

**Lanarkshire  
Employability Test Site**

**Evaluation Report**

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equally  
**well**

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**“... ensuring that people who have experience of long term illness, perhaps on welfare benefits for a number of years, are given every opportunity to improve their health through work”**

Routes to Inclusion Group (represented on the group are senior officers from Jobcentre Plus, Lanarkshire FE Colleges, NHS Lanarkshire, North Lanarkshire Council, Skills Development Scotland, South Lanarkshire Council and the Voluntary Sector)

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# The history of the Lanarkshire Employability Test Site thus far is a powerful story.

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## Section 1: Introduction to the evaluation

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### 1.1 Executive Summary

The history of the Lanarkshire Employability Test Site thus far is a powerful story. It is a story that, in the telling, draws attention to the many challenges and opportunities that have and continue to face all Test Site stakeholders concerned with addressing health inequalities for those individuals and communities impacted most heavily by worklessness.

As we move into year three of this initiative we have been able to be more confident, through the evaluation process and the learning from the dynamic Test Site stakeholder and service provider relationships, about the nature of the complex solutions required to tackle health inequalities and address worklessness for those hardest to reach.

Numbers of those individuals coming through the Test Site to date, in terms of referrals of hardest-to-reach workless people to employability agencies, have been lower than anticipated and this remains, therefore, a major challenge. Significant effort is still required to build upon the foundation stones laid by this Test Site initiative. This means a continuing focus on changing the practices of client/patient facing services like Health, Housing and Social Work i.e. the meeting of client/patient employability needs to be seen as central to improving health outcomes and therefore the economic prosperity of affected families and communities.

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... what is needed now is  
more time, time to affect  
the further developments

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## Section 1: Introduction to the evaluation - continued

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The Test Site initiative and evaluation process finds that cultural and operational changes, required to shape service redesign for integrating client/patient employability needs, have begun as a direct result of the approach. What is needed now is more time, time to affect the further developments required to secure longer term and more embedded change.

The Test Site has been effective in terms of demonstrating 'collaborative gain' for the partnership i.e. gains that otherwise would not have been achieved were it not for partnership working. In this respect it is also evident from the data that workless people are being referred to employability agencies due only to the Test Site initiative. Again, referrals that would not have been made were it not for the Test Site.

To date, in terms of 'most significant change', the Test Site has been successful in laying a great deal of the often nuanced and less tangible foundation stones required to support further tangible and sustainable change. These include, for example, a revitalised commitment to tackling health inequalities innovatively, a heightened preparedness for organisational change and the beginnings of a shared understanding of the importance of meaningful activity for health improvement.

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# The championing of Test Site approaches, at strategic and operational level . . . .

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## Section 1: Introduction to the evaluation - continued

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The nature, direction and pace of year three developments within the Lanarkshire Employability Test Site will build on this learning. Conclusions and recommendations include:

- within Health, influencing changes to service delivery and therefore redesign, through the practice development route;
- ensuring Health, Housing and Social Work frontline staff performance in terms of meeting their clients/patients employability needs is reflected in appraisals e.g. when objectives setting;
- the delivery of employability training/awareness sessions in-house by staff to staff within each respective service (Health, Housing and Social Work) to create greater ownership and therefore help engender
- cultural change and service delivery.

The championing of Test Site approaches, at strategic and operational level, remains essential for continued success. All Test Site stakeholders remain committed to achieving, ultimately, the integration of practices for identifying and meeting the employability needs of Health, Housing and Social Work service users.

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# The Test Site is part of the ‘Equally Well Implementation Plan’

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## 1.2 Introduction

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This report sets out the findings and learning from the evaluation of years one and two of the Lanarkshire Employability Test Site (hereafter referred to as the Test Site).

The collation of qualitative data took place during the 2nd and 3rd quarters of the 2010/11 financial year. What follows outlines the background to the creation of the Test Site initiative, its strategic objectives, the aims and objectives of the evaluation itself, as well as the method employed and the recommendations.

