



Evaluation of Transitional Employment Services: Phase 2



ECONOMY AND LABOUR MARKET

Evaluation of Transitional Employment Services: Phase 2 – Final Report

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Executive Summary

Background

This report is the final in a short series exploring findings from the evaluation of Transition Employment Services in Scotland (TES). These services enabled the Scottish Government to develop and learn from delivering employability services ahead of the launch of Fair Start Scotland in April 2018.

The aim of the evaluation is to provide a robust, independent evaluation of the delivery process and outcomes of Work First Scotland (WFS) and Work Able Scotland (WAS), collectively known as transitional employment support (TES) services.

More specifically, the evaluation focusses on the following research questions:

- How well has the service delivery process worked across both services?
- What do high quality services look and feel like for customers?
- What difference does the service make to customer outcomes?
- What difference does the service make to employers?
- How are these services (WFS and WAS) different from previous employability support?

The evaluation was designed in two phases. Phase 1 (December 2017 to March 2018) focused on how Providers had implemented their services, the extent to which this met customer needs and whether this made a difference to their outcomes. The Phase 1 evaluation report was published in August 2018.¹

Phase 2 of the evaluation, (December 2018 to March 2019) focuses on the employment impacts of WFS and WAS. Fieldwork for this phase included a customer telephone survey of 591 customers (n=417 for WFS and n=174 for WAS) which was drawn from the same sample as the Phase 1 survey², case studies with 20 customers, case studies with 17 employers and four comparative workshops with 47 people who would have been eligible for the services but had not participated in either.

This executive summary draws on the findings of both phases of the evaluation and sets these in the context of the future direction of Scottish employability delivery as set out in No One Left Behind.³

¹ <https://www.gov.scot/publications/evaluation-scottish-transitional-employment-services-interim-report-august-2018/>

² Survey waves 1 and 2 are not longitudinal but are drawn from the same cohort of service participants and so it is possible to compare responses between the two waves to some extent.

³ Scottish Government, No one left behind: Review of Employability Services, December 2018.

Service impacts on customers

WFS customer employment rates

- Forty-one per cent were in work in wave 2, an increase from 30% in wave 1.⁴ This suggests that Providers were progressively able to improve their outcomes throughout the service delivery.

WFS customer views

- Most WFS customers had **positive attitudes to the employability support** they received, and two-thirds felt that the support was **tailored to their needs** (although this fell to just over half for those aged 55 and over).
- As a result of this support customers reported an **improved ability to find work**, with 69% better able to **identify suitable jobs**, and 70% reporting a greater **capacity to learn new skills**.
- Customers were **also positive about job search and on-going support** with 55% feeling it helped a great deal in moving into work and 49% feeling the in-work support helped a great deal. This reflects the findings in Phase 1 that developing a relationship with a single employment advisor through **regular meetings was key** to the ethos of the service.
- WFS customers in Phase 2 also report that they are more motivated and positive about work and more confident about **disclosing their health condition** to employers and fewer felt that working would harm their health. This was reflected in a more positive outlook in general – over two thirds (67%) felt that they were **more positive or hopeful about the future** and 60% agreed that their **personal and job ambitions** had increased.
- Of those who were in work at the time of interview, 85% agreed that they felt **more motivated**, 79% agreed that their **financial situation had improved** and 76% felt that they were more confident talking to their employer about their support needs.
- Some two-thirds reported that their **health condition had improved** and fewer were concerned that working could make their health condition worse.

WAS customer employment rates

- Similar proportions of customers were in work at wave 1 (13%) and wave 2 (16%). Around four fifths of customers were not working at both wave 1 (83%) and wave 2 (81%).⁵

⁴ This is based on the phone survey results of self-reported status and not officially produced statistics or provider data.

⁵ Again, this is also based on the phone survey results of self-reported status and not officially produced statistics or provider data.

WAS customer views

- WAS customers were **positive regarding the support** they received with more than 6 in 10 reporting that it was tailored to their needs. Fifty-six per cent of those in work felt that the advice and support had helped them 'a great deal' to move into work.
- However **21% felt it had 'not helped'** them at all, albeit this is from a small sample size.
- Thirty-nine per cent of customers were either working or could return to work (at the point of interview) if there were a job available. However, 35% felt that **their health condition or disability ruled out work**. Other responses reflect the higher health needs of WAS customers and the concerns they have about how this might effect their chances of gaining employment. Only a quarter of WAS customers said that they knew of jobs that could accommodate their health needs and almost two-thirds were worried that employers would not employ them because of their health condition. More than **half were anxious about working** and half were concerned that working would worsen their health.
- It is important to recognise that these concerns do not necessarily impact on WAS customers' desire to work, with 82% of customers reporting that they would like to return to work in the future to some or a great extent. Proportionately fewer WAS customers in wave 2 felt that work could be harmful to their health compared to the wave 1 responses and more customers felt confident disclosing their condition to employers.
- Case study customers with greater health needs were less positive about the support provided or did not start either service because of their health condition.

Working with employers

- The majority of 17 case study employers, whilst not specifically recognising the WFS and WAS services, had **long-standing relationships with the service Providers** and valued their understanding of employers' requirements.
- A key reason for this was **that employers were generally very impressed with the motivation and preparedness of customers** at interview. This was reported to be better than many other sources of similar recruits.
- While the potential problems of disclosing an existing long-term health condition to an employer are widely reported, the case study **employers responded positively to individuals telling them about their condition** at interview. This is something that they believe exists across their workforce/ recruitment pool.
- **Employers valued and drew upon a range of pre-employment support offered by Providers**, including interview preparation, job matching, background checks, health and safety training and advice on managing health conditions.

- Improved **communications between employers and Providers has strengthened throughout service delivery** and this has enabled Providers to develop a better understanding of employers' induction and training procedures so that they can better prepare customers.

Lessons for employability service delivery models

- **Provide a flexible offer with few hard timescales.** Moving into work within 18 months may seem too quick for some potential customers. Greater flexibility in delivery – to be able to 'stop the clock' when customers need to take more time to access support, should also be considered, although it should be noted that participants who left the service due to health conditions could return at the discretion of the Provider.
- **Provision of specialist support and more integration and alignment with other services**, in particular education and health services, will be vitally important for future employability services. The prevalence of mental health conditions among the potential client group for employment services suggests that much more effective inter-working with mainstream health services will be necessary.
- **Providing other forms of specialist support will need to draw on partnerships.** Contracting out such services as part of a provider supply chain has not delivered sufficient provision or allowed these services a sustainable funding model. Whatever the delivery models adopted for employment services, some consideration should be given to funding such services centrally, with much less reliance on performance related payments, so that they can build capacity and skills and provide services to all employability service Providers.
- Phase 1 findings highlighted that where a customer had built their confidence and improved their CV and interview technique, but still did not secure a job offer, Providers had few alternative approaches within WFS and WAS. **Future employability services should consider what other types of support may be more appropriate in terms of vocational training and work practice** to help improve the attractiveness of their CV in the labour market.
- There is evidence from the employer case studies that employers can play a wider role in supporting a more diverse workforce. Further thought should be given to how employers can work with employability services to support individuals in their journeys into and towards work.
- **Employers' attitudes** towards employing disabled people or those with health conditions **appears to be improving, but more needs to be done.** The Scottish Government has already recognised the need to raise employer engagement as part of their action plan to close the disability employment gap.⁶
- **Develop further quantitative and qualitative measures to assess the quality of employment destinations.** Currently the information on the

⁶ A Fairer Scotland for Disabled People: employment action plan, Scottish Government, December 2018.

employment destinations for WFS and WAS is limited. Many are part-time and anecdotally are paid at or just above minimum wage levels. While part-time employment suits the circumstances of some, there were many in the case studies and workshops who would prefer full time employment to help with the high costs of accommodation, travel to work and childcare.

- Securing appropriate and immediate support to prevent people falling out of work will be a significant challenge. Convincing this group to participate in future employability services will require a more substantive offer of support to address this lived experience. This is an issue for those with physical disabilities but appears to be a much bigger challenge for those with mental health conditions.

1. Introduction

1.1 Policy Background

The Scottish Government Transitional Employment Services (TES) commenced on 3 April 2017 and accepted referrals until 9 March 2018. TES comprised of two separate services:

- **Work First Scotland (WFS)** service – a voluntary service supporting disabled customers who are assessed of being capable of working at least 16 hours within 26 weeks. WFS Providers offer up to 12 months of support split equally between up to six months pre-employment support and six months in-work support. WFS was expected to support up to 3,300 customers.
- **Work Able Scotland (WAS)** service – a voluntary service for people with a long-term health condition in receipt of Employment Support Allowance and within the Work Related Activity Group (ESA WRAG) and assessed to be able to work for at least 16 hours a week within 12 months. WAS provided a total of 12 months support, with a balance of pre-employment support and in-work support as appropriate to the individual customer. The service was expected to support up to 1,500 customers.

While many of the core design features of WFS and WAS are similar, it should be recognised at the outset that they serve quite distinct target groups. In particular, the prevalence of mental health conditions among WAS customers is more than twice that of WFS. Alongside a much higher prevalence of other long-term conditions, WAS customers have health conditions that more often limit their ability to undertake day-to-day activities and more often suffer from multiple health conditions. This means that direct comparisons between the services are not helpful as they are not comparing like-with-like.

TES was established following the devolution of responsibility for some employability services under the Scotland Act 2016 and allowed for The Scottish Government to design and deliver its own employability services for disabled people and those at risk of long-term unemployment.

The Scottish Government consulted widely on how an employability system should be delivered. The findings outlined that a Scottish approach to employability should deliver:

- A strong focus on those who need specialist support
- A holistic approach designed to address the broader needs of the customer to support them into employment
- Customer choice and control over the process
- A clear focus on entry into sustainable employment
- Help to support customers who are at risk of losing their job due to a change in their health condition.

The WFS and WAS services have enabled the Scottish Government to develop Fair Start Scotland, launched in April 2018, by putting in place supporting infrastructure that includes performance management structures, IT development, data monitoring and effective strategic and operational communications with JCP and DWP. The transitional period has also helped in the design and delivery of Fair Start Scotland by embedding principles of dignity and respect in service design, and will continue to do so in future iterations of employability services in Scotland.

More recently, the Scottish Government has published *No One Left Behind: Next Steps for Employability Support in Scotland*⁷, which sets out the next steps to deliver more effective and joined-up employability support. The approach identifies that more effective integration and alignment of support, which address the wide range of barriers some people can face when seeking employment is required. This will involve:

- Flexible, person-centred support aligned with existing funding streams service as part of a new local delivery model (starting with Activity Agreements and the Scottish Employer Recruitment Incentive in Spring 2019);
- is more straightforward for people to navigate;
- is better integrated and aligned with other services, particularly with health, justice and housing provision;
- provides pathways into sustainable and fair work;
- is driven by evidence, including data and the experience of users; and
- supports more people – particularly those facing multiple barriers – to move into the right job, at the right time.

1.2 Scope of the Evaluation

In September 2017 Cambridge Policy Consultants and IFF Research were commissioned by the Scottish Government Fair Work Employability and Skills Directorate, along with delivery partner Skills Development Scotland (SDS), to undertake a process and outcome evaluation of the WFS and WAS transitional employment support services.

The aim of the evaluation is to provide a robust, independent evaluation of the delivery process and outcomes of both WFS and WAS. More specifically, the evaluation focusses on the following research questions:

- How well has the service delivery process worked across both services?
- What do high quality services look and feel like for customers?

⁷ No One Left Behind: Review of Employability Services, The Scottish Government, December 2018.

- What difference does the service make to customer outcomes?
- What difference does the service make to employers?
- How are these services (WFS and WAS) different from previous employability support?

The evaluation research was designed in two phases. Phase 1 carried out December 2017 to March 2018 focused on how Providers had implemented their services, the extent to which this met customer needs and whether this made a difference to their outcomes. The Phase 1 interim evaluation report was published in August 2018⁸.

Phase 2 of the evaluation, undertaken December 2018 to February 2019 focuses on the employment impacts of WFS and WAS and is the subject of this report. The fieldwork in Phase 2 included the following:

- A telephone survey of 591 customers split as: n=417 for WFS and n=174 for WAS. The sample for this survey was the same as that drawn for the wave 1 telephone survey between December 2017 and February 2018 so that the survey could explore the change in circumstances and attitudes among respondents over a longer time period⁹.
- Case studies with customers who moved into employment post-support service (11 case studies). These were done to explore any issues they faced in starting work and the role of Providers in helping them overcome these and sustain employment. A further nine case studies were undertaken with customers who were referred to Providers but did not start or dropped out of provision very early in the process to better understand their reasons for not joining the service. Thirteen case studies were with WFS customers and the remaining seven with WAS. Discussions also covered whether customers' health condition had changed and what, if any support they had sought. Case study customers started on the service between 1 November 2017 and 31 January 2018.
- Case studies with 17 employers on their experience of employing customers from both services. To avoid revealing that individual customers benefited from service support, these interviews focused on the employers' relationships with service Providers and their experiences of employing customers in general. Six of these employers had been interviewed during Phase 1 of the evaluation so these interviews were able to draw out how working with Providers had evolved over time.

⁸ See: *Evaluation of Scottish transitional employment services: interim report August 2018*. Scottish Government. <https://www.gov.scot/publications/evaluation-scottish-transitional-employment-services-interim-report-august-2018/>

⁹ It is important to recognise that the surveys were not designed as formal longitudinal research (this would have required a much larger number of interviews in wave 1). Nevertheless, the survey responses at wave 1 and wave 2 represent the views of the same cohort of 2,000 customers.

- Workshops with 47 'non-users' who were recruited by two community organisations who were part of the supply chain in different CPAs. The workshop attendees were of working age but had not signed up for support from either service. A key finding from the Phase 1 evaluation was the relatively high proportion of eligible people who chose not to participate in either service. These non-users were recruited on our behalf by community support organisations who provide support services for people with health conditions or disabilities, on the proviso that discussions were anonymous and we did not seek to catalogue individual characteristics¹⁰.
- A review of WFS and WAS management information to compare the characteristics of customers to the Phase 2 telephone sample and service outcomes to date against the survey findings.

¹⁰ There is a trade-off here between gaining access to a wider group of potential customers but not being able to fully capture their circumstances. Given the absence of other viable routes to researching the views of those 'not yet attracted by the current employability offer' and after discussions with Scottish Government we felt that this was a worthwhile approach.

2. Customers' Service Experience

2.1 Introduction

This chapter presents a detailed summary of the characteristics of WFS and WAS customers in terms of basic demographics, employment status and history, health conditions, benefits receipt, and their service participation.¹¹ The sample combined 665 customers who took part in the wave 1 phone survey and said that they were happy to be re-contacted and 638 contacts from the original wave 1 sample that were not used in that survey. As a result, while it is not a formal longitudinal survey design, the research has been able to compare responses between survey waves and reported these where they are statistically significant. Full details are included in Appendix 2.

2.2 Key findings

For WFS customers:

- Forty-one per cent were in work in wave 2, an increase from 30% in wave 1. More than half (51%) of those aged 16 – 34 were in work in wave 2.
- Those who reported that they have no disabilities (58%) were more likely than those with mental (33%) or physical (37%) disabilities to be working.
- Over half (55%) of customers felt that the support they had received had helped them 'a great deal' in moving into work, with over two thirds (69%) agreeing to some extent. Similar proportions reported that provider support had helped them sustain employment, (49% felt it helped a great deal, 69% to some extent).
- Over half (56%) of customers out of work said that they could return to work now if there were a job available, compared to 71% in the same situation in wave 1. While more customers were already in work, a higher proportion said that their health condition rules out work altogether (27% up from 16% in wave 1).
- WFS customers were also more likely to say that they were now more confident in disclosing their health condition to employers (up from 55% in wave 1 to 66% in wave 2) and fewer felt that working would harm their health (20% in wave 1 compared with 15% in wave 2). Customers were more likely to report that they were better at identifying job vacancies that were suitable for them an increase to 69% from 59% in wave 1.
- This was reflected in a more positive outlook in general – over two thirds (67%) felt that they were more positive or hopeful about the future and 60% agreed that their personal and job ambitions had increased.

¹¹ Current and former customers of the WFS and WAS services completed a telephone interview between 26th November 2018 and 31st January 2019, about their experience of the service, its outcomes and their current situation. All customers initially signed up to the services between 1st April and 31st October 2017. The interviews took place just under 12 months after the original wave 1 survey.

- Of those who were in work, 85% agreed that they felt more motivated, 79% agreed that their financial situation had improved and 76% felt that they were more confident talking to their employer about their support needs.
- Significantly, two thirds agreed that working had improved their health condition (66%), while the proportion of all WFS customers who were worried that work could make their health condition worse fell from 48% in wave 1 to 37% in wave 2.

