13% (61)	1% (6)
discuss financial inclusion with my patients/clients	27% (123)	39% (177)	14% (65)	9% (43)	8% (37)	2% (10)
help my patients/clients access employability services	18% (84)	35% (159)	16% (75)	16% (74)	13% (57)	1% (6)
help my patients/clients access financial inclusion services	27% (125)	42% (190)	13% (60)	8% (35)	8% (37)	2% (8)
Response Count 455						

Appendix 2: Views on whether role should include a focus on E&FI

Appendix 2a: All respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
discuss employability with my patients/clients	11% (363)	22% (746)	19% (661)	31% (1052)	17% (583)
discuss financial inclusion with my patients/clients	12% (423)	26% (871)	19% (648)	28% (939)	15% (524)
help my patients/clients access employability services	11% (373)	23% (775)	20% (683)	30% (1008)	17% (566)
help my patients/clients access financial inclusion services	14% (481)	29% (997)	19% (633)	24% (817)	14% (477)
Response Count 3405					

Appendix 2b: NHS respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
discuss employability with my patients/clients	9% (273)	20% (598)	19% (574)	33% (975)	18% (544)
discuss financial inclusion with my patients/clients	10% (298)	24% (703)	19% (575)	30% (887)	17% (501)
help my patients/clients access employability services	10% (282)	21% (623)	20% (598)	31% (930)	18% (531)
help my patients/clients access financial inclusion services	12% (351)	28% (832)	19% (566)	26% (761)	15% (454)
Response Count 3405					

Appendix 2c: LA respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
discuss employability with my patients/clients	20% (90)	34% (148)	20% (87)	17% (77)	9% (39)
discuss financial inclusion with my patients/clients	28% (125)	38% (168)	17% (73)	12% (52)	5% (23)
help my patients/clients access employability services	21% (91)	34% (152)	19% (85)	18% (78)	8% (35)
help my patients/clients access financial inclusion services	29% (130)	37% (165)	15% (67)	13% (56)	5% (23)
Response Count 441					

Appendix 3: Views on appropriateness of (proactively) asking about E&FI needs

Appendix 3a: All respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
whether they are employed	24% (789)	39% (1283)	13% (432)	13% (440)	10% (319)
if they would like to discuss employability issues with me so that I can try to help	12% (405)	24% (798)	19% (622)	29% (938)	15% (500)
if they would like signposted to employability support	14% (445)	31% (1021)	18% (577)	23% (751)	14% (469)
if they have any financial concerns or difficulties	20% (650)	34% (1109)	16% (518)	18% (591)	12% (395)
if they would like to discuss money management issues with me so that I can try to help	13% (421)	22% (721)	19% (621)	30% (963)	16% (537)
if they would like signposted to money management support	19% (619)	35% (1148)	15% (503)	18% (584)	13% (409)
Response Count 3263					

Appendix 3b: NHS respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
whether they are employed	22% (630)	39% (1110)	14% (395)	14% (408)	11% (301)
if they would like to discuss employability issues with me so that I can try to help	11% (302)	22% (634)	20% (565)	31% (871)	17% (472)
if they would like to be signposted to employability support	12% (339)	29% (838)	18% (516)	25% (707)	16% (444)
if they have any financial concerns or difficulties	17% (477)	33% (926)	17% (488)	20% (568)	14% (385)
if they would like to discuss money management issues with me so that I can try to help	10% (281)	20% (567)	20% (562)	32% (915)	18% (519)
if they would like to be signposted to money management support	16% (451)	34% (966)	16% (468)	20% (559)	14% (400)
Response Count 2844					

Appendix 3c: LA respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
whether they are employed	38% (159)	41% (173)	9% (37)	7% (32)	4% (18)
if they would like to discuss employability issues with me so that I can try to help	25% (103)	39% (164)	14% (57)	16% (67)	7% (28)
if they would like to be signposted to employability support	25% (106)	44% (183)	15% (61)	10% (44)	6% (25)
if they have any financial concerns or difficulties	41% (173)	44% (183)	7% (30)	5% (23)	2% (10)
if they would like to discuss money management issues with me so that I can try to help	33% (140)	37% (154)	14% (59)	11% (48)	4% (18)
if they would like to be signposted to money management support	40% (168)	43% (182)	8% (35)	6% (25)	2% (9)
Response Count 419					