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## 1.3 Background

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The Test Site is part of the implementation plan of ‘Equally Well’ which is the Scottish Government policy focusing specifically on reducing health inequalities.

Eight local Test Sites have been established, each with their own theme and focus and the purpose of each of the test sites is to transform Public Services to address inequalities. The principal focus of the Test Site in Lanarkshire is on raising employability potential as a vehicle to alleviate poverty and improve health “promoting people’s chances of sustained employment in Lanarkshire”. Tackling worklessness is a key policy goal for both the UK and Scottish Government and employability is central to government activity to tackle poverty and disadvantage. This has been driven by strong evidence that employment can be beneficial for people and that work remains the best route out of poverty for most people and is one of the routes to improve the health of the population.

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# ... work with partner services not traditionally engaged with employability needs of clients ...

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## 1.3 Background (continued)

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The aim of the Test Site is to work with partner services not traditionally engaged with employability needs of clients/patients such as Health, Housing and Social Work services, with a view to developing onward referrals to support those claiming Incapacity Benefit (IB)/Employment and Support Allowance (ESA) - or at risk of claiming IB/ESA - to enter or remain in the labour market. Within North Lanarkshire Council, the service is incorporated as part of the North Lanarkshire's Working model. Another single point of entry is accessible via the call handling facility which operates within the Healthy Working Lives Service based at Salus Occupational Health and Safety.

Since February 2009, this Test Site has established a referral pathway for the clients/patients of Health (NHSL), Housing and Social Work services of South Lanarkshire Council (SLC) and North Lanarkshire Council (NLC) into existing employability services where they can receive customised support to address barriers to engage and encourage them on their journey back to work. This support is delivered by local partnership organisations - Job Centre Plus, Routes to Work South, Routes to Work Ltd and Skills Development Scotland.

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# Identify the extent to which the Test Site has demonstrated . . .

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## 1.4 Aims of the evaluation

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Identify the extent to which the Test Site has demonstrated:

- The laying of 'most significant change' (MSC) foundation stones (the often nuanced and less tangible foundations that are required to support further tangible and sustainable change);
- Achievement of any 'collaborative gain' i.e. that which is achieved through partnership working that could not have been achieved by any one organisation working alone? Services working differently together – what worked and what were the challenges;
- Increased referrals from the partner agencies;
- Increased self referrals to employability agencies;
- New referrals entering employment, training, further education or volunteering;
- Client/patient pathways - distance travelled toward outcomes;
- Frontline staff awareness training developed and delivered;
- Numbers of staff attending frontline staff training sessions;
- Operational Employability Champions Network created? Did the network successfully champion the Test Site approach;
- Employability outcomes/protocols incorporated as part of Test Site partner's service provision.

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**“Most significant change (MSC) does not make use of pre-defined indicators, especially ones that have to be counted and measured. The answers to the central question about change are often in the form of stories of who did what, when and why and the reasons why the event was important.”**

Overseas Development Institute - [www.odi.org.uk](http://www.odi.org.uk)

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## **1.5 Methodology**

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The qualitative evaluation of the Test Site was based on the ‘most significant change’ (MSC) approach. This required the development of question sets for pre-identified and agreed stakeholders. The question sets took the form of audio-visual questionnaires and the respondents from each stakeholder group, having seen and heard the questionnaire put to them in video, recorded their individual responses on the voxur unit i.e. a portable video booth.

Video narratives collected using the voxur were analysed for ‘most significant change’ for each of the following themes:

- Extending scope and reach of services;
- Strengthened and more purposeful partnership;
- Driving cultural change in service delivery;
- Translating policy into practice;
- Understanding of the health benefits of meaningful activity;
- Integration of client/patient health and employability needs/distance travelled;
- Economic downturn and welfare reform.