For WAS customers:

- Similar proportions of customers were in work at wave 1 (13%) and wave 2 (16%), and for those that were not working at both wave 1 (83%) and wave 2 (81%).
- Fifty-six per cent of those in work felt that the advice and support had helped them 'a great deal' to move into work, but a fifth (21%) felt that support had not helped them move into work at all.
- Over a quarter (27%) of those out of work felt that they could return to work immediately if a job were available, while 31% felt that they could consider a return to work on some days. Forty-two per cent felt that their health condition prevented their return to work.
- Interest in working in the future remains strong, with 82% of customers reporting that they would like to return to work in the future to some or a great extent. Again, these responses are similar to those reported in wave 1.
- The majority of customers agreed that the support they received was tailored to their needs (61%). However, customers were less positive about other impacts on work search tasks and attitudes.
- Customers held a mix of views with regards to changes in motivations and confidence. Compared to wave 1 (41%), the proportion of WAS customers who felt confident that they could take a job and it would not be harmful to their health was lower at 31% in wave 2.
- That said, of those who were in work, 87% agreed that they felt more motivated, 77% agreed that their financial situation had improved and 81% felt that they were more confident talking to their employer about their support needs and over half agreed that working had improved their health condition (53%).
- Generally, customers had some concerns over the relationship between their health and work. Only 40% felt that employers could accommodate their health needs, while almost 29% disagreed with this. Only a quarter (25%) agreed that they knew of many jobs they could do with their health condition, and a further 39% disagreed.

2.3 WFS and WAS customer survey characteristics

Introduction

This section considers the key demographic characteristics of those WFS and WAS customers who responded to the telephone survey. The demographic

characteristics were compared to Providers' Management Information System (MIS) data on the characteristics of all customers of WFS and WAS outlined in the previous section (see table A.1 and A.2 in Appendix 2 for full demographic details of WFS and WAS customers who took part in the survey).

As with wave 1 of the research, it was not possible to undertake a structured telephone survey because Data Protection issues prevented access to customers' personal data. In practice, such were the number of starts on both services that the telephone survey included all starts. Nevertheless, an understanding of the extent to which survey respondents reflect the balance of characteristics is vital to ensure that we do not have any apparent bias in the nature of respondents that might impact on their responses to the survey questions.

WFS customer demographics

- Some 4,432 customers started WFS, 36% were female and 64% were male. Proportionately more females (43%) and fewer males (57%) are in the wave 2 sample.
- The age profile of wave 2 respondents has proportionately fewer younger customers with proportionately more prime age 35-54.
- Wave 2 survey participants report higher prevalence of a number of disabilities and health conditions of all types. A total of 40% report a long-term illness, disease or condition compared to 17% according to WFS MIS data. A similar proportion report a mental health condition (39%) compared to a third (33%) of all customers.
- WFS MIS data reports that 73% of customers have one health condition, 21% have two and 6% have three or more.

WAS customer demographics

- A total of 1,095 customers started WAS, 43% were female and 57% were male. This compares to 32% of the Phase 2 survey sample being female and 67% male.
- The age distribution of customers was very similar for prime working age customers (aged 25-54), but somewhat lower for the youngest age group 16-24 (11% in MIS data and 5% in the survey sample) and somewhat higher for the oldest group 55-64 (16% in the MIS data but 25% in survey).
- Classification of health conditions do not match precisely to MIS categories but both MIS data and survey have a similar proportions reporting a mental health condition (68% and 69% respectively).
- There is some variation in the proportions reporting a long-term illness, disease or condition, a physical disability and a learning difficulty between MIS and survey groups, but these may be due to some mis-match between the definitions used by Providers to capture health conditions.
- A higher proportion of the survey population reported blindness or partial sight loss and deafness or partial hearing loss when compared to that recorded in

the MIS data and this may be due to the differences in the age profile of the two groups.

- WAS customers reported an average of just under 1.5 health conditions according to MIS data with females slightly lower than males. The majority (64%) reported one condition, just over a quarter reported two (27%) and 9% 3 or more. Not surprisingly, older age groups reported a higher average number of conditions.

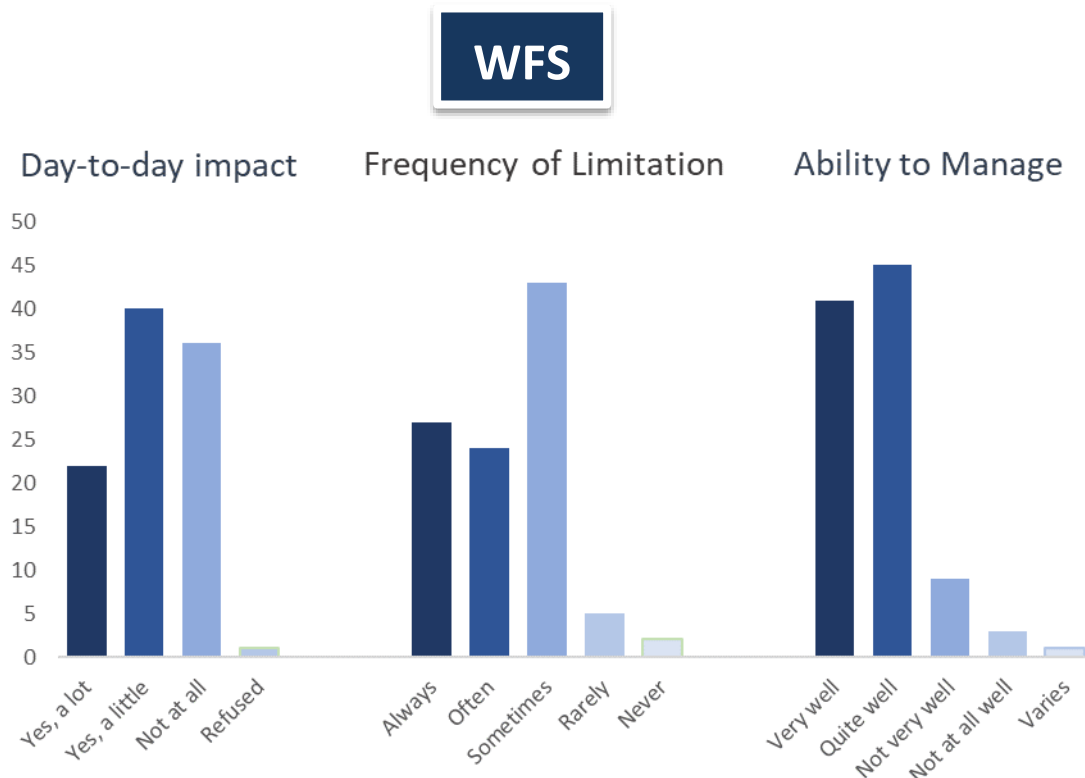
Impact of health on day-to-day life

Customers indicated the extent to which they felt their disability or health condition impacted their day-to-day lives. Just under two-thirds (63%) of WFS customers stated that their disability or health conditions had a day-to-day impact, and half (50%) stated that it limited their day-to-day life often or always. However, the majority (86%) of WFS customers felt that they were able to manage their condition well.

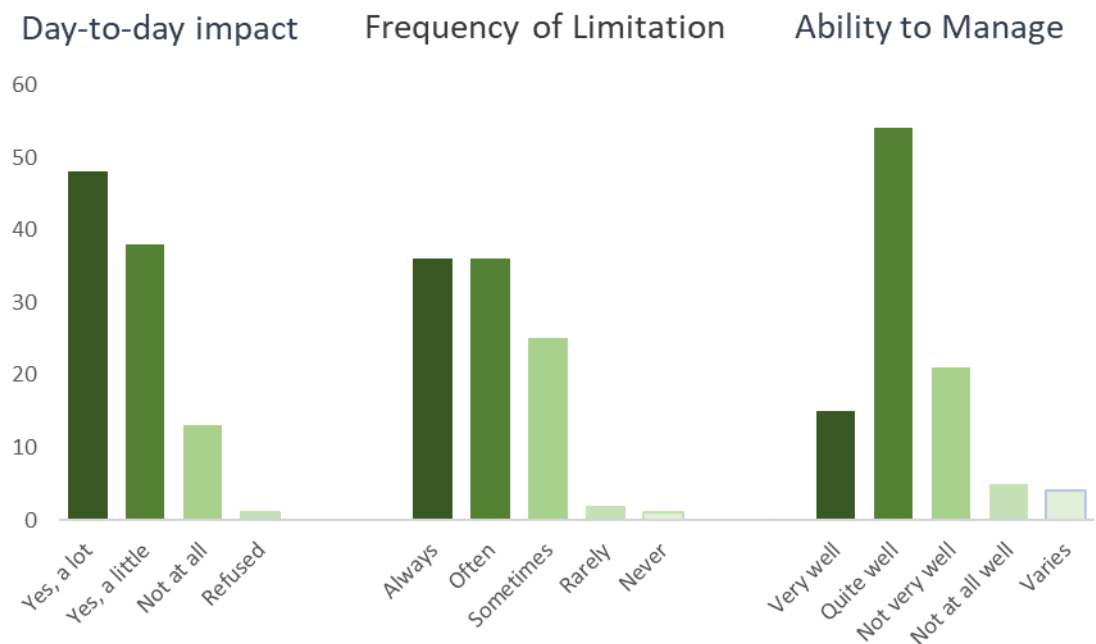
Amongst WAS customers, the day-to-day impact was greater; 86% stated that their disability or health conditions had a day-to-day impact, 72% stated that it limited their day-to-day life often or always and 68% felt that they could manage their conditions well. This is detailed further in figure 2.1.

Compared to Wave 1, the proportions are very similar with no significant differences for customers of either service.

Figure 2.1 Impact of disability or health condition(s) on day-to-day life (cont. overleaf)



WAS



Source: IFF Research telephone survey of WFS and WAS customers.

G4. Does your health or disability reduce your ability to carry out day-to-day activities? / G5. How often does your health condition or disability limit the amount or kind of activities that you can do? / G6. Overall, how well would you say you are able to manage your health condition or disability on a day to day basis? Base: WFS (n=417), WFS condition limits (N=279), WAS (n=174), WAS condition limits (N=150)

Service Participation

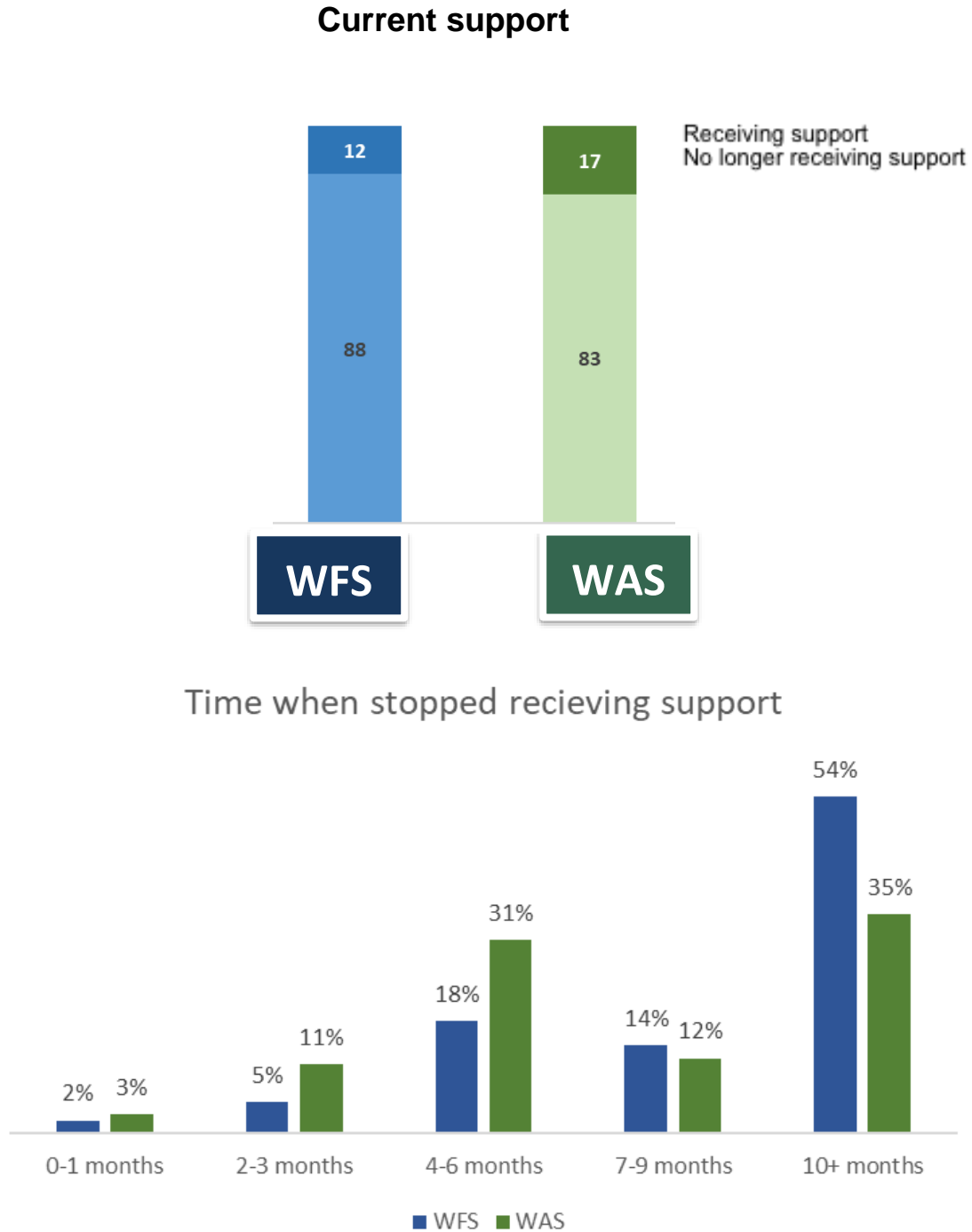
At the time of the wave 2 survey, 12% of WFS customers reported that they were still receiving support. Given the 12 month duration of the service and the timing of the fieldwork, this group were likely to be in their final weeks of participation. Of those WFS customers no longer receiving support, more than half (54%) stopped receiving support over 10 months before taking part in the wave 2 survey, 14% 7-9 months before and 18% 4-6 months before.

Some 17% of WAS customers reported that they were still receiving support. (WAS MIS data drawn on 1 November 2018 reports 42% of starts still in support). This reflects the impact of time on a cohort who started WAS between April and end October 2017. A customer joining the service at the end of October 2017 would have used their 12 months of support by the time of the Phase 2 survey and only those who had moved into employment would be receiving post-employment support.

Of those WAS customers no longer receiving support; around a third (35%) stopped receiving support over 10 months previously, 12% 7-9 months ago and 31% 4-6 months ago. Figure 2.2 (continued overleaf) details the proportion of

each service still receiving support and when those no longer receiving support stopped.

Figure 2.2 Current service participation and when customers stopped receiving support (cont. below)



Source: IFF Research telephone survey of WFS and WAS customers.
 D1. Are you currently receiving support from the WFS/WAS service to help you move into employment? D3. When did you stop receiving this support?
 Base: WFS (n=417) WFS not receiving support (n=350), WAS (n=174), WAS not receiving support (n=142).

2.4 Service Outcomes

Introduction

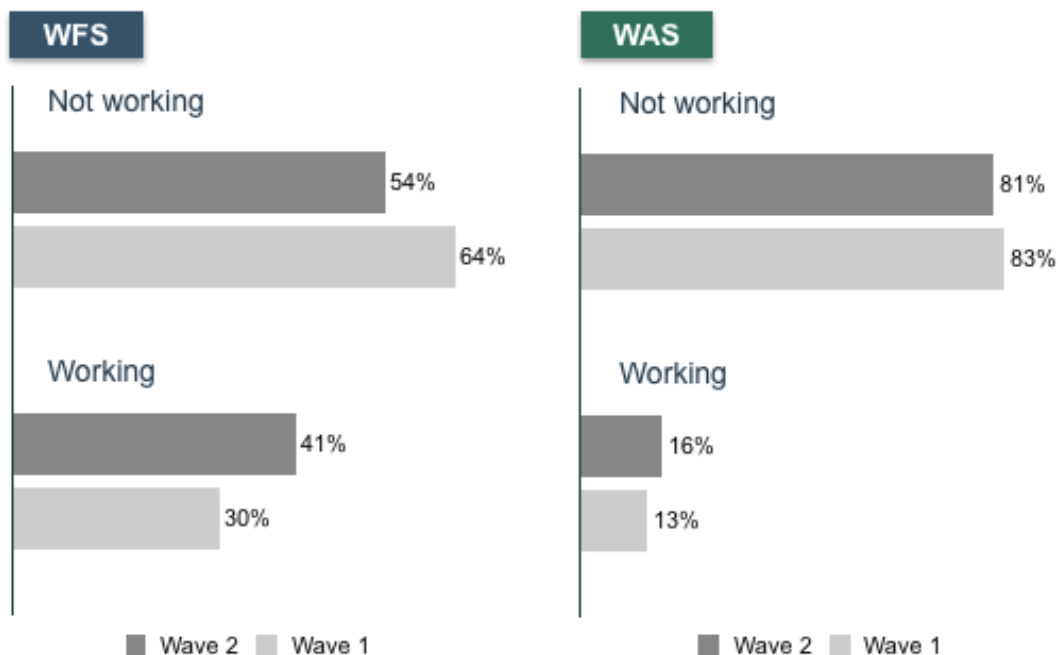
This section sets out the survey customers' views on the impact of WFS and WAS on their employment, health and wider wellbeing. Respondents' views were sought on whether their experience of support had altered their attitudes to work and health and their reasons for not continuing to seek support to enter into employment.

Employment

Customers were asked how they would best describe what they were doing at the point of being surveyed. Customers were classified as working if they were self-employed or employed. Those who were not working and claiming benefit, or not working and not claiming benefit were summarised as not working.

The working status of customers at wave 1, between 3 and 9 months after joining the service, and wave 2, between 15 and 18 months after joining the service, is shown in figure 3.1 below. A small proportion of participants (WFS 5%, WAS 3%) were classed as 'other', including those about to start work or in education.