Appendix 4: Perceived changes in expectations / requirements of role

Appendix 4a: All respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	I don't know
discuss employability with my patients/clients	9% (230)	16% (413)	21% (558)	30% (775)	22% (569)	3% (68)
specifically ask my patients/clients if they have any employability issues	8% (212)	15% (396)	21% (543)	31% (820)	22% (578)	2% (64)
help my patients/clients access employability services	8% (203)	17% (432)	21% (545)	30% (792)	22% (575)	3% (66)
discuss financial inclusion with my patients/clients	11% (287)	20% (532)	18% (474)	28% (730)	20% (526)	2% (64)
specifically ask my patients/clients if they have any money management issues	11% (290)	20% (510)	19% (495)	28% (728)	20% (525)	2% (65)
help my patients/clients access financial inclusion services	12% (311)	23% (593)	18% (482)	26% (669)	19% (496)	2% (62)
Response Count 2,613						

Appendix 4b: NHS respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	I don't know
discuss employability with my patients/clients	7% (164)	15% (336)	21% (476)	31% (696)	23% (534)	3% (67)
specifically ask my patients/clients if they have any employability issues	7% (150)	14% (315)	21% (469)	32% (732)	24% (544)	3% (63)
help my patients/clients access employability services	6% (143)	15% (346)	20% (464)	31% (715)	24% (540)	3% (65)
discuss financial inclusion with my patients/clients	9% (207)	19% (426)	18% (407)	29% (666)	22% (505)	3% (62)
specifically ask my patients/clients if they have any money management issues	9% (205)	17% (402)	19% (435)	29% (659)	22% (509)	3% (63)
help my patients/clients access financial inclusion services	10% (227)	21% (486)	18% (415)	27% (607)	21% (477)	3% (61)
Response Count 2,273						

Appendix 4c: LA respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	I don't know
discuss employability with my patients/clients	19% (66)	23% (77)	24% (82)	23% (79)	10% (35)	<1% (1)
specifically ask my patients/clients if they have any employability issues	18% (62)	24% (81)	22% (74)	26% (88)	10% (34)	<1% (1)
help my patients/clients access employability services	18% (60)	25% (86)	24% (81)	23% (77)	10% (35)	<1% (1)
discuss financial inclusion with my patients/clients	24% (80)	31% (106)	20% (67)	19% (64)	6% (21)	1% (2)
specifically ask my patients/clients if they have any money management issues	25% (85)	32% (108)	18% (60)	20% (69)	5% (16)	1% (2)
help my patients/clients access financial inclusion services	25% (84)	31% (107)	20% (67)	18% (62)	6% (19)	<1% (1)
Response Count 340						

Appendix 5: Perceived changes in professional practice

Appendix 5a: All respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
discuss employability with my patients/clients	5% (134)	16% (413)	25% (633)	38% (972)	16% (395)
specifically ask my patients/clients if they have any employability issues	5% (131)	14% (350)	26% (658)	39% (997)	16% (411)
help my patients/clients access employability services	5% (120)	16% (398)	24% (624)	39% (993)	16% (412)
discuss financial inclusion with my patients/clients	8% (202)	19% (485)	23% (589)	35% (886)	15% (385)
specifically ask my patients/clients if they have any money management issues	8% (206)	19% (486)	23% (583)	35% (888)	15% (384)
help my patients/clients access financial inclusion services	9% (230)	21% (538)	22% (561)	34% (858)	14% (360)
Response Count 2,547					