Figure 3.1 Employment Status



Source: IFF Research telephone survey of WFS and WAS customers

A1 Which of the following best describes what you are doing at the moment? Wave 1 Base: WFS (n=499), WAS (n=201) Wave 2 Base: WFS (n=417, WAS (n=174).

Among WFS customers:

- Forty-one per cent were in work in wave 2, an increase from 30% in wave 1. The proportion not working decreased from 64% in wave 1 to 54% in wave 2. This suggests that Providers were progressively able to support people into better outcomes over time.
- More than half (51%) of those aged 16 – 34 were in work in wave 2.
- Those who reported no disabilities (58%) were more likely than those with physical disability (37%) or mental health issues (33%) to be working.

Among WAS customers:

- Similar proportions of customers were in work at wave 1 (13%) and wave 2 (16%). A similar amount of customers were not working at both wave 1 (83%) and wave 2 (81%). While this demonstrates some improvement over time, the on-going challenges of supporting people onto the service may have played a part in limiting provider progression.
- Female WAS customers were slightly more successful in securing short job outcomes. Those aged 25-49 are proportionately more likely to secure a short job outcome. Younger people 18-24 and older workers over 50 were less likely according to WAS MIS data.
- MIS data on the health conditions reported by WAS customer who achieved a short job outcome are very similar to those of all starts on the service.
- Similarly, the number of health conditions reported by WAS customers who secured a short job outcome are also very similar to that reported by all WAS customers. This is somewhat contrary to expectations where customers with fewer health conditions tend to have higher job entry rates.

Impact of support on moving into or remaining in work

Customers who were in work when they answered the wave 2 survey generally agreed that the support they had received helped them both move into work and remain in work. Customers' views of the helpfulness of the support, shown on a five point scale from one (not at all) to five (a great deal) are shown in figure 3.2 overleaf.

Findings relating to WAS customers who were in work should be treated with caution as the base size is small.

Figure 3.2 Extent to which support helped customers to move into and remain in work



Source: IFF Research telephone survey of WFS and WAS customers

F2 To what extent do you think the advice and support you received helped you move into work? Base: WFS (n=162), WAS (n=33)

F3 To what extent do you think the advice and support you received helped you to remain in work? Base: WFS (n=162), WAS (n=30)

Amongst WFS customers:

- Over half (55%) of customers felt that the support they had received had helped them ‘a great deal’ in moving into work, with over two thirds (69%) agreeing to some extent (a score of four or five out of five). There was a similar strength of feeling about the support to remain in work (49% felt it helped a great deal, 69% to some extent).

- Generally, older customers were more likely to be positive about the support, with those aged over 45 more likely than those aged under 45 to answer that the support helped them ‘a great deal’ in moving into work.
- Female customers were also generally more positive than male customers about the impact of the support received through the WFS services.

Views amongst WAS customers were more polarised:

- Over half (56%) of customers in work felt that the advice and support had helped them ‘a great deal’ move into work. However, a fifth (21%) felt that the advice and support they had received had not helped them move into work at all.
- Just under half (49%) of customers felt that the advice and support they received helped them to remain in work a great deal, whilst conversely, over a quarter (27%) said that it had not helped them to remain in work at all.

Customer M is male, age 45-54. Entered work post-service.

Customer M is currently self-employed, as a landscape gardener and van driving work. Hours vary between 20-45 pw. He set up this business in January 2018, and has been growing the business during the year.

He left his previous employment in retail in May 2017, following a period of absence due to ill health. He was suffering from stress and anxiety, which he felt was connected to shift and weekend work. He had some savings and did not want to claim benefits. He approached a mental health charity for support when he became unemployed. The counsellor told him he should be claiming benefits and encouraged him to register with JCP. He was registered with JCP for two months, and deregistered when JCP wanted him to attend meetings with occupational health specialists in Glasgow. He comments that the thought of meetings was quite stressful for him.

At that point he decided to be a stay at home dad, combined with self-employment. At the end of 2017, the mental health counsellor referred him to the provider for advice on setting up on a self-employed basis. He feels he benefitted a great deal from the one-to-one support he received from the provider. He was able to meet the advisor quickly, who worked with him on the stages of becoming self-employed. This included preparing a business plan, setting up an accounting system, registering with HMRC.

Customer M feels that this was extremely helpful, as he had no experience of any of this paperwork or procedures. He feels that his business start-up would have been much slower without the advice from the provider. Tax has been the biggest challenge and worry, and without this advice he would have struggled to get it right and plan ahead. He feels it was good to know that the advisor was involved and available for queries. The advisor also helped him to apply for funding for equipment necessary for his business.

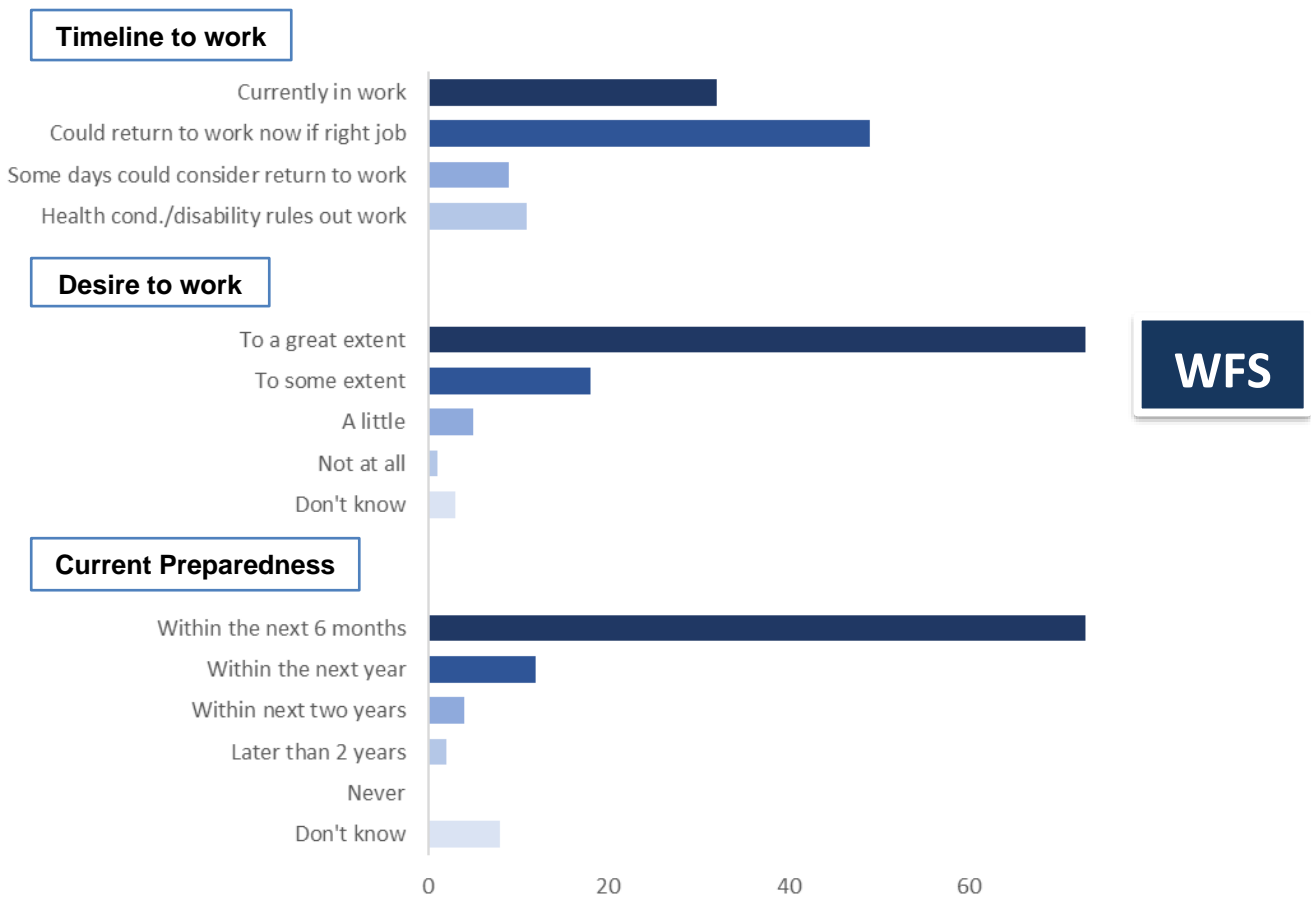
He feels that he was in control of the process for becoming self-employed, and that he was supported in his ambition, rather than be directed to vacancies for the type of job he had previously held.

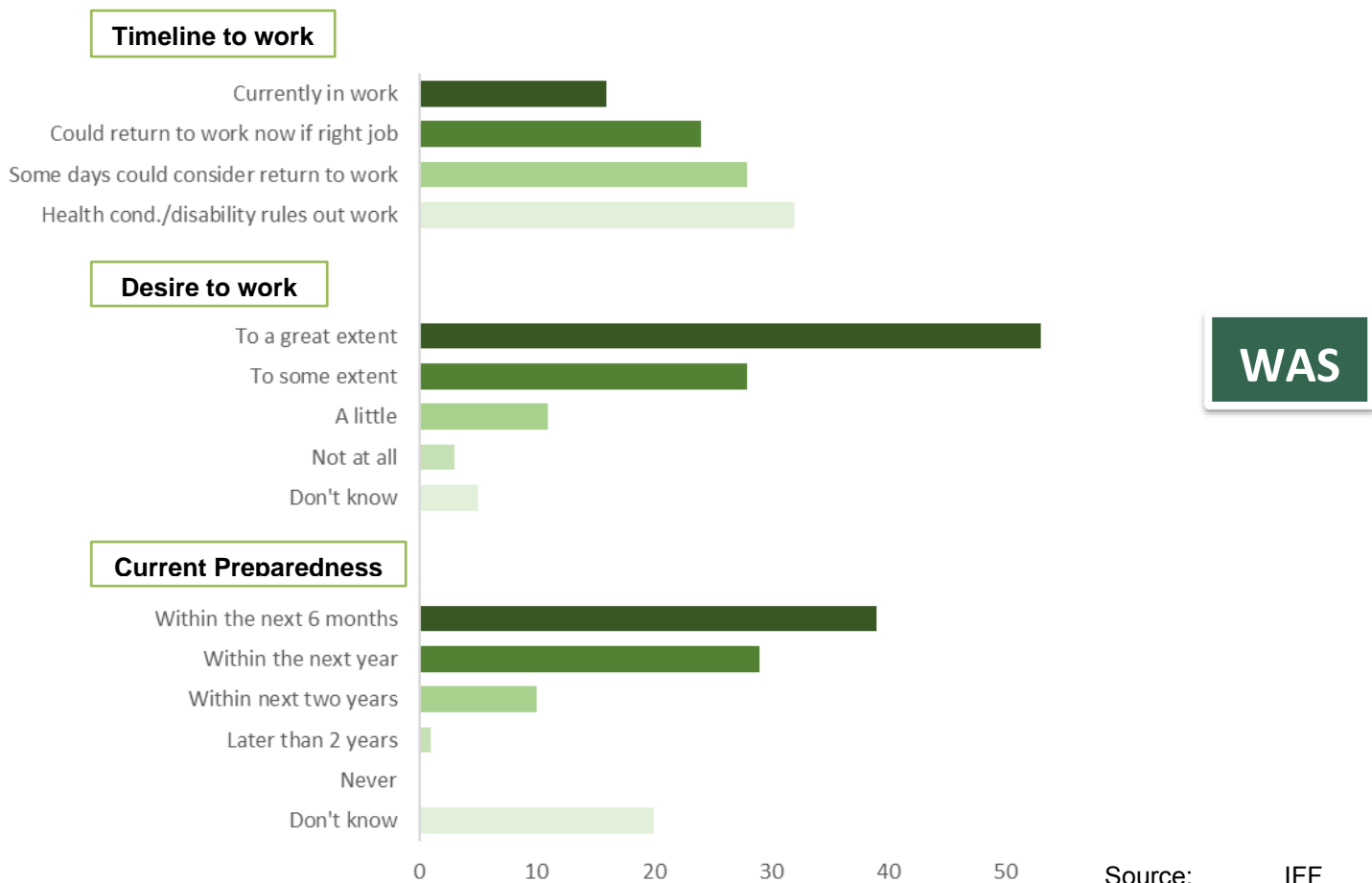
Customer M feels that his health is better than it was when he left his previous employer, although being self-employed is not as easy as he first thought. The unpredictability of the hours has taken some getting used to. He hopes that he will be able to increase his hours, to give a more stable income.

Expectations and motivations for future employment for those not currently in work

Customers not in employment were asked about how they felt about returning to work currently, whether they would like to return to work in the future and at what stage in the future they might be able to return to work.

Figure 3.3 Preparedness, desire and timeline for returning to work





Source: IFF

Research telephone survey of WFS and WAS customers

E1 Which of the following is closest to how you feel about returning to work? / E2 To what extent would you like to return to work in the future? / E3 At what stage in the future do you think you will be able to work? Base: WFS (n=417), WAS (n=174), WFS not currently employed (n=255). WAS not currently employed (n=141)

Among WFS customers:

- Around three quarters (73%) of customers were either working or could return to work now if there was a job available. Around one in six (16%) felt that their health condition or disability ruled out work.
- 85% of customers would like to return to work in the future to some or a great extent.
- Almost three quarters (73%) thought that they would be able to return to work within the next year.

Compared to responses from wave 1, there has been a significant reduction in the percentage of WFS customers who are out of work but feel that they ready for employment (from 71% in wave 1 to 56% in wave 2) and may reflect the time elapsed since customers were in receipt of support.

The proportion of those expressing a desire to work has also fallen but remains at a high rate (from 91% in wave 1 to 85% in wave 2). Similarly, the proportion who consider that they would be able to return to work within a year has fallen from (83% in wave 1 to 73% in wave 2). This fall is largely accounted for by those who say they do not know when they will be ready to return to work.

Customer C is male, age 35-44. Entered work post-service.

Customer C is not currently working, but he is about to start a 12-week trial as a labourer in a factory. This has been arranged through an agency, and he hopes to be offered full time employment. He expects that he will be working around 46 hours pw.

He previously worked as a builder, and had been out of work for 13 years, due to a dislocated knee. The Jobcentre referred him to the provider, who helped with the capability for work assessment. His health improved gradually, with some flare ups, and he has been much better for about 18 months. He signed up with the provider as a means to find employment. He has tried every avenue, including volunteering, and also had a job which only lasted a month.

The provider helped him prepare for interview and with the cost of clothes for interview and work. The client believes he benefitted from regular meetings with the provider. Specifically, the provider helped write his CV, and with using the computer. The client comments that he is not good with computer skills.

He sees getting back into work as a priority. He is pleased that the provider put him in touch with the agency, and is looking forward to starting work. He thinks he needs advice from the provider about universal credit. He is not sure if the provider had any direct contact with his new employer.

The customer feels better about his life since being involved with this provider and is positive about starting work. He does not have any health concerns about the new job or working hours. The new employer is aware of his previous health condition.

Among WAS customers:

- Thirty-nine per cent of customers were either working or could return to work now if there were a job available. However, 35% felt that their health condition or disability ruled out work.
- Eighty-two per cent of customers would like to return to work in the future to some or a great extent.
- Sixty-two per cent thought that they would be able to return to work within the next year, and a much smaller proportion (5%) said that they felt could never return to work.

WAS customers face significant health barriers that limit their ability to work at present, however this does not affect their desire to work in future; the proportion of WAS customers who expressed a desire to work sometime in the future also remained very high across both waves at over 80%. Responses from WAS customers to the impact of the service on their future employability are very consistent across the two survey waves.

Customer Q is male, age 45-54. Did not start service support.

Customer Q has been unemployed for 12 years, due to significant ill health problems and the need for medical interventions and surgery. His previous work as a machine operator is too heavy for his health problems; he would like to be able to work in IT. He is currently waiting for an operation, after which he expects to return to the Jobcentre.

The Jobcentre referred him to a provider, where he attended a back to work course. He feels he benefitted from support including online courses and a mindfulness course. Although he knew there was no pressure to apply for jobs, he wants a job for 'his own sanity'.

He believes he is not well enough to work full time, yet he would need full time employment to be able to afford losing his current benefits. Health problems continue to be a barrier from securing a job.

Customer Q feels he is in 'a much better place' now than before he attended the course. He feels that the opportunity to get out of the house, meet people and participate lessened his anxiety and depression. He feels that his support worker was very helpful, and it was good to having someone to listen and understand his needs. He continues to communicate with his support worker, although he no longer meets him.

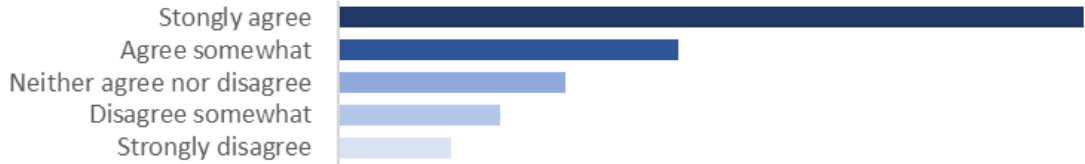
How has support changed customers' outlook?

Customers were asked about the extent to which they agreed with a range of statements about both their abilities to search for work and attitudes related to work. Figure 3.4 (continued overleaf) shows response to statements related to work search support.