Appendix 5b: NHS respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
discuss employability with my patients/clients	5% (101)	15% (342)	24% (526)	39% (872)	17% (372)
specifically ask my patients/clients if they have any employability issues	4% (94)	13% (284)	25% (551)	40% (896)	18% (388)
help my patients/clients access employability services	4% (85)	15% (323)	24% (525)	40% (891)	18% (389)
discuss financial inclusion with my patients/clients	6% (141)	18% (392)	22% (497)	37% (814)	17% (369)
specifically ask my patients/clients if they have any money management issues	6% (143)	17% (386)	23% (496)	37% (816)	17% (372)
help my patients/clients access financial inclusion services	7% (165)	20% (443)	22% (478)	35% (782)	16% (345)
Response Count 2,213					

Appendix 5c: LA respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
discuss employability with my patients/clients	10% (33)	21% (71)	32% (107)	30% (100)	7% (23)
specifically ask my patients/clients if they have any employability issues	11% (37)	20% (66)	32% (107)	30% (101)	7% (23)
help my patients/clients access employability services	10% (35)	22% (75)	30% (99)	31% (102)	7% (23)
discuss financial inclusion with my patients/clients	18% (61)	28% (93)	28% (92)	22% (72)	5% (16)
specifically ask my patients/clients if they have any money management issues	19% (63)	30% (100)	26% (87)	22% (72)	4% (12)
help my patients/clients access financial inclusion services	19% (65)	28% (95)	25% (83)	23% (76)	4% (15)
Response Count 334					

Appendix 6: Attitudes to employability issues

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not applicable
Attitudinal statements relating to professional role						
It is not my business to ask patients/clients if they have a job	8% (238)	12% (353)	17% (481)	36% (1043)	20% (578)	6% (182)
It is not a good use of my time to discuss employability issues with my patients/clients	10% (300)	19% (547)	22% (647)	26% (749)	13% (370)	9% (262)
I am concerned that it would be damaging to my relationship with my patients/clients if I were to ask about employability issues	6% (160)	11% (314)	28% (805)	29% (841)	14% (411)	12% (344)
I know how to signpost my patients/clients for employability support	9% (254)	28% (810)	20% (568)	20% (565)	10% (297)	13% (381)
Discussions about employability should be left to people who specialise in this issue	12% (353)	22% (647)	24% (699)	22% (635)	10% (301)	8% (240)
It is a good use of my time to encourage patients/clients to do unpaid work	8% (221)	20% (561)	35% (1016)	15% (421)	10% (282)	13% (374)
Attitudinal statements that are not directly related to professional role						
Discussing employability options with my patients/clients can give them unrealistic expectations	5% (157)	14% (407)	28% (803)	28% (810)	13% (367)	12% (331)
It is not a realistic prospect for most of my patients/clients to work	8% (228)	18% (522)	24% (677)	27% (777)	13% (387)	10% (284)
I have patients/clients who are capable of doing a paid job	20% (572)	39% (1120)	19% (545)	7% (196)	4% (122)	11% (320)
I would worry that my patients/clients might find paid work too much for them	4% (114)	15% (445)	35% (1018)	21% (602)	11% (313)	13% (383)
Stigma in the workplace is an employability barrier for my patients/clients	7% (199)	22% (646)	37% (1058)	15% (419)	5% (154)	14% (399)
There are suitable paid jobs available for some of my patients/clients	9% (259)	32% (925)	32% (909)	8% (243)	5% (136)	14% (403)
Discussions about employability have nothing to do with health improvement	3% (88)	5% (136)	21% (592)	37% (1062)	24% (691)	11% (306)
Volunteering is a useful route into employment	21% (591)	51% (1455)	16% (467)	3% (78)	2% (59)	8% (225)
Response Count 2875						