Figure 3.4 Statements about the impact of support (cont. overleaf)



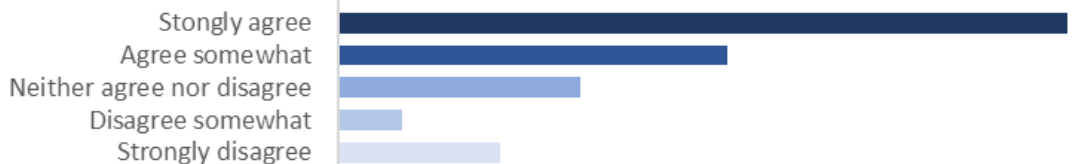
The support I received was tailored to my needs



I feel I have greater capacity to learn new skills



I am better at identifvina job vacancies that are suitable for me



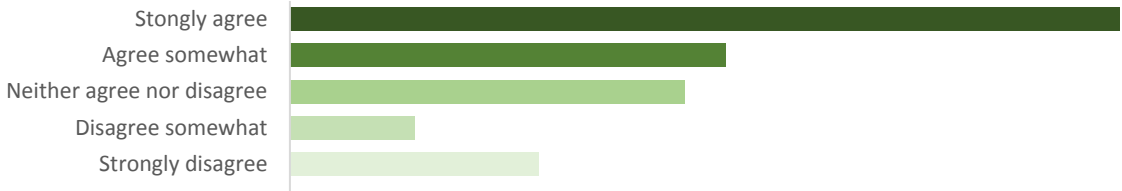
I feel better equipped to write applications and CVs



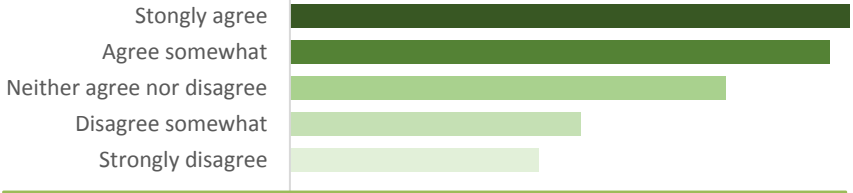
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WAS

The support I received was tailored to my needs



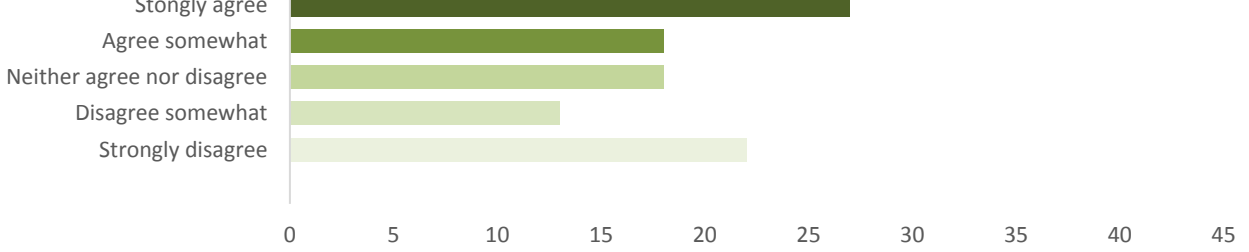
I feel I have greater capacity to learn new



I am better at identifying job vacancies that are suitable for me



I feel better equipped to write applications and CVs



Source: IFF Research telephone survey of WFS and WAS customers
 F1 To what extent do you agree with the following statements about the support you received? Base: WFS (n=417), WAS (n=174), WFS not currently employed (n=255). WAS not currently employed (n=141)

Among WFS customers:

- Two thirds (67%) agreed that the support they received was tailored to their needs, although older respondents (those aged 55 and over) were less likely to agree with this than the other age groups (51%).
- Customers mostly agreed that their abilities to find jobs had improved, with 69% agreeing that they were better able to identify suitable jobs and 70% feeling that they had a greater capacity to learn new skills.

- A smaller proportion of customers felt that they were better equipped to write applications and CVs, with 56% agreeing but almost a quarter (24%) disagreeing.

The same proportion of WFS customers felt that support from Providers was tailored to their needs in both survey waves. However, customers were more likely to report that they were better at identifying job vacancies that were suitable for them an increase to 69% from 59% in wave 1. Customers also reported that they had a greater capacity to learn new skills. This is a new question only asked in wave 2.

Customer L is male, age 45-54. Entered work post-service.

Customer L is currently working 21 hours pw (plus opportunity for overtime), with a permanent contract.

The Jobcentre referred him to the provider so that he could benefit from the additional help provided. He had worked as a carer for over 10 years with his previous employer, but had been off work due to ill health, and then had been unemployed for several weeks. He had developed depression as a result of personal bereavement, which led to a loss of confidence. He felt that working closely with clients in a social care setting, some of whom were very ill, added to his depression. He felt that the depression had crept up on him, and he had also sought medical help from his GP.

Customer L feels that the support from the provider came at a very good time for him, before he went too far down a slippery slope to mental health problems. Working with the counsellor helped to motivate him to return to social care work. He had considered seeking work in retail, to ensure that his depression did not return. However, the one-to-one meetings with the counsellor encouraged him to apply for jobs which would use his qualifications and experience. The counsellor emphasised the positives and helped him to stay focused on finding the route back to work.

He feels lucky to have had the counsellor for emotional support and help build his confidence. On a practical level, he feels that the support in improving his interview skills and CV has been invaluable. He feels that the way in which the advisor spent extra time with him on the day before his job interview was really helpful. The advisor also encouraged him to let the employer know about his previous health problem, as this explains his period of unemployment. The employer is fine with this, as they are aware why the depression started.

The provider has not had any direct contact with the employer. Customer L knows that he could have contacted the provider about employment issues, although he has not needed this support.

Customer L feels that his new job is having a positive impact on his health. His employer has provided training, and he feels ready for the new challenge. He now works with hospital discharge patients, where his involvement is on a short-term basis. There is lots of job satisfaction, and he feels appreciated by his clients. He comments that there may be opportunities for progression because of the nature of his employer.

Customer L comments that he feels good since his involvement with the provider; he no longer suffers from depression, and has started a new job using his knowledge and skills.

Customer G is male, age 45-54. Did not start service support.

Customer G has been unemployed for over 20 years. He has been classed as having physical and mental disabilities since he left school. He worked as a landscape gardener and builder, over a 10-year period. He has City & Guilds Level 1 and 2 in Horticulture and Landscaping.

He was referred to the provider because he felt that the Jobcentre could not help him because of his disability. He would like to return to employment but feels that unfortunate family circumstances have led to a deterioration in his mental health.

He feels that his support worker has helped him a lot, in particular to get a medical diagnosis and help him to understand his situation. The client feels that the support is really good, especially the counselling, and the way in which the support is in stages. As a result of this counselling, he now has a medical diagnosis, and has been prescribed medication, which is helping him considerably. He sees his support worker on a weekly basis in their office. He is also able to contact her by phone if he is feeling a lot of pressure.

The support worker has explained to him what might happen next, and how he will progress through stages at different times. Customer G comments that he feels happier now, knowing that there is someone who knows him, and who treats him with respect. He feels that this service is great and that it helps a lot of people.

Among WAS customers:

- The majority of customers agreed that the support they received was tailored to their needs (61%).
- Customers were less positive about other impacts on work search tasks and attitudes. Around half agreed that they had a greater capacity to learn new skills (51%), with 45% feeling that they were better equipped to write applications and CVs or better at identifying job vacancies.

Compared to wave 1, WAS customer responses were not significantly different in wave 2.

Customer S is employed as a part time cleaner with a permanent contract.

When she first came into contact with the provider, she had been unemployed for five years. She had been suffering with mental health problems and depression. Her health improved, and she decided to find employment.

She feels that her support worker was 'amazing'; she let her progress at her own pace and was very pleasant and helpful.

Her support worker asked her what type of job she would really like to do. Customer S had a range of work experience, including work as a presser in a factory. She decided to set up her own ironing business in October 2017. The provider helped financially with the cost of buying an iron and other equipment. Unfortunately, the client was unable to find sufficient business to be able to continue. She continued to see the support worker and they agreed she should look for other employment.

The support worker identified a cleaning job and set up an interview with the employer. Customer S did not have any health concerns about taking this job. She feels that her health has improved and that she does not have any barriers to staying employed. She has not needed the provider to resolve any issues at work, although her support worker has kept in touch.

The client is very happy with her job and employer. She feels that she could not work more hours, because of the physical impact. She feels delighted to be in work, getting out of the house, and having an income to pay the bills. She says she definitely feels better with her life since her involvement with the provider, 'being negative doesn't get you anywhere'.

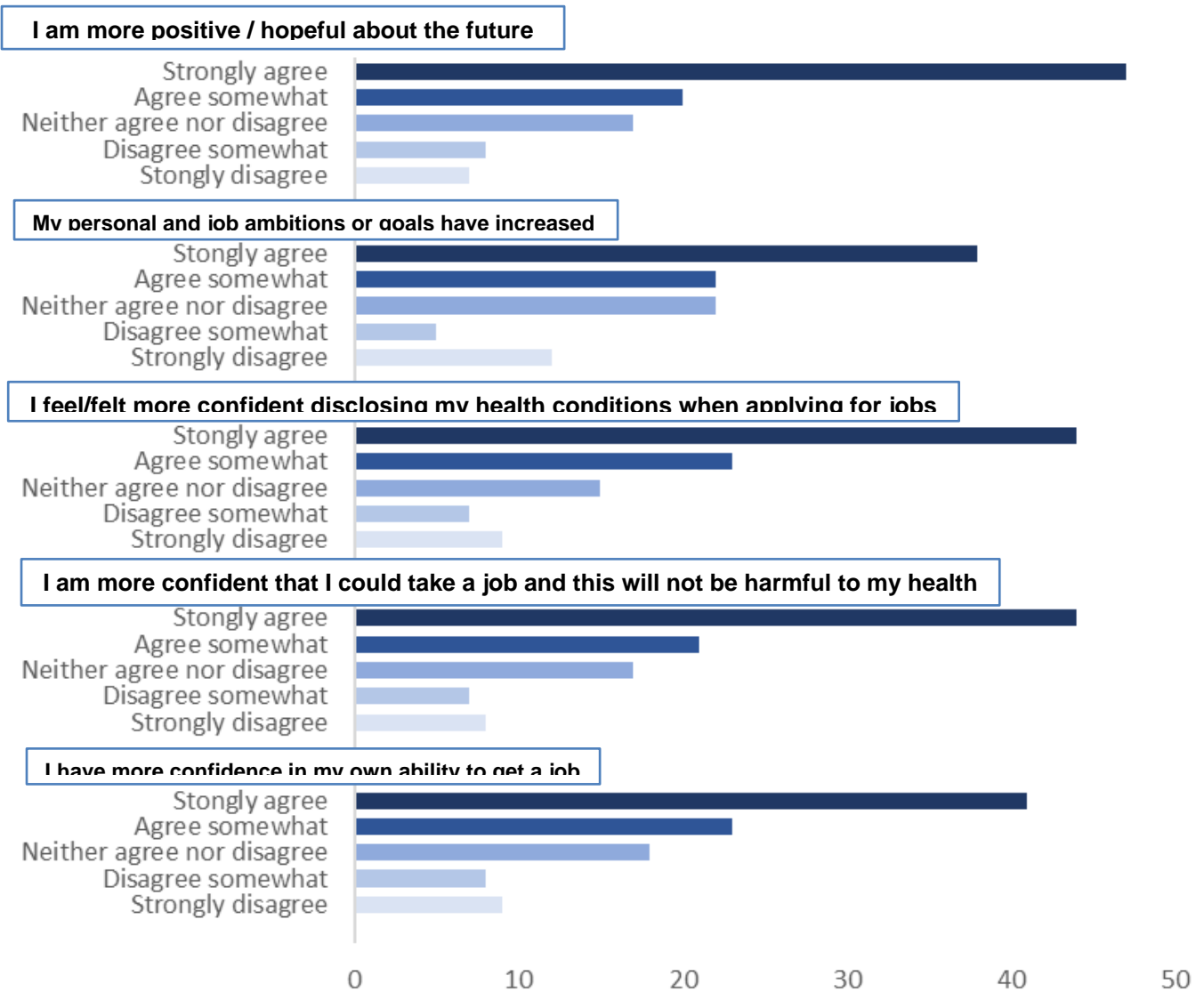
Among WFS customers:

- Across statements addressing confidence related to work, the majority of customers reported improvements. For example, around two thirds reported more confidence in their ability to get a job (64%) or in disclosing their health condition while applying for jobs (64%). A similar proportion reported that they were more confident that they could take a job and it would not harm their health (65%).
- Additionally, customers voiced increased positivity in their outlook more generally. Over two thirds (67%) felt that they were more positive or hopeful about the future and 60% agreed that their personal and job ambitions had increased.

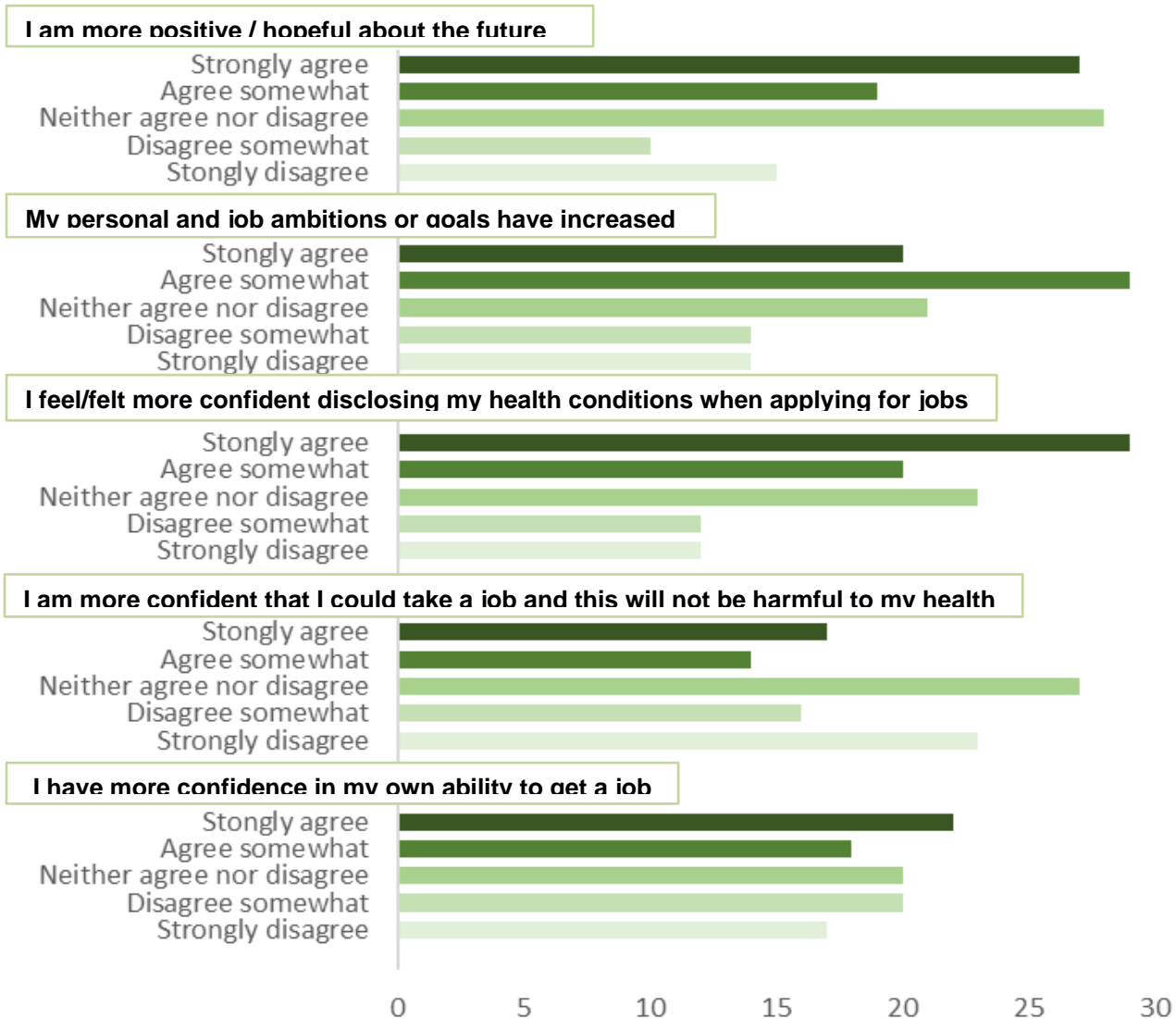
For the two questions asked in both waves, WFS customers were also much more likely to say that they were now more confident disclosing their health condition to prospective employers when applying for a job (increasing from 55% in wave 1 to 66% in wave 2) and they were also less likely to disagree that they are more confident they could take a job and it won't harm their health (20% in wave 1 compared with 15% in wave 2).

Figure 3.5 (overleaf) shows levels of agreement with statements relating to motivations and confidence related to job search task.

Figure 3.5 Statements about the personal impact of support (cont. overleaf)



WAS



Source: IFF Research telephone survey of WFS and WAS customers
 F1 To what extent do you agree or disagree with the following statemetns about the support you received?
 Base: WFS (n=417), WAS (n=174)

Among WAS customers:

- Customers held a mix of views with regards to changes in motivations and confidence. Whilst three in ten (31%) agreed that they were more confident taking a job without it being harmful to their health, 39% disagreed.
- Similarly, whilst 40% agreed that they had more confidence in their own ability to get a job, an equal proportion disagreed (38%).
- Around half of WAS customers felt that their outlook had improved. However, a quarter disagreed that they were more positive or hopeful about the future

(25%) and 28% felt that their personal and job ambitions had not increased (28%).

Compared to the survey results from wave 1, the proportion of WAS customers who felt confident that they could take a job and it would not be harmful to their health was lower at 31% in wave 2 (cf 41% wave 1). Where equivalent questions have been asked across the two surveys, there is a sense that WAS customers are somewhat less optimistic than in wave 1.

Customer I is female, age 55-64. Entered work post-service.

Customer I is employed part time as a cleaner. She had been out of work for around two years when the Jobcentre referred her to the provider. Her health had improved and she was keen to return to work.

She had previously worked as a full-time carer but left this job when she hurt herself at work. Her support worker was very encouraging about looking for work and helped her find vacancies in care work. The participant felt that the range of support from the provider was very good. She benefitted from help to use computers for job searches, interview practice, and participating in group forums. She saw different staff members for different aspects of support. The staff helped her by making phone calls on her behalf, and by completing paperwork with her. Her support worker identified other ways to help which she was not aware of, for example by helping her obtain a refund from the gas company.

Using the provider support, she was offered a job with a care agency, but it was at a different location from where she applied, with difficult travel and shift work for her. This made her think about other work options, and she then applied for a cleaning job, with regular hours. The provider helped sort out the paperwork but did not need to make direct contact with this employer.

She feels that she has also received fantastic support from with respect to housing. The provider helped her successfully apply for a move from an upstairs flat to a small house.

She does not have any concerns about the impact of work on her health and wants to increase her working hours. She hopes to be offered an additional cleaning job, bringing her total to 25 hours pw. She is not sure how much the housing benefit will be reduced as a result of increased income.

Since starting work, Customer I has not needed any employment support from the provider. However, she feels that she can contact them at any time for advice.

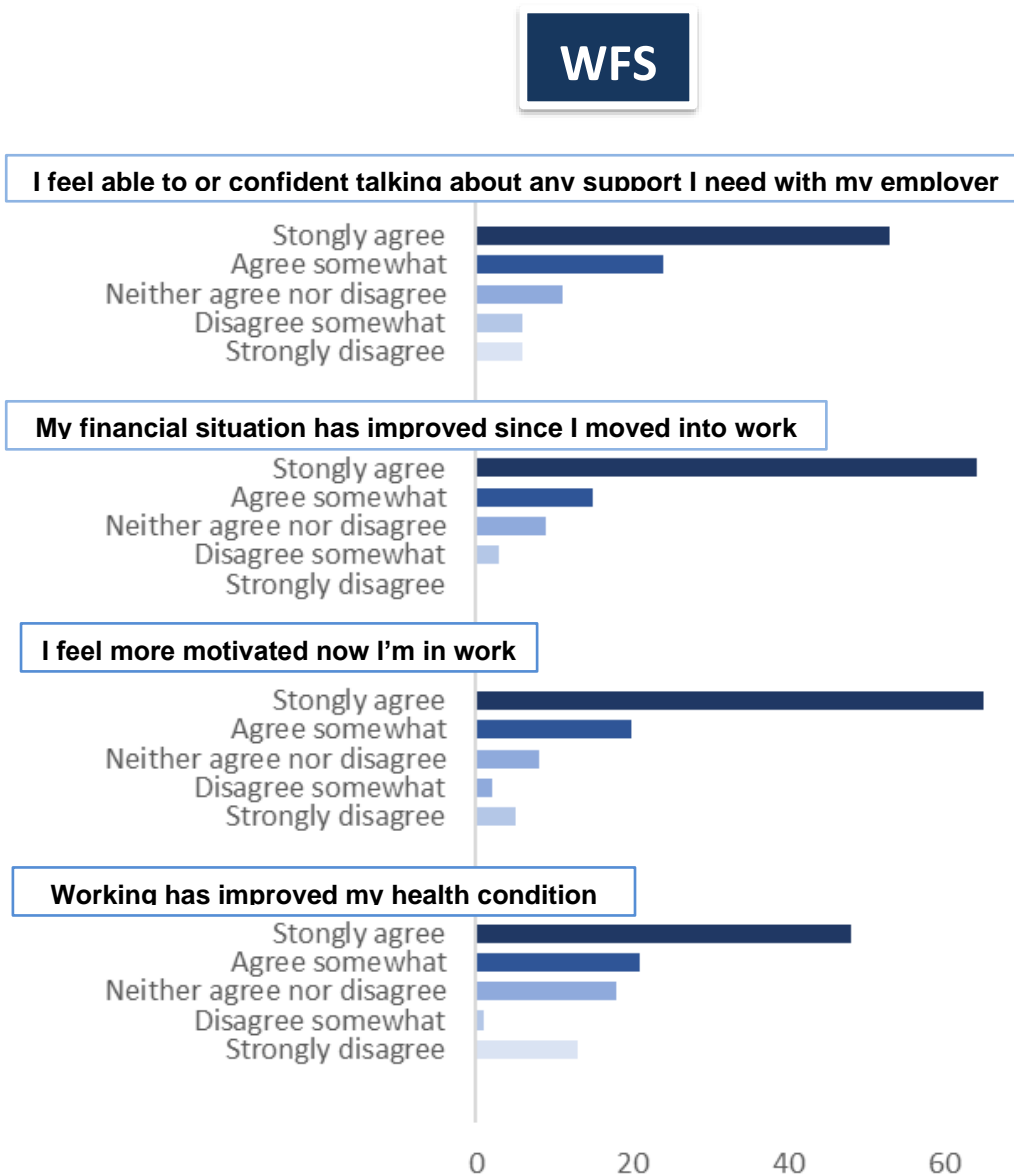
She feels much happier now than before she became involved with the provider and is very appreciative of the support she received. She feels that life is better now; she is in work and has a new house.

The majority of those who were in work were very positive about their experiences of work, shown in figure 3.6 overleaf.

Among WFS customers:

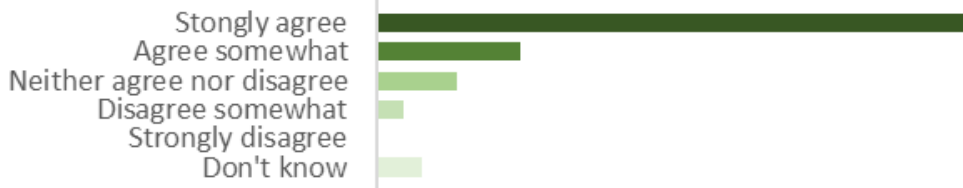
- Of those who were in work, 85% agreed that they felt more motivated, 79% agreed that their financial situation had improved and 76% felt that they were more confident talking to their employer about their support needs.
- Reassuringly for the outcomes of the service, two thirds agreed that working had improved their health condition (66%).

Figure 3.6 Statements about the impacts of support, for those who are working (cont. overleaf)

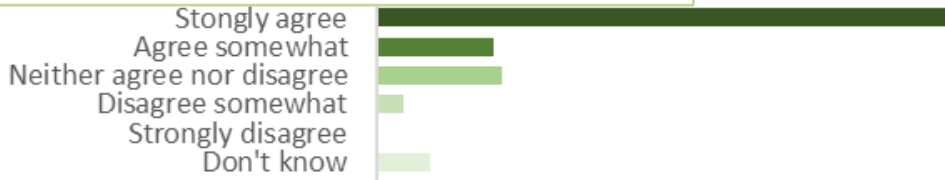


WAS

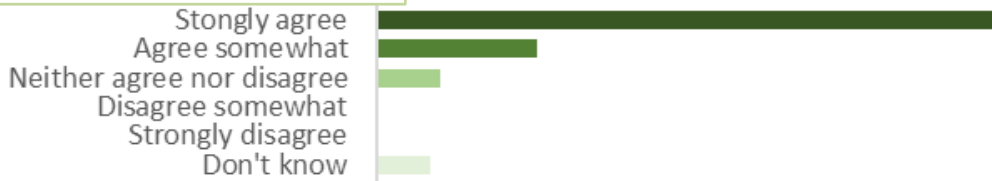
I feel able to or confident talking about any support I need with my employer



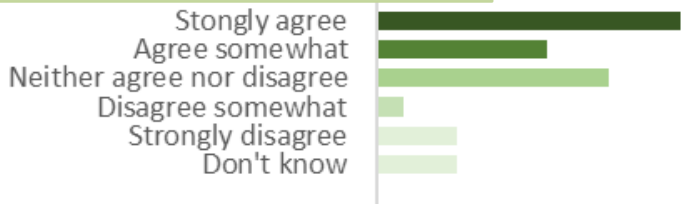
My financial situation has improved since I moved into work



I feel more motivated now I'm in work



Working has improved my health condition



0 20 40 60

Source:

IFF Research telephone survey of WFS and WAS customers

F1 To what extent do you agree or disagree with the following statements about the support you received?

Base: WFS (n=417), WAS (n=174)

Among WAS customers:

- WAS customers were positive about the impacts of working. Of those who were in work, most agreed that they felt more motivated (87%), their financial situation had improved (77%) and they were more confident in talking to their employer about their support needs.
- More than half (53%) agreed that working had improved their health condition.

Customer D is female, age 55-64. Entered work post-service.

In recent years, due to a major change in family circumstances, she developed severe depression and anxiety. She wanted to return employment and was referred to the provider by the Jobcentre. She had worked in a professional role but felt that her skills

were not up to date, which together with her health problems and location outside London, were major barriers to finding a job.

The Jobcentre initially referred her to a service for people with barriers to work, after which she moved to the current service with this provider. The support worker worked closely with her and together they identified options for setting up a business. He put her in touch with a business advisor from another local organisation, who provided practical help with setting up a business bank account, and grant applications.

The support worker visited her at home, fortnightly in the early stages of the support, with infrequent communication now that she has set up both businesses. She feels that the provider provided emotional support and made her realise that she was just as capable as anyone else. She also feels that one of the strengths of this support was that she took small steps, which was necessary given her health and family circumstances.

Client D is very appreciative of the grants she was awarded to assist with the business set up. She feels that returning to work has helped her recovery. The businesses have built her self-esteem and confidence, provided a focus and a sense of achievement. She thinks that it will be possible to extend both businesses in the longer term. Overall, work is having a very positive effect on her health. She says that she feels 100% better since she became involved with the provider. She has done a lot for herself as well, but this support has helped her to change direction and reinvent herself.

2.5 Customer Attitudes towards health and work

Customers who were not in work were also asked about their attitudes towards returning to work (figure 3.7 overleaf).

Among WFS customers:

- Customers were divided in their views about where employers could accommodate their health needs with over half agreeing (53%), although a quarter disagreed (25%). Related to this, 40% of customers agreed that they knew of many jobs that they could do with their health condition / disability, but 30% disagreed with this statement, with the remainder unsure.
- The results were similarly mixed regarding customers' worries and anxieties. A broadly equal proportion of customers agreed (37%) and disagreed (34%) that they were worried that people wouldn't employ them due to their health condition and similar numbers of customers also agreed (40%) and disagreed (41%) that the idea of working made them anxious.
- Just over a third (36%) agreed that they were worried working could make their health condition worse and one in five (18%) felt that they needed better social care support to enable them to work.

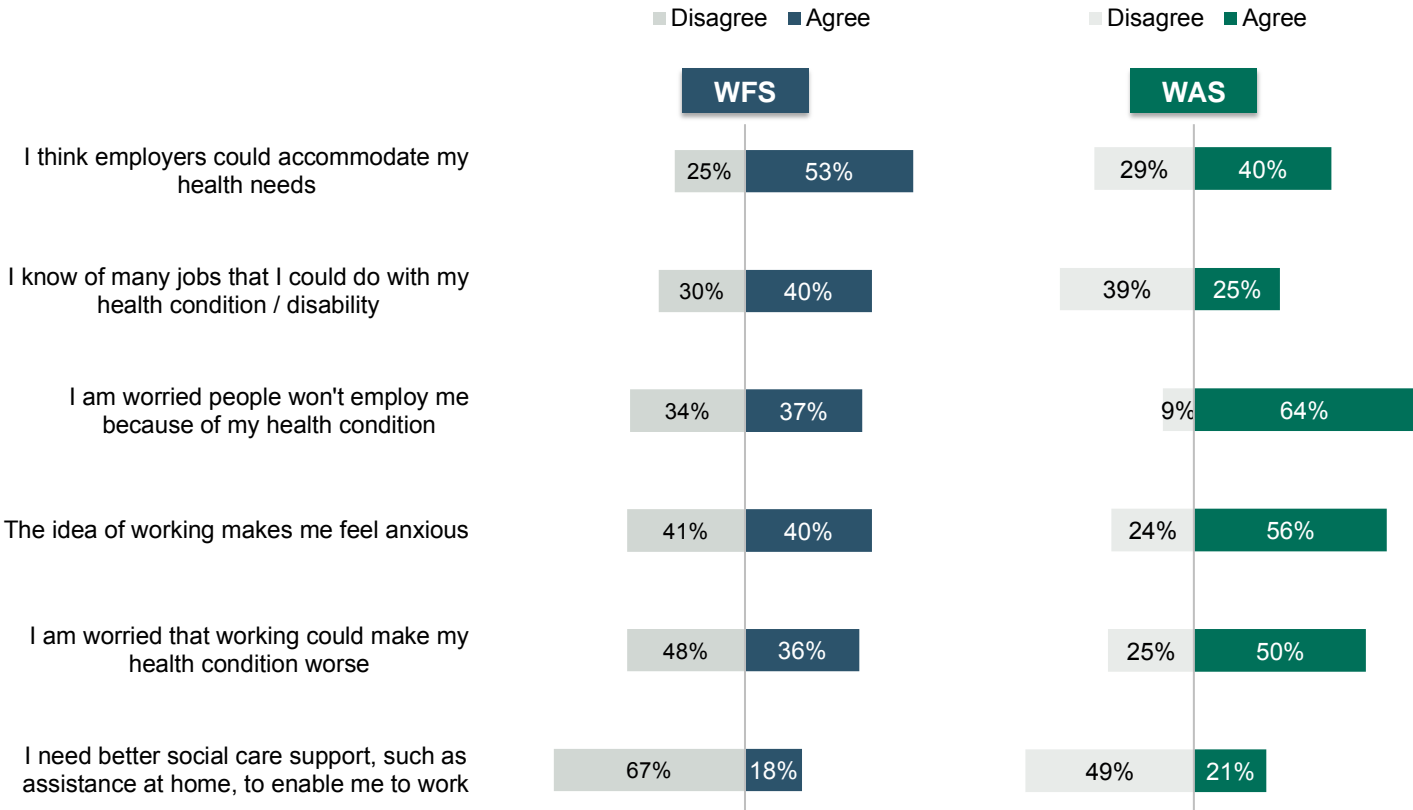
Agreement with these statements was broadly similar to wave 2 across WFS customer groups, with the exception of 'I am worried that working could make my health condition worse', where there has been a positive shift in opinion among

these customers. In wave 1, 48% agreed that they were worried about this, this decreased to 36% in wave 2.

Among WAS customers:

- Generally, customers felt considerable levels of concern about the relationship between their health and work. While two fifths (40%) of customers felt that employers could accommodate their health needs, almost three in ten (29%) disagreed. Only a quarter (25%) said that they knew of many jobs they could do with their health condition, and two-fifths (39%) said that they did not.
- The majority agreed that they were worried people wouldn't employ them due to their health condition (64%), and that the idea of working made them feel anxious (56%).
- Around a fifth (21%) agreed that they needed better social care support to enable them to work, with around half (49%) disagreeing with this.

In comparison with wave 1, there were no significant differences in the responses of WAS customers.



Customer R is male, age 25-35. Entered work post-service.

Customer R is currently unemployed and claiming ESA. When he joined the service, he had been unemployed for 3 years. He was referred by Jobcentre, and was wanting to get back into work. He has mental health problems and wanted to try anything which would help him. He has a science degree but his ambition is work as a software developer. He has trained himself in these skills.

The provider helped him get ready to apply for a job by helping him write a CV, mock interviews, etc. He feels that his support worker was very helpful. He successfully applied for a job and started work. The provider helped with travel expenses and the cost of interview clothes.

The job was permanent, full time, and paid the living wage. Since losing this job after 9 months, he has been actively looking for work and applied for 12 jobs last week.

Customer R is seeing a psychiatrist and is hoping that his mental health problems will improve. He feels he is now better able to manage his health condition, as new medication is helping him. Overall, he does not feel better with his life and circumstances since engaging with the service.

Customer A is female, age 45-54. Entered work post-service.

Customer A is working as a carer, providing palliative support to over 20 clients in the community. This is a permanent position, with long working hours (40-100 pw, including night shifts).

Prior to receiving support from the provider, she had been out of the workforce due to her own ill health, and subsequently whilst she cared for an elderly relative.

When she wanted to return to employment, she registered with the Jobcentre, and subsequently with a provider. She attended an open day and was offered a job with a call centre. She decided not to accept this job because she does not drive, and the location required 2 hours each way on public transport.

The client decided that she would prefer to work in a caring role and was successful in applying to a care agency, with support from the provider. She describes the support from the provider as 'amazing', and 'they were incredibly helpful'. Whilst looking for work, she had regular communication with a support worker. She found the group sessions on interviews skills, and techniques very helpful. Her support worker also collected her from home, drove her to the interview, gave her advice, and drove her home afterwards. He did not sit in on the interview.