Appendix 7: Attitudes to financial inclusion issues

Answer Options	Strongly Agree	Agree	Mixed views	Disagree	Strongly disagree	I don't know	Not applicable
Attitudinal statements relating to professional role							
It is not my business to ask patients/clients how they manage their money	16% (427)	20% (518)	25% (651)	20% (537)	10% (270)	1% (27)	8% (225)
Discussions about financial inclusion should be left to people who specialise in this issue	15% (404)	24% (630)	22% (588)	15% (405)	10% (276)	5% (120)	9% (232)
Attitudinal (and knowledge) statements that are not directly related to professional role							
I should accept that it is ok for my patients to borrow from doorstep lenders	2% (48)	2% (65)	18% (478)	28% (747)	30% (784)	5% (139)	15% (394)
Having a bank account has nothing to do with financial inclusion	4% (106)	16% (421)	13% (338)	26% (680)	14% (369)	16% (425)	12% (316)
There are financial advantages to having direct debits set up	15% (386)	54% (1429)	12% (313)	2% (51)	1% (34)	5% (134)	12% (308)
Many of my patients/clients have no need for insurance	2% (52)	4% (108)	11% (291)	34% (893)	21% (549)	14% (376)	15% (386)
Financial inclusion has nothing to do with health improvement	2% (47)	3% (84)	11% (293)	37% (988)	28% (741)	8% (210)	11% (292)
Financial inclusion is an issue for all patients/clients	13% (334)	36% (955)	17% (444)	11% (288)	3% (82)	10% (254)	11% (298)
Financial inclusion is an important route to tackling health inequalities	17% (444)	43% (1145)	15% (407)	3% (91)	2% (55)	8% (221)	11% (292)
Response Count 2655							

Appendix 8: Confidence in understanding of recent welfare reforms

Appendix 8a: All respondents

Answer Options	Generally very confident	Generally fairly confident	Confident in some respects but not others	Fairly unconfident	Very unconfident	I don't know what I don't know so I find this difficult to answer!
Employment Support Allowance	3% (89)	8% (207)	20% (506)	22% (561)	28% (727)	19% (503)
Personal Independence Payments	4% (102)	11% (278)	19% (484)	21% (544)	27% (708)	18% (477)
Universal Credit	2% (53)	6% (149)	16% (425)	25% (652)	31% (811)	19% (503)
Working Tax Credit	3% (67)	8% (214)	19% (487)	23% (596)	30% (772)	18% (457)
Fit Notes	7% (169)	15% (393)	16% (412)	18% (479)	25% (647)	19% (493)
Response Count 2593						

Appendix 8b: NHS respondents

Answer Options	Generally very confident	Generally fairly confident	Confident in some respects but not others	Fairly unconfident	Very unconfident	I don't know what I don't know so I find this difficult to answer!
Employment Support Allowance	2% (46)	7% (149)	18% (399)	22% (486)	30% (674)	19% (482)
Personal Independence Payments	3% (57)	9% (208)	17% (391)	21% (462)	29% (657)	18% (461)
Universal Credit	1% (29)	5% (101)	15% (332)	25% (547)	33% (744)	19% (483)
Working Tax Credit	2% (37)	7% (167)	18% (398)	22% (494)	31% (702)	18% (438)
Fit Notes	9% (130)	15% (327)	15% (342)	18% (397)	26% (578)	19% (462)
Response Count 2236						

Appendix 8c: LA respondents

Answer Options	Generally very confident	Generally fairly confident	Confident in some respects but not others	Fairly unconfident	Very unconfident	I don't know what I don't know so I find this difficult to answer!
Employment Support Allowance	12% (43)	16% (58)	30% (107)	21% (75)	15% (53)	6% (21)
Personal Independence Payments	13% (45)	20% (70)	26% (93)	23% (82)	14% (51)	4% (16)
Universal Credit	7% (24)	13% (48)	26% (93)	29% (105)	19% (67)	6% (20)
Working Tax Credit	8% (30)	13% (47)	25% (89)	29% (102)	20% (70)	5% (19)
Fit Notes	11% (39)	18% (66)	20% (70)	23% (82)	19% (69)	9% (31)
Response Count 357						

Appendix 9: Confidence in E&FI discussions

Appendix 9a: All respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not applicable
I feel confident if a patient/client wishes to talk to me about employability	6% (156)	24% (615)	20% (524)	23% (587)	16% (421)	11% (290)
I feel confident if a patient/client wishes to talk to me about financial inclusion / money management issues	5% (139)	22% (567)	20% (517)	25% (647)	18% (470)	10% (253)
Response Count 2593						