The provider also helped her with bus fares for attending interviews, and with cost of buying uniform for her job. She feels that this level of support could not have been provided by the Jobcentre, and that she 'couldn't fault the provider at all'.

Her employer is aware of her long-term health condition and knows that she needs a medical appointment every 8 weeks. She has recently told her employer that she wants to cease night shifts (double shifts), partly due to her health. She believes that the

employer will agree. She does not see any possibility of progression to a supervisory role, because she does not have a driving license. However, she is currently working towards Level 3 in care work.

She believes that her job is good for her health condition, as walking between clients help keep her mobile. She comments that her life is 'without a doubt' better since she has been involved with this provider.

2.6 Barriers to work

Customers were asked about the barriers they faced that prevented them from working. For many, their health condition remained the most significant factor in finding employment.

Among WFS customers:

- Over half (51%) of customers said that their health condition or disability makes it difficult for them to work. Around a quarter (24%) reported that not having the right qualifications, skills or experience was preventing them from working.
- A further 14% felt that they may find it difficult to travel to work, and 9% felt that there were not many suitable jobs in their local areas or were worried people wouldn't employ them due to age.

Compared to responses for wave 1, the proportion who reported difficulties in travel to work more than doubled, but from a low base (6% in wave 1 compared to 14% in wave 2).

While there have been significant differences in the proportion of customers who report that their health condition or disability prevents them from working between waves 1 and 2, this is due to changes in the questions included in each survey. There were no other significant differences across survey waves for these responses.

Among WAS customers:

- Three quarters (75%) of customers reported that their health condition or disability makes it difficult for them to work.
- The next most commonly selected barrier to work was not having the right qualifications, skills or experience (14%), followed by finding it difficult to travel to work (8%).

There are no significant differences between waves for WAS customers.

Figure 3.8 Barriers preventing customers from working



Source: IFF Research telephone survey of WFS and WAS customers

E5. What would you say are the main issues or barriers preventing you from working? Responses with 2% or less are not shown. Base: those not currently in employment - WFS (n=255), WAS (n=141)

Customer N is male, age 35-44. Did receive support from provider but dropped out early.

Customer N is currently unemployed and claiming universal credit and PIP. He has had mental health problems all his life. He has difficulty in coping with busy places, and in communicating with people and would not normally speak to people who he does not know on the phone. He has previously been in receipt of ESA.

He had some support from a provider but he feels that his CV is fine, and he is capable of doing his own internet searches for vacancies. He saw the provider on a regular basis, where he was told to continue to search for work. The provider offered to help him, but the client felt this was a waste of time for both of them. He had a short period of agency work, as a driver's mate after he left the provider but not worked since.

His last permanent job was a long time ago. He does not have a driving license, which makes it difficult to apply for some jobs due to their location. He feels that the cost of learning to drive is a barrier; each time he has sufficient savings he needs to use the savings for something urgent.

He continues to apply for jobs, but they are usually temporary and seasonal, with agencies. Temporary short periods of work lead to problems in receiving benefits, especially if the work pays minimum wage. He feels that permanent jobs are 'like gold dust'.

Customer N feels that it is getting easier to tell employers about his mental health problems, as there is more general awareness, which make this more acceptable.

Customer T is male, age 35-44. Did not start service support.

Customer T has been unemployed for 6 years, due to mobility problems. Prior to that he worked for [social enterprise] for 19 years.

He was referred to the provider by the Jobcentre. He feels he was pushed into starting the service at a time when he was not fit for work. He is currently waiting for an operation which he hopes will improve his mobility.

He participated in the service for around 12 months. He developed a CV and had help with job searches and interview coaching techniques. He feels that the weekly sessions were more relaxed than going to the Jobcentre. He applied for several jobs but was not offered an interview. He feels that the health reviews and physiotherapy have helped a bit. He is extremely worried that doing physical work like he used to would have an adverse impact on his health.

He is currently volunteering for a charity shop but would rather have a similar job which would give him some income. He feels he 'can get by' with his health condition at the moment.

He would like to be able to work in retail after his operation and thinks that he will be fit to work on a checkout.

Reasons for leaving the service

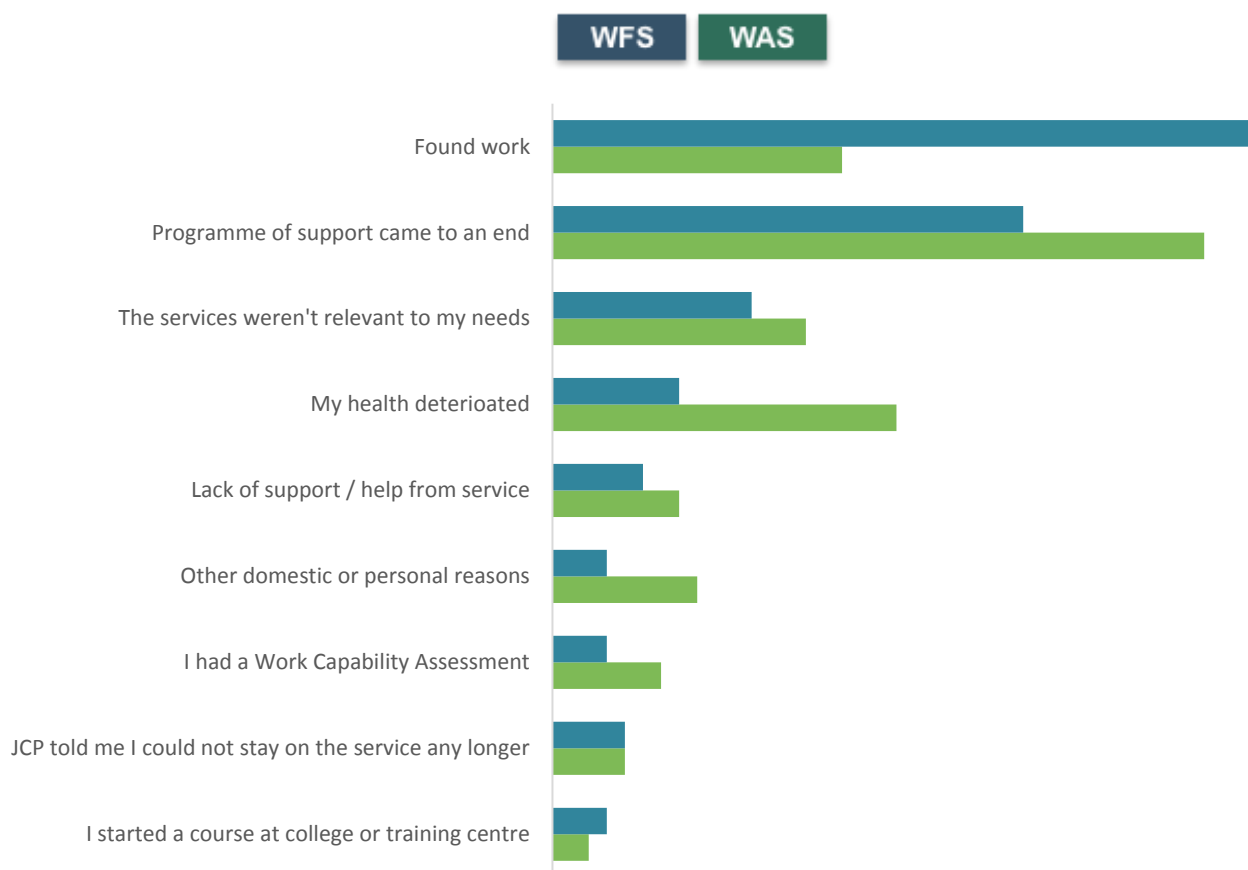
Customers were asked why they left the service (figure 3.9 overleaf).

Among WFS customers:

- Thirty-nine per cent of those who had left the WFS service by the time of the Wave 2 interview left because they had found work. A further quarter (26%) left when the service came to end. One in ten (11%) left because they found the service was not relevant to their needs.
- Men were more likely to leave due to finding work (46%) than women (26%).

Compared with wave 1, WFS customers were more likely to report that they had left the service because they found work (25% in wave 1 compared to 39% in wave 2). Wave 1 and wave 2 responses were very similar across all other reasons.

Figure 3.9 Reasons for leaving the service



Source: IFF Research telephone survey of WFS and WAS customers

D4. Why did you leave the support service? Responses with 2% or less are not shown. Base: all respondents no longer receiving support WFS (n=350), WAS (n=142)

Among WAS customers:

- The most common reason for leaving the service was that the support came to an end (36%). Around one in six (16%) left the service as they had found work, and one in seven (14%) left as the service was not relevant to their needs.

For WAS customers, differences in responses between survey waves reflect the longer duration customers were in receipt of support by the time of wave 2 fieldwork.¹² Key differences in the reasons provided are:

- Support came to an end for just over a third (36%) compared to 4% in wave 1
- Fewer customers reported that they left due to a lack of support fell from 21% in wave 1 to 7% in wave 2.

¹² For example, at the time of the wave 1 fieldwork no customer would have reached the limit of their participation on WAS (12 months), etc.

3. 'Non-user' experience and attitudes to health and employment

3.1 Introduction

A key finding in phase 1 of the evaluation was that those who were referred and started the service are only a proportion of the total number who might benefit from such support. An issue for both services, therefore, has been why do people who are in apparently similar circumstances to those who have engaged with the services decide not to participate and what might be done to better engage with this group?

Undertaking research with this wider group is not straightforward. Access to the customers' contact details is only available for those who signed the release forms during their induction interview. Therefore, the research has engaged with groups of individuals working with two specialist Providers who were part of the WFS and WAS supply chain. Further details are included in Appendix 2.

A condition of undertaking this research was that the individuals would remain anonymous and we would not seek to catalogue anything more than the age group. It is clear from the discussions, however, that many individuals had mental health issues which affect the 68% of WAS customers and represents a major barrier to participation.

A total of 47 people attended four group discussions at the organisations' premises in Glasgow, Edinburgh, Falkirk and Kirkcaldy covering their employment experiences, aspirations and how their disabilities or health conditions impact on these and the other barriers they face in moving into work and possible routes to overcoming these. Below are the key findings from this aspect of the research project. For an expanded discussion on these please see Appendix 3.

3.2 Key findings

- All participants expressed a strong desire to work, but often only when they felt well enough to be able to sustain their participation. Around 40% of the participants had been in employment in the past three years. Many reported past experiences of taking jobs that did not suit their circumstances and these ending badly.
- A minority had been asked by JCP work coaches whether they would be interested in engaging with an employability service but had declined this offer because even the 18 month timeframe placed too much pressure on them.
- Handling new and stressful situations was a challenge for many. This can be exacerbated in a system where frontline advisors in health services and employment support are themselves often stressed, and many in the groups

felt that this sent out the wrong message, whatever the assurances that were provided over voluntary participation.

- A surprisingly high proportion of attendees did not have any formal diagnosis of their health problem despite engaging with health services over an extended period – some for decades. A key distinction was made between physical disability and mental health conditions where the latter are not easy to assess. A diagnosis provides legitimacy and sometimes access to more structured support with a timeline towards recovery or more stable circumstances.
- This concern is perhaps most acute among young people who feel that they are not being taken seriously by professionals and have more significant barriers to access other support – e.g. alternative accommodation if they are not getting on with their family at home.
- All participants highlighted the difficulty in getting specialist support. Many recognised that NHS services were simply not geared up to diagnose their problems, particularly as all parts of the service were very busy with waiting times of up to a year for relatively short period of support. This affects peoples' ability to plan and so commit to employability services.
- All participants felt that peer support was really helpful to get through this process. Most felt that group work was too much when they first engaged with the service, but recognised that as they start to recover, peer support is very helpful to progress further. Some conditions isolate and being with others who have had a similar experience is really important.
- A number highlighted other barriers to work – accommodation costs, home life (younger age groups), access to learning to improve their prospects of securing better quality (full time) jobs, especially in local labour markets where these are in short supply.
- Future employability services will need to work very closely with frontline health services. This is going to be a challenge with waiting times to access support services and no guarantee that interventions to address the individual's mental health will provide results. A more open-ended approach to defining participation in employability services will be required to provide the necessary flexibility to accommodate the needs of such clients.
- Support needs to be timed carefully in order to build on the recovery phase. Initial access to support can lead to a deterioration in their mental health before support and treatment helps recovery.

4. Employer experiences

4.1 Key findings

- Most of the employers interviewed, whilst not recognising the WFS and WAS services specifically, had long standing relationships with the Providers and valued their understanding of their support needs.
- Employers valued and drew upon a range of pre-employment support offered by Providers including interview preparation, job matching, background checks, health and safety training and advice on managing health conditions.
- A significant minority of employers did not feel that they needed to draw on Providers for post-employment support. Those that did, often sought advice on supporting client needs, for example with childcare or travel.
- Case study employers were impressed with the positive attitude and motivation to work exhibited by WFS and WAS customers compared to recruits from other sources. Customers from both WFS and WAS were reported as settling into work in the first 6-8 weeks and then continued to sustain their employment.
- There was some evidence of improved employment conditions, although this was typically in terms of a move towards permanent contracts and increased hours rather than increased wages. Pay rates tended to vary between the National Minimum Wage (£7.83 per hour for over 25s) with a number paying above these rates (£8.75). In a minority of the case studies, recruits had progressed to supervisory positions with an associated increase in pay.

4.2 Employer views of recruitment and retention of WFS/WAS customers

Introduction

A key finding in Phase 1 of the evaluation was that the vast majority of customers of both WFS and WAS do not want Providers to contact their employers. Case studies with employers in Phase 2 have been undertaken with 17 employers using contact details sourced from Providers. We believe that these employers are among those who have closer working relationships with Providers and so the results of the discussions should be read with this in mind.

We have not presented the results of these discussions separately for WFS and WAS. Partly because there are too few case studies to make this credible but mainly because the comments from employers are very similar. Full details of our approach are included in Appendix 2.

Employer engagement with WFS/ WAS Providers

Employers report that they first came into contact with the WFS/ WAS Providers through a range of routes:

- Personal and professional contacts – these included networking events and previous contact with Providers including those who had been employed by Providers in the past.
- A minority of employers had sought out provider support to help them diversify their recruitment practices and employ more people with a disability or health condition. They felt that employing people with a disability or long-term health condition made them a better place to work for all employees and provided an opportunity for staff and managers to work differently.
- Although the research has highlighted that many WFS and WAS customers do not want their provider to contact their (prospective) employer a significant minority of case study employers were first alerted to the presence of Providers by suggestions from the customers during their interviews. This was most often through suggestions made by the candidate to secure additional support e.g. funding for security industry assessment or travel to work. None of this group reported that they had been contacted directly by Providers, through cold-calling etc although this could be because of how this group of employer contacts were sourced.
- Some employers remained wholly unaware that their employees were WFS and WAS customers and did not have any direct contact with the Providers.

Employer 6 is a small convenience shop. The manager was unaware of WFS and WAS, and had not officially met a provider.

The employer often has vacancies for part time shop assistants. In early 2018, the manager recruited an employee who had been unemployed for some time with a long-term health condition. There was only one applicant at that time, who walked into the shop with a CV. The manager discussed the health condition with the applicant and was reassured that the GP had confirmed she was fit for work. The manager was happy to recruit the applicant, who is still employed in the shop. The employee is on a 16-hour permanent contract.

Training was provided at the start; the same as for any employee. The manager was positive about recruiting someone recovering from a health condition - a view re-inforced as a result of this experience. They would definitely consider similar candidates in future.

Although the manager was not aware that the candidate was being supported by a provider, she recalled that someone visited the new employee soon after she started work in the shop. The visitor asked the manager how the new recruit was getting on. The manager did not know who the visitor was. Based on this telephone discussion, she now assumes that it was the provider.

Whatever the initial point of contact reported by employers, the majority identified that the motivation and preparedness of customers at interview impressed them. This was generally reported to be better than other sources of recruits and ensured that employers were happy to continue working with Providers and develop their relationships.

In a small number of cases, employers did point to issues where they would not have progressed candidates:

- A couple of employers were concerned that in some job roles candidates could not use the machinery if they were under the influence of alcohol or drugs.
- Other constraints – physically demanding work meant that candidates should not be put forward if their conditions would prevent them from undertaking the job roles even after appropriate adjustments had been carried out.

Employers' views on pre-employment support from WFS/ WAS Providers

Employers identified a number of areas where they had drawn on support from Providers prior to recruitment:

- Working closely with Providers pre-recruitment to ensure that customers are well-prepared for interview and work more generally, a focus on life skills and what is expected in a working environment were highlighted by employers as being key to customers starting employment well.
- Ensuring that customers had relevant skills and matched the person specification for the job role was mentioned less often by employers but are a consideration for some. This is perhaps less of a consideration given the type of occupations involved and the general difficulties in securing motivated candidates who are confident dealing with the general public that a number of employers reported.
- Some Providers undertake background checks where these are required by the employer/ sector and establish their right to work in the UK. In some instances, the provider also gave customers health and safety training to aid their placement with employers in retail and hospitality.
- Others mentioned the need to consider how job roles fit with different customer disabilities or health conditions. In some cases, job roles involved significant physical activity and so ensuring that this was suitable work for each individual's health condition was more of an issue.

While the potential problems of disclosing an existing long-term health condition to an employer are widely reported, the case study employers responded positively to individuals telling them about their condition at interview. Employers commented that:

- This is something that they believe exists across their workforce/ recruitment pool. One employer undertakes an occupational health assessment for all

employees so that any workplace adjustments can be carried out whether or not individuals see their health as a 'condition'.

- They are aware that all Providers recommend that customers disclose their condition and help customers prepare to practice ways in which this should be done in a positive manner. This is appreciated as all employers would prefer disclosure.
- One employer reported that they were happy that the potential recruit disclosed their condition at the interview stage. However, they were concerned that, had they known this pre-interview, they would not have progressed the applicant to an interview based on their preconceptions of what might have been involved in employing them.

Employers' views on post-employment support from WFS/ WAS Providers

Fewer than half of the employers interviewed did not feel that they needed to draw on Providers for post-employment support. Those that did, offered a range of reasons for doing so:

- To obtain advice and support from Providers in general on how to better support specific client needs. Access to affordable childcare was referred to as a barrier for some candidates (in common with recruits through other channels).
- Access to financial support with travel in the first weeks of employment was noted as being very helpful in supporting new recruits through the transition from benefits into employment by a number of employers. In one case the employer had contacted the provider when their new recruit was struggling to cope financially in the first few weeks of employment.
- In a small number of cases, employers had sought Providers' advice on how best to support existing employees who had health conditions.

Employer 9 is part of a national food retail business, based in the Highlands and Islands. The store manager has been involved with 2 or 3 Providers since he started at this store two years ago.

The provider got in touch with him originally, and they have built up a good working relationship.

The manager has recruited 3 employees via this route during this period, one of whom had been unemployed for several years. Employees are provided with a permanent contract, for 16-30 hours pw (with potential to increase hours), with pay rate slightly above the minimum.

He comments that the provider are always on call and are able to provide advice over the phone or at the store. The provider offers pre-employment support to clients, including interview preparation and health & safety training. The provider has a good understanding of the employers' needs, and typically proposes just one

candidate for a vacancy, or asks the employer if they have a vacancy for a job ready client.

The manager has attended events promoted by the provider. He works closely with the provider, who know that he wants to recruit staff who are available and are seeking long term employment, not work experience. The employees recruited via the provider are treated the same as other employees in terms of pay rate, training and potential for progression.

Other employees are recruited through online applications to the corporate website, or in conjunction with the Jobcentre. Applicants from the provider have similar characteristics to any other applicants. The employer feels that the candidates from the provider have good motivation and attitude to work. He feels that is partly due to the good rapport which has built up with the Providers.

When asked whether other recruitment incentives would increase the number of people with a disability or health condition they employ, most employers felt it was more important that any available resources were invested in alleviating customers' barriers to employment than in providing employers with incentives to recruit people with a disability or health condition. Communications between employers and Providers have strengthened over time and this has enabled Providers to develop a better understanding of employers' induction and training procedures, so that they can prepare customers. A number of employers reported that they had undertaken repeated rounds of recruitment with Providers and pointed to the process improving in each iteration.

In some cases employers had themselves become more involved in Providers' support to customers including:

- Undertaking mock interviews with customers to help build their interview skills
- Being more open to accepting a customer for interview on the recommendation of employer engagement staff. More than one employer had recruited individuals even though they had not been seeking to fill any posts because they felt the individuals presented had specific skills that would be useful to their business.

Impact on employers' attitudes to recruiting people with a disability or long-term health condition

Case study employers consistently remarked on the positive attitude and motivation to work exhibited by WFS and WAS customers. This has led them to return repeatedly for new candidates when a new vacancy arises.

Most employers stress that they aim to treat all customers as they would any other recruits in terms of rate of pay, training and potential for progression.

Staff turnover is a fact of life with employees leaving to secure better rates of pay or more convenient shift pattern or working hours that better suit them.

Most employers were very positive about their experience of working with people with long-term health conditions or disabilities and, apart from small amount of those who had issues with alcohol or drug use, no employer reported that they had had to terminate any customers' employment for on-going health reasons.

Employer 11 is a national charity with a number of high street stores. The case study relates to one store which has 53 volunteers.

The manager has been involved with Jobcentre in offering work experience placements. Through this, he became aware of the service delivered by [recruitment provider] He felt this was a good opportunity to help people develop skills, build a CV to aid their entry/re-entry to employment, by working as volunteers. Existing volunteers cover a wide age range (15-92), with varying skills and experience, some of whom are disabled or have long term health conditions.

The manager joined the charity three years ago from a commercial retail background. In his current job he has not turned down any potential volunteer at their initial interview. His approach is to ascertain what the charity can do for the volunteer, and to jointly identify their needs. This could include health needs, taking account of confidentiality, or their job ambitions.

The manager has accepted two applicants referred by [recruitment provider]. The first of these has stopped volunteering due to deterioration in her health condition. A second applicant started to volunteer a few weeks ago. This person lacks confidence and job experience. The manager agrees tasks with him, which are set to help him progress from back office to interacting with customers and till work. The aim is to develop a CV and be able to provide references for future job applications.

There are regular communications with [recruitment provider], particularly by phone. The manager wants to ensure that volunteers are not at risk of losing their benefits by working in the store.

All volunteers are encouraged to develop skills so that they can work independently and know what is expected of them. For example, a volunteer who prefers administrative work has learnt to use the computer to sell goods online. This helps the individual to develop their skills, and when the goods are sold, the personal achievement is motivational.

Sustainability of employment for WFS/WAS customers

For the most part customers from both WFS and WAS who settle into work in the first 6-8 weeks sustain this employment.

A number of employers provided hours of employment to suit the circumstances of their employees' conditions and benefit position. In some cases, this could be flexible to need so individuals could work as many hours as they felt able to. In other cases employees had made it clear to employers that they could not work more than 16 hours without being worse off because of their benefit situation.¹³

Employers expect all candidates to demonstrate their suitability to the job and often build in progression stages towards permanent contracts and increased hours. One major employer in the hospitality industry starts all new recruits on a three week probationary period before moving to a zero hours contract. After three months employees are given a contract with minimum hours, typically 30 hours per week at 70p above the minimum wage rate. All recruits from the service have progressed to the minimum hours contract.

Even those who have moved on to work experience have subsequently progressed into permanent employment, with one trainee now employed as a team leader within the project.

Pay rates vary, ranging from the National Minimum Wage (£7.83 per hour for over 25s) to slightly higher, with a number paying above these rates (£8.75). The Living wage is currently £9.00 per hour.

Areas that employers highlighted could improve the effectiveness of the recruitment process included:

- More information and advice from Providers on issues facing customers with mental health issues
- Pre-employment training specific to the job opportunities available

¹³ The introduction of Universal Credit has made this very dependent on the particular circumstances of the individual claimant.

5. Conclusion: policy issues arising and lessons for delivery models

A key finding from this research is that a very high proportion of people with a disability or health condition are interested in work. Many have a relatively recent work history and more than 8 in 10 would like to work in future.

However, for some, their health condition does place particular constraints on their participation. This appears to be a more significant factor among WAS customers who have higher needs than WFS customers and the discussions with 'non user' groups suggests that this is even more the case for those who have similar needs and might have been customers but did not engage.

This suggests that the primary objective of *No One Left Behind* in supporting an integration agenda is correct – that employability services should expect to address the needs of all those seeking employment. Below is a summary of the main lessons for employability support delivery models going forward.

- **Provide a flexible offer with few hard timescales.** Moving into work within 18 months may seem too quick for some potential customers. Greater flexibility in delivery – to be able to 'stop the clock' when customers need to take more time to access support, should also be considered, although it should be noted that participants who left the service due to health conditions could return at the discretion of the Provider.
- **Provision of specialist support and more integration and alignment with other services,** in particular education and health services, will be vitally important for future employability services. The prevalence of mental health conditions among the potential client group for employment services suggests that much more effective inter-working with mainstream health services will be necessary.
- **Providing other forms of specialist support will need to draw on partnerships.** Contracting out such services as part of a provider supply chain has not delivered sufficient provision or allowed these services a sustainable funding model. Whatever the delivery models adopted for employment services, some consideration should be given to funding such services centrally, with much less reliance on performance related payments, so that they can build capacity and skills and provide services to all employability service Providers.
- Phase 1 findings highlighted that where a customer had built their confidence and improved their CV and interview technique, but still did not secure a job offer, Providers had few alternative approaches within WFS and WAS. **Future employability services should consider what other types of support may be more appropriate in terms of vocational training and work practice** to help improve the attractiveness of their CV in the labour market.

- There is evidence from the employer case studies that employers can play a wider role in supporting a more diverse workforce., Further thought should be given to how employers can work with employability services to support individuals in their journeys into and towards work.
- **Employers' attitudes** towards employing disabled people or those with health **conditions appears to be improving, but more needs to be done.** The Scottish Government has already recognised the need to raise employer engagement as part of their action plan to close the disability employment gap.¹⁴
- **Develop further quantitative and qualitative measures to assess the quality of employment destinations.** Currently the information on the employment destinations for WFS and WAS is limited. Many are part-time and anecdotally are paid at or just above minimum wage levels. While part-time employment suits the circumstances of some, there were many in the case studies and workshops who would prefer full time employment to help with the high costs of accommodation, travel to work and childcare.
- Securing appropriate and immediate support to prevent people falling out of work will be a significant challenge. Convincing this group to participate in future employability services will require a more substantive offer of support to address this lived experience. This is an issue for those with physical disabilities but appears to be a much bigger challenge for those with mental health conditions.

¹⁴ A Fairer Scotland for Disabled People: employment action plan, Scottish Government, December 2018.

Appendix 1: Glossary of terms

Contract Package Area	Geographic area
Black box contract	Services commissioned where the service delivery is not defined by the commissioner and Providers are free to use whatever delivery is appropriate to secure the outcomes specified in the contract
CPA	Contract Package Area which defines the geographical area for each lead provider is commissioned to deliver a service
DEA	Disability Employment Advisor
End to end provider	Employability services provider who delivers services to customers throughout their time on the service
ESA WRAG	Employment Support Allowance Work-related Activity Group
IA	Initial Assessment of the customer's needs and objectives in order to establish clear goals and aspirations
JCP	Jobcentre Plus
KPI	Key Performance Indicators
Lead Provider	Primary contractor for the delivery of the employability service
PRaP	Provider Referrals and Payments IT system used by Department of Work and Pensions to work with Providers to exchange information and payments in a secure way
SDS	Skills Development Scotland
SG	Scottish Government
Specialist Provider	Organisation that offers specialist, often short-term support to customers as and when required
SRO	Statutory Referral Organisation an organisation able to identify and refer suitable candidates to the WFS service in addition to Jobcentre plus
Supply chain	Organisations subcontract by the lead provider to deliver services to service customers
WAS	Work Able Scotland
WC	Jobcentre Plus Work Coach
WCA	Work Capability Assessment
WFS	Work First Scotland

Appendix 2: Survey Methodology & Demographics

Wave 2 telephone survey

Current and former customers of the WFS and WAS services completed a telephone interview between 26th November 2018 and 31st January 2019, about their experience of the service, its outcomes and their current situation. All customers initially signed up to the services between 1st April and 31st October 2017.

This survey was wave 2 of the research, wave 1 used the same quantitative methodology and took place in January and February 2018. Therefore, this follow up took place just under 12 months after the original wave 1 survey.

A sample of 2,788 customers (n=2,024 WFS, n=764 WAS), with valid contact details, was originally provided directly to IFF Research for wave 1 of the survey, of which 2,000 (n=1,458 WFS, n=452 WAS) were drawn to be contacted to take part in this initial stage of the research. A total of 731 interviews were achieved in wave 1, and of these 665 agreed to be contacted around 12 months later to take part in wave 2 of the research.

The starting sample for wave 2 of the research then comprised of 665 'longitudinal' customers, who took part in wave 1 and 638 pieces of 'fresh' sample drawn from the remaining original sample received for wave 1 but not drawn in the original 2,000 sample. A total of 1,303 customers were sent a letter in advance letting them know about the research and providing the opportunity to opt-out if desired and then contacted from the beginning of fieldwork. It is important to note that all of the customers contacted for both waves of the research had started the service in the same time period.

As fieldwork progressed, further sample was loaded, 781 customers who were approached in wave 1 but did not complete the survey were added to the call list as 'top-up'. For the purposes of this research, these are also classed as 'fresh' sample, as they did not take part in wave 1. A total of 2,084 customers were invited to take part in wave 2 of this research.

A total of 591 surveys were completed, split as: n=417 for WFS and n=174 for WAS. Therefore giving a response rate of 28% when including all 2,084 customers, though it's important to flag that many of the 781 'top-up' customers were only contacted towards the very end of fieldwork. The response rate was 45% when considering the original starting sample of 1,303 customers. The survey lasted around 20 minutes.

Customer case studies

Case study interviews were drawn from customer contacts from Providers who joined the services between 1 December 2017 and 31 January 2018. One group were to have left support to move into work so that these interviews could explore in more detail the support provided to customers pre and post-employment and any further issues they faced in sustaining employment in the period since they left employment and, where relevant, how they overcome these issues.

Discussions with Providers highlighted that it would also be possible to contact a smaller group of individuals who attended a first meeting with the provider and signed-up to the service (including their data sharing agreement) but subsequently did not attend any further interviews. One of the objectives of the research has been to better understand the reasons behind potential customers' decision not to participate and so these interviews were included.

The intention was to split the fieldwork with ten case studies from each group but in practice these interviews were significantly more challenging to undertake with contacts having a number of health issues that made telephone interviews difficult to sustain.

Employer case studies

A key finding in Phase 1 of the evaluation was that the vast majority of customers of both WFS and WAS do not want their Providers to contact their employers. This means that there were fewer opportunities for Providers to engage with employers and provide the type of close support that had been envisaged in designing the services in-work support specification.

Case studies with employers in Phase 2 have been undertaken with 17 employers. WFS and WAS service monitoring data does not capture full employer contact details. So contact details were sourced from WFS/WAS Providers on the basis that employers had recruited WFS or WAS customers who had not asked the provider not to contact their employer. Most Providers contacted employers on the list in advance of the fieldwork to ensure that they were happy to participate. We believe that these employers are among those who have closer working relationships with Providers and so the results of the discussions should be read with this in mind.

We have not presented the results of these discussions separately for WFS and WAS. Partly because there are too few case studies to make this credible but mainly because the comments from employers who we are aware worked with one service or another are very similar.

A key finding from discussions with employers in Phase 1 of the evaluation was that most did not recognise the names of the services nor the nature of support provided to individuals except in the most general of terms. They had, however,

established relationships with Providers and more often with individual employment liaison staff within Providers.

These relationships were enduring, often spanning different generations of employment support services and different provider organisations with employers' valuing the understanding of their recruitment needs above all. Given that many are involved in regular rounds of recruitment, they value highly any support that will provide them with willing candidates with relevant skills. One employer who had been interviewed in Phase 1 of the evaluation had not continued with their relationship with a provider primarily as the lead contact at the employer had left the business.

The case study discussions with employers in Phase 2 of the evaluation reinforce these findings. We did not find any employer who was able to name the service that was being run by their provider let alone its key features. Most knew the name of their employment liaison contact and a majority the name of the provider. They were aware that customers of the provider have a disability or health condition.

Employers were not sampled but drawn from provider contacts according to those who had a sufficiently close working relationship with Providers to be able to comment on their support. Providers were asked to remind employers that we were not aiming to discuss the performance of specific individuals whom they may have recruited from the services but on their experience in general. This tended to mean that they had recruited more than one customer. Key characteristics of the employers are:

- A range of sizes from fewer than 10 employees to national organisations employing more than 250.
- A number of sectors, although it is perhaps not surprising that these mostly represent lower-paying industries, often associated with flexible working arrangements – cleaning, hospitality, security and retail.
- Working in these sectors offers some degree of progression, but this can be limited to improving the security of employment – from zero hours to temporary/seasonal contracts before securing full-time contracts. Wage rates are at or just above minimum wage levels but some pay at or close to the Living Wage.
- It is possible to progress to supervisory positions but more often employers are fully aware that the better employees may leave in order to secure improved terms and conditions. As a result, many of these employers are involved in what appears to be a constant round of recruitment.
- Three of the case studies were with organisations who were explicitly working towards progressing recruits into other employment opportunities – a social enterprise (cleaning services), a chain of national charity shops offering volunteering opportunities and a partnership of Housing Associations, care Providers and property management companies who recruit people that are

struggling to secure employment in the open market on 12 month contracts paying the Living Wage while they train and gain experience in a variety of roles across their sector.

- Five employers were previously interviewed in Phase 1 of the evaluation so that we could explore whether their experience and perspective had changed over time.

‘Non-user’ research

Both WFS and WAS operated as voluntary services. A key finding in phase 1 of the evaluation was that those who agreed to refer and start the services are a relatively small proportion of the total number who might benefit from such support. Actual starts on both services were around 60% of all referrals from JCP and not all those who may have been eligible agreed to be referred (for whom there are no data).

A key question for both services, therefore, has been why do people who are in apparently similar circumstances to those who have engaged with the services decide not to participate and what might be done to better engage with this group?

Undertaking research with this wider group is not straightforward. Access to the contact details of service customers is only available for those who signed the release forms during their induction interview. Therefore, there is no information on the characteristics nor reasons for deciding not to participate.

In Phase 1 of the evaluation we engaged with a range of patient groups and networks to explore the nature of their client groups and whether it would be possible to reach out to their members and explore whether they would be willing to participate in the research. Very few of these organisations were comfortable with this approach and so this approach was abandoned.