Appendix 9b: NHS respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not applicable
I feel confident if a patient/client wishes to talk to me about employability	5% (106)	21% (477)	20% (447)	24% (534)	18% (400)	12% (272)
I feel confident if a patient/client wishes to talk to me about financial inclusion / money management issues	4% (80)	19% (431)	20% (440)	26% (591)	20% (454)	11% (240)
Response Count 2236						

Appendix 9c: LA respondents

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not applicable
I feel confident if a patient/client wishes to talk to me about employability	14% (50)	39% (138)	22% (77)	15% (53)	6% (21)	5% (18)
I feel confident if a patient/client wishes to talk to me about financial inclusion / money management issues	17% (59)	38% (136)	22% (77)	16% (56)	4% (16)	4% (13)
Response Count 357						

Appendix 10: Changes in confidence over the past three years

Appendix 10a: Changes in confidence over the past three years – all respondents

Answer Options	Far more confident	A little more confident	No more or less confident	A little less confident	Far less confident	Not applicable
If a patient/client wishes to talk to me about employability, I feel:	6% (160)	15% (395)	51% (1312)	3% (73)	3% (89)	22% (562)
If a patient/client wishes to talk to me about income maximisation or money management, I feel:	6% (159)	14% (374)	50% (1288)	4% (95)	5% (124)	21% (551)
Response Count 2591						

Appendix 10b: Changes in confidence – NHS respondents

Answer Options	Far more confident	A little more confident	No more or less confident	A little less confident	Far less confident	Not applicable
If a patient/client wishes to talk to me about employability, I feel:	5% (116)	14% (314)	51% (1140)	3% (59)	4% (82)	23% (524)
If a patient/client wishes to talk to me about income maximisation or money management, I feel:	5% (108)	13% (287)	51% (1135)	3% (73)	5% (112)	23% (520)
Response Count 2235						

Appendix 10c: Changes in confidence – LA respondents

Answer Options	Far more confident	A little more confident	No more or less confident	A little less confident	Far less confident	Not applicable
If a patient/client wishes to talk to me about employability, I feel:	12% (44)	23% (81)	48% (172)	4% (14)	2% (7)	11% (356)
If a patient/client wishes to talk to me about income maximisation or money management, I feel:	14% (51)	24% (87)	43% (153)	6% (22)	3% (12)	9% (356)
Response Count 356						

Appendix 11: Receipt of relevant training or briefings

Appendix 11a: All respondents

Have you received any of the following in the past three years (or so) through your work? Please tick all that apply		
Answer Options	**Response Percent**	**Response Count**
Training on health related behaviour change generally	24%	626
Training, information or support on the Greater Glasgow and Clyde Health and Wellbeing online directory	8%	209
Training or verbal briefings on employability issues	12%	320
Training or verbal briefings on financial inclusion issues	14%	365
Written or electronic briefings on employability	11%	273
Written or electronic briefings on financial inclusion	12.%	311
None of the above	52%	1333
I can't remember or don't know	11%	293
Response Count 2580		

Appendix 11b: NHS respondents

Have you received any of the following in the past three years (or so) through your work? Please tick all that apply		
Answer Options	**Response Percent**	**Response Count**
Training on health related behaviour change generally	25%	551
Training, information or support on the Greater Glasgow and Clyde Health and Wellbeing online directory	9%	191
Training or verbal briefings on employability issues	11%	247
Training or verbal briefings on financial inclusion issues	13%	286
Written or electronic briefings on employability	9%	209
Written or electronic briefings on financial inclusion	10%	230
None of the above	53%	1188
I can't remember or don't know	11%	245
Response Count 2225		

Appendix 11c: LA respondents

Have you received any of the following in the past three years (or so) through your work? Please tick all that apply		
Answer Options	**Response Percent**	**Response Count**
Training on health related behaviour change generally	21%	75
Training, information or support on the Greater Glasgow and Clyde Health and Wellbeing online directory	5%	18
Training or verbal briefings on employability issues	21%	73
Training or verbal briefings on financial inclusion issues	22%	79
Written or electronic briefings on employability	18%	64
Written or electronic briefings on financial inclusion	23%	81
None of the above	41%	145
I can't remember or don't know	14%	48
Response Count 355		

Appendix 12: Awareness of NHSGGC's Directory of Health and Wellbeing Services

Appendix 12a: All respondents

The NHSGGC Health and Wellbeing Directory is a gateway to information about a wide range health improvement and wellbeing services provided by NHS Greater Glasgow and Clyde and our partner organisations. How aware are you of this online directory?		
Answer Options	**Response Percent**	**Response Count**
Very aware	7%	186
Vaguely aware	30%	778
Not aware	56%	1439
Not sure	7%	174
Response Count 2577		

Appendix 12b: NHS respondents

The NHSGGC Health and Wellbeing Directory is a gateway to information about a wide range health improvement and wellbeing services provided by NHS Greater Glasgow and Clyde and our partner organisations. How aware are you of this online directory?		
Answer Options	**Response Percent**	**Response Count**
Very aware	8%	173
Vaguely aware	30 %	676
Not aware	55%	1220
Not sure	7%	153
Response Count 2222		

Appendix 12c: LA respondents

The NHSGGC Health and Wellbeing Directory is a gateway to information about a wide range health improvement and wellbeing services provided by NHS Greater Glasgow and Clyde and our partner organisations. How aware are you of this online directory?		
Answer Options	**Response Percent**	**Response Count**
Very aware	4%	13
Vaguely aware	29%	102
Not aware	62%	219
Not sure	6%	21
Response Count 355		

Appendix 13: Use of NHSGGC's directory of health and wellbeing services

Appendix 13a: Respondents who were very aware of directory

Answer Options	Response Percent	Response Count
I have used the online directory to identify services in relation to employability support	26%	48
I have used the online directory to identify services for financial inclusion support	31%	58
I have NOT used the directory to identify services for employability or financial inclusion	39%	73
I can't remember whether or not I used the directory for either of these issues	9%	16
none of the above	15%	212
Response Count 186		

Appendix 13b: All respondents who were very aware or vaguely aware of directory

Answer Options	Response Percent	Response Count
I have used the online directory to identify services in relation to employability support	7%	73
I have used the online directory to identify services for financial inclusion support	9%	87
I have NOT used the directory to identify services for employability or financial inclusion	60%	579
I can't remember whether or not I used the directory for either of these issues	7%	70
none of the above	22%	212
Response Count 962		

Appendix 14: Opinions regarding the NHSGGC directory of services

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	I can't remember
The directory was easy to search	10% (11)	57% (65)	22% (25)	9% (10)	0% (0)	3% (3)
There was sufficient information on services for me to identify whether a service was appropriate	7% (8)	59% (67)	23% (26)	6% (7)	1% (1)	4% (5)
There were appropriate / available services	7% (8)	56% (64)	25% (29)	7% (8)	1% (1)	3% (4)
I have confidence in the services listed in the directory	11% (12)	46% (53)	34% (39)	4% (5)	1% (1)	4% (4)
I would use the directory again	15% (17)	72% (82)	9% (10)	3% (3)	1% (1)	1% (1)
Response Count 114						

Appendix 15: Reasons for not using the NHSGGC directory of services

Answer Options	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	This question/ issue is not appropriate to my role
I forget that it is there	7% (47)	34% (232)	25% (170)	13% (90)	3% (19)	18% (120)
I don't have the time to use it	5% (31)	22% (147)	35% (235)	20% (135)	4% (24)	16% (106)
I don't have easy access to a computer	1% (6)	3% (21)	14% (96)	46% (315)	22% (150)	13% (90)
I already know which employability services are available for my patients/clients	2% (16)	22% (148)	23% (157)	26% (178)	9% (58)	18% (121)
I already know which financial inclusion support services are available for my patients/clients	4% (26)	23% (155)	24% (160)	24% (164)	8% (57)	17% (116)
Response Count 678						