In Phase 2 we have trialled a different approach working with two specialist Providers who were part of the WFS and WAS supply chain in a number of locations but also offer a wider range of services, particularly for clients with mental health issues. This service structure meant that both organisations were able to approach their existing clients who they felt would be willing and able to participate in the fieldwork but conformed to a number of criteria:

- Be of working age 18-65
- Having not participated in either WAS or WFS services in the past but may well have been offered such support as they would be claiming ESA or Universal Credit benefits.
- The nature and purpose of the research was explained to all participants prior to the events and were told that they would receive a £25 shopping voucher in recognition of the time and effort in attending the event.

- Intention was to undertake either individual one-to-one interviews or group discussions depending on the views of participants. In the event, the overwhelming preference was for group discussions.

From the outset we agreed that the research would not seek to capture personal details and background of participants. Participants were asked which age band they fell into but otherwise no other personal information was recorded on the group. This approach meant that we were able to maintain individuals' anonymity and ensure that people were comfortable to participate

Four group discussions were undertaken at the organisations premises in Glasgow, Edinburgh, Falkirk and Kirkcaldy. Each lasted for 1¼ to 1½ hours and covered the following issues:

- To better understand where work fits in their lives and aspirations for their future employment
- Their views on their health situation and how this affects their decisions on work – the types of jobs that they believe they can do and stay healthy
- To explore their level of interest in moving into work at some point in the future, what might have to happen for them to feel more comfortable about taking this step and the type and level of support they would want to receive
- To better understand any barriers to work they have and possible routes to overcoming these
- Can work help them overcome their health problems

Two groups were attended by people who were 25 or older. The other groups were predominately younger aged 18-24 but with some older (25-55) attendees who were recently homeless but now living in accommodation in the community project.

A key part of obtaining the collaboration of the two community organisations was that we would not seek to catalogue participants' specific health conditions nor probe on their personal histories. It was clear from the general discussions and the nature of the services offered by the community organisations that participants suffer now or in the past from a range of mental health conditions with others also reporting some physical conditions. Mental health issues is the most frequently reported health condition for customers of both WFS (33%) and particularly so for WAS (68%)¹⁵. These groups may have had proportionately higher prevalence of mental health conditions, there are reasons to suspect that this may simply be a reflection of the more significant needs of a group who have yet to engage with either service.

¹⁵ Scotland's Devolved Employment Services, WFS 2019 Quarter 2, undated, Table 4 p10 and SDS CTS data from 1 November 2018, respectively.

Customer Demographics

This section considers the extent to which customers of both services reflect what we know about the population of people with disabilities and long-term health conditions.

Table A.1 Demographic profile of sample WFS clients April – Oct 2017

Gender	WFS customer survey profile (417) %	MIS data
Male	57%	64%
Female	43%	36%
Age		
16 to 24	11%	18%
25 to 34	19%	22%
35 to 44	21%	
45 to 54	25%	
55 to 64	24%	
65 plus	<1%	0.4%
Ethnicity		
White British	94%	93%
Other	5%	4%
Refused / Prefer not to say	1%	4%
Level of education		
National 1 or 2	4%	n/a
National 3	9%	n/a
National 4 or 5	22%	n/a
Highers/SVQ3	8%	n/a
Advanced higher or equivalent	9%	n/a
Degree or above	19%	n/a
Other professional, technical or management qualification	4%	n/a
Other	1%	n/a

None of the above	17%	n/a
Don't know / Prefer not to say		
Health conditions and disabilities	Total / Primary	Total
Mental health condition	39%/22%	33%
Long-term illness, disease or condition	40%/24%	17%
Physical disability	28%/13%	17%
Learning difficulty	22%/10%	10%
Deafness or partial hearing loss	11%/3%	4%
Learning disability	8%/2%	3%
Blindness or partial sight loss	9%/4%	3%
Developmental disorder	5%/2%	3%
No condition	12%/12%	-

Table A.2 Demographic profile of sample WAS clients April – Oct 2017

Gender	WAS customer survey profile (417) %	MIS data
Male	67%	56%
Female	32%	44%
Age		
16 to 24	5%	11%
25 to 34	19%	23%
35 to 44	25%	22%
45 to 54	26%	27%
55 to 64	25%	16%
65 plus	1%	-
Ethnicity		
White British	98%	98%
Other	1%	2%
Refused / Prefer not to say	1%	0.2%

Level of education		
National 1 or 2	5%	n/a
National 3	11%	n/a
National 4 or 5	16%	n/a
Highers/SVQ3	12%	n/a
Advanced higher or equivalent	11%	n/a
Degree or above	14%	n/a
Other professional, technical or management qualification	6%	n/a
Other	1%	n/a
None of the above	18%	n/a
Don't know / Prefer not to say	6%	n/a
Health conditions and disabilities	Total / Primary	Total*
Mental health condition	69%/40%	68%
Long-term illness, disease or condition	53%/20%	36%
Physical disability	36%/15%	16%
Learning difficulty	21%/3%	12%
Deafness or partial hearing loss	11%/0%	4%
Learning disability	21%/1%	n/a
Blindness or partial sight loss	8%/2%	3%
Developmental disorder	10%/4%	8%
No condition	2%/2%	-

Source: IFF Research telephone survey of 174 WAS customers (unweighted profile) and SDS CTS data from 1 November 2018. Data on ethnicity and qualifications are not available.

* N.B Classification of conditions do not match precisely to MIS categories: Social and communication disorders are included as Developmental disorders above and Other disability, impairment or medical condition is combined with Long-standing illness and included as Long-term illness, disease or condition.

Appendix 3: ‘Non-user’ experience and attitudes to health and employment (cont.)

Participant perspectives on health and work

Attitudes to work

All participants were interested in work. Whatever their current situation, they were keen to secure employment sometime in the future and ‘get on’. Most had had some experience of work in the past three years, although a number of younger participants had not yet been able to secure any kind of employment.

However, they were generally aware that, given their medical histories, certain types of job and certain types of employer would not help them manage their health condition over time. Many reported past experiences of taking jobs that might not suit their circumstances and these ending badly. This meant that they were reluctant to engage in any process (whatever the timetable) if they did not feel ready for work and that they would not be able to say ‘no’ to potential job opportunities that they did not wish to pursue.

Key to understanding this point of view is that many, particularly those who had had longer experience of living with their condition, reported that when employment fails because of a worsening health situation, they did not simply return to the pre-employment position but most often felt much worse. There is an implicit assumption that following an employability pathway is a linear process where clients progress from stage to stage

“Many people assume you will start to get better once you get treatment and counselling, in practice, it gets worse as the sessions brings out all the stuff you have buried. You do get better, but you have a lot to get through first and little things can knock you right back” [Male 35-50]

One participant had taken a job in a call centre after their last involvement with Jobcentre Plus while they were still on Jobseekers Allowance but was experiencing panic attacks and other trauma due to pressure at work and home.

Another had taken a job with a major company who had a full counselling and support service available for their employees but they found that even this level of support was still not sufficient to help them sustain and they did not stay in work beyond a week.

Another realised that things might not be going as well as they thought:

“I thought I was doing OK until the chef asked me if everything was alright. I said I was fine but he said ‘you are shaking uncontrollably’. I hadn’t noticed and I realised I needed to stop and get some help.” Male [25-34]

Engagement with support services

Participants in all four events were asked to explain how and why they had decided to engage with the support services offered by the two community organisations. Their responses reveal a complex picture of the range of support available and how these services can both succeed and fail to interact depending on which advisor the person sees.

Participants liked the community organisations' offer – there is no pressure put on them and they are not made to feel guilty if the process stalls or regresses as this is seen as natural part of the recovery process. Advisors make it clear from the outset that they are not working to targets or a timetable. In some cases the advisors had experienced similar issues themselves and so they engage, listen and do not judge. So many other elements of support in the NHS and especially in JCP is stressed – all frontline staff are working to their targets and participants pick up on the tension this causes. They feel responsible, often agree to take on too much to be helpful to their advisor and when this leads to health problems they feel worse because they have failed.

Most respondents felt that they had come to the community organisations because they felt that they understood their needs:

“They were the first people who gave me the time and listened” [Female, 18-24]

“I was referred by my work coach at JCP. They could see I was not fit for work and said that [community organisation] will understand and have the specialists to talk to me.” [Male, 18-24]

“My community practice nurse [community mental health team] sent me along [Female, 25-34]

“Friends told me they were good and there was no pressure” [Female 18-24]

More generally, a range of referral routes were identified – some Jobcentre offices, Community Mental Health teams, Local Authority housing departments and social housing organisations, veterans networks and specialist residential homes. In Glasgow, Community Mental Health funds part of the services offered by the community organisation and so there was closer inter-working between support offered to clients. Elsewhere referrals of this nature occurred but were less frequent.

From the discussions with participants it is clear that the ‘system’ is much more ad hoc and a great deal depends on the individual General practitioner’s, work coach’s or other advisor’s attitude and knowledge of local services. Luck in meeting the right person at the right time appears to be a significant element in the process. Many participants relayed stories of meeting a CPN, GP, work coach or other advisor who took more time to listen to them and helped make a difference to their referral.

Young people in particular felt that all services were difficult to engage. For them having a more understanding service would involve:

- Someone who can take their time to listen
- Give them time and space to explain their feelings even where they themselves do not know what is 'wrong' with them and no matter how "odd" these may seem
- More time to develop in employment and learn what is expected of them and how to do well.

Part of the frustration of participants was that they want to feel better and progress and this should be possible if they are offered help in the right way.

One local Jobcentre had appointed a young person's work coach which had greatly improved referrals to the community project and relations with JCP services – *"Helpful and friendly individuals working in a challenging system"*. Others had generally positive reputations but some locations elicited more mixed views where *"it depends on who you speak to"*.

Other participants felt that at all levels the system is stressed and professionals do not have the time to fully understand their needs:

"I've learnt that I'm not good with stressful situations but that's all you see at the GPs and at the Jobcentre. These people are all stressed-out with no time and under pressure from their targets. It's better to stay away from that" [Female, 25-34]

Getting help and support with their health condition

Participants revealed that they had a wide range of mental health issues from a general sense of 'not feeling right', anxiety, depression to other conditions such as schizophrenia etc. Whatever their age, background or condition all participants highlighted the difficulty in getting specialist support. Many believed that NHS services were simply not geared up to diagnose their problems, particularly as all parts of the service were very busy:

"They are good with the broken bones, but it's not like they can scan your head and say right you have depression or whatever. We need more time than they can give". [Male 50-65]

A crucial issue for all participants was to obtain a diagnosis. This had been more challenging than might be expected for all participants and many reported a degree of luck in them engaging with the support that started their recovery. The lack of a diagnosis can be very debilitating, but even where participants had progressed into support and were receiving help, the wait times and other issues in time-limited support mean that they can have very limited ability to plan.

In general their time at school was not positive and had been the place where their mental health issues had started to occur. A minority had achieved some qualifications but many had none. Many were Christmas leavers and one young person who was taking a number of Standard Grades was told to drop their subjects in order to undertake vocational and employability support in final year and leave at Christmas. They feel this cut away their future opportunities when they may have got some qualifications.

After school the perception was that the medical services available were overworked and ill-prepared to recognise symptoms and provide necessary support. Many commented on the issues such as lengthy waiting time, brief appointments, unsympathetic GPs, opaque communication processes and sometimes unhelpful outcomes not addressing their concerns. Referral to psychological services (Community Mental Health Teams - CMHT) was the best that they could expect but this was by no means automatic. All participants felt that peer support was really helpful to get through this process. Most felt that group work was too much when they first engaged with the service but as they start to recover peer support is very helpful to progress further.

Veterans reported that it could take some time for them to overcome the culture of the Forces not to speak about mental health issues. There was a strong preference for engaging with veteran networks and support organisations who could understand many of the issues facing individuals. It is, however, important to note that the issues facing this group of participants should not be reduced down to 'just' Post-traumatic Stress Disorder (PTSD). Many had spent most of their adult lives in the forces where food, housing and many other aspects of day-to-day life had been provided. Stepping out into civilian life meant that many of them had to deal with these issues for the first time.

Many have spent many years trying to manage their condition themselves and speak of a sense of insecurity as they are never sure what might trigger a bout of depression, anxiety or even panic attacks. Meeting new people and in unfamiliar circumstances did remain a challenge for some and would affect their ability to engage with any service.

An important point here, made by many participants, was that they would not have engaged in any support service when they had health issues at their worst. As a group they felt that they were 'in recovery' and feeling much better about their health than when they first sought help. A number made the point that when they finally accessed support, this often led to a deterioration in their mental health before support and treatment helps recovery. So other support needs to be timed carefully in order to build on the recovery phase.

Accessing employment

All participants would like to get a job in the future, especially in a job or career that they are interested in, is where they want to be. However, some will not be ready to engage with support to get back to work. Looking for work when they don't feel settled or happy is likely to have less successful outcome:

“You need a lot of strength to apply for jobs, you get knocked back so often it takes it out of you even if you are feeling good to start with.” [Female 18-24]

Many would prefer a job that interests them but they are also aware that jobs are very difficult to come by – most require previous experience and so for young people not long out of education often with limited qualifications, struggle to overcome this ‘catch-22’. Some had been in employment but this had not sustained.

Those interviewed felt there were very few opportunities where young people can learn appropriate work behaviours. Work experience is available on some services (including the Employability qualification) but these are short duration and are limited in number. Young people with more qualifications were reported to have a better chance of securing the available places.

Interactions with the local JCP offices was generally not seen as positive. Not having any say in what type of work you might consider was the biggest drawback but benefit sanctions and how these were applied were high on the list too. Few of those interviewed felt that they had an understanding work coach (WC), although a small minority felt that they had been lucky and were with WCs who understood what they were wanting to do and tried to make this happen by not pushing them towards just any vacancy.

Community projects were better as they worked with individual aspirations and towards the sort of work participants were interested in doing – or at the very least would help you find other types of work that were similar.

A number of young participants spoke of the pressure they face from families to take options that preserve their access to child benefit for example. Not being paid does not help as they need to be able to contribute to household costs. This can be made much more difficult if they are not getting on with family members at home and need to find accommodation for themselves.

Apprenticeships are highly regarded by most as they can be a route to a career and skills/qualifications. Many young participants had not got on well at school and the opportunity to learn by doing rather than by classroom teaching and exams was seen as a major opportunity. However, some young people had qualifications but many had none. A significant proportion of young people had been Christmas leavers and asked to drop out of formal qualifications to take up work experience and vocational activity in final year.

Apprenticeships were considered to be as scarce as full time job opportunities in some locations (rural and semi-rural areas) and were also seen as being highly competitive and so not offering many young participants from these groups a viable route into work.

Among younger participants a number felt that they should seek to get the qualifications that they did not secure while at school. Attendance at college

produced mixed opinions – some felt it was a good option and it was possible to participate without losing benefits. Others felt that they would lose housing benefit and come under pressure to continue with job search activity from JCP (UC requires evidence of 35 hours job search, although volunteering activity can reduce this). Securing a place on a chosen course was not straightforward for all and some were awaiting confirmation of their places on courses.

Another factor that was frequently mentioned as a potential barrier to employment was housing. There was a number of issues here:

- The cost of private rented sector accommodation was seen as being beyond most of those attending, even when working.
- Some veterans were currently living in specialist veterans' accommodation and had been told that if they were to enter employment the weekly rent would increase to £458.
- The majority of young people were living at home with their parents but this was often a source of tension and issues. Few felt that they had any option but to stay home in their present circumstances and this would not change if they did enter work.
- Moreover, few private landlords will consider young people as tenants, especially single males.

Peer support was very important to participants in all groups. In some cases, participants felt that group work would not be appropriate as it could take some time to overcome their issues before they felt strong enough to be members of a group. As they move closer to seeking work, this is really important to help build confidence and receive the encouragement of others. Veterans in particular, felt that peer group work was essential and helped because of their shared background and experiences. For many, the key element of support was information and advice on what services and support were available to them and, vitally, which individual advisors they had found helpful and understanding.

Employment experience

Around 40% of the participants had been in employment in the past 3 years. Employment rates were lower among younger participants. Jobs were characterised as being typically temporary or made so by employers cutting short their contracts. One person worked for 5 weeks and felt that they were getting on well, only to be called in and told that they were no longer wanted. It's not unusual not to get any explanation – whether it is something that they did themselves or simply a lack of work.

Young people were often working for the minimum wage which was seen as very low, meaning that if they were successful in getting employment it can be difficult to get by. If you are living independently then getting a job is really hard to justify the additional cost of rent etc.

The precariousness of the job market meant that securing a job for almost all participants did not mean that you could relax:

“I had a job at [online retailer warehouse]. It was full-time and you think great, this is ok but after the Christmas rush is over you get laid off. Yes, they will pick you back up in 6-8 weeks but what are you meant to do in the meantime. Nothing is steady anymore.” [Male 50-65]

Older participants reported a mix of experience and there were clear differences in the availability of work between Glasgow and Edinburgh and the other locations. More young people elsewhere felt that employers were able to pick and choose and they did not have the experience or qualifications to succeed. This meant that many were interested in undertaking work experience and looking for supported employment opportunities to help break this cycle. Community Jobs Scotland had been used by the community organisations in the past to allow them to take their work experience further. These are much more limited now.

PLEASE UPDATE OR DELETE THIS PAGE AS REQUIRED

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