The occurrence and frequency of occurrence of all of the above themes proved significant and therefore key arenas within which ‘most significant change’ had taken place as a result of test site activity. ‘Most significant change’ was evident from the evaluation results in terms of positive shifts in frontline staff knowledge, values and attitudes - including understanding of the employability agenda and adapting their existing practices to meet client employability needs. These positive shifts in knowledge, values and attitudes were also evident from the narratives of the partners, service providers and clients/patients. This is examined more fully in Section 2.

Transcripts of the video data for each respondent were made and included in the analysis.

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**“something . . . achieved through partnership working that could not have been achieved by any one organisation working alone”**

[www.improvementservice.org.uk](http://www.improvementservice.org.uk)  
(paper - 'A Quick Guide to Collaborative Gain')

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## **1.5 Methodology - continued**

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In terms of ‘collaborative gain’ which is described, at its simplest, as “something achieved through partnership working that could not have been achieved by any one organisation working alone” the evaluation also aimed to establish the extent to which this could be demonstrated. Stakeholder voxur testimonials attest to a number of successes in terms of ‘collaborative gain’ here. Again, this is outlined in more detail later in the report.

Quantitative data was captured via Test Site agreed reporting arrangements and quarterly statistical returns. These returns allowed performance to be monitored in line with planned-for targets and outcomes.

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## Section 2: Thematic analysis, evaluation data and emerging learning

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### 2.1 Process

Viewing (and re-viewing) the recorded video data responses to the question sets was essential. The video data was viewed by the evaluator and the Test Site Coordinator. The first viewing was intended to aid identification of themes and issues which were significant, dynamic and cross-cutting (for the partnership, the agenda, the initiative and the process). This process was iterative in that it involved several cycles of viewing and re-viewing the video data for thematic identification and the development of a thematic matrix necessary for learning from the stakeholder stories.

The matrix allowed for the mapping of occurrences, and their frequency, when identified themes were articulated by the stakeholders. In mapping and understanding occurrence frequencies it became possible to deduce significance and conclude learning.

### 2.2 Most significant change (MSC)

The evidence for the nuanced and less tangible foundations required to support further tangible and sustainable change emerged from the question set narratives. Achieving ‘most significant change’ is essential foundation building work. This is necessary if the politics, art and science of addressing the wicked problem (below) of employability and health inequalities are to be successful. Identifying ‘most significant change’ is important for the development of a ‘gut feel’ for what the Test Site has achieved.

**“A Wicked Problem’ is more complex than complicated. That is, it cannot be removed from its environment, solved, and returned without affecting the environment. Moreover, there is no clear relationship between cause and effect. Such problems are often intractable”.**

(Equally Well Review, Scottish Government 2010) Professor Keith Grint ESRC Seminar Series, Mapping the public policy landscape, Leadership in the public sector in Scotland 2009

For Test Site purposes ‘most significant change’ is articulated by all stakeholders in terms of shifts in values, attitudes, beliefs and insight.

## **Routes to Inclusion Group**

'Most significant change' was expressed clearly and concisely in all question set responses. They include the following:

- the generation of a new collective energy for, and strategic focus on, a commitment to integrating client/patient employability needs into frontline Health, Housing and Social Work services;
- a sense that services cannot continue to be delivered in the ways they have always been delivered and that change is necessary to meet client/patient employability needs;
- an understanding and appreciation of the benefits of devising and testing new approaches (which may or may not work) that ultimately will bring success closer;
- a revitalised commitment to tackling health inequalities in innovative ways that are calculated but not risk-averse;
- a refresh for partnership relationships and renewed urgency in terms of a solution-focused direction of travel;

## **Health, Housing and Social Work Frontline Staff**

- heightened preparedness for change as a consequence of improved understanding of the benefits of meaningful activity for client/patient health improvement;
- joined-up thinking in terms of an improved appreciation of the value of addressing client/patient employability needs (for their families and communities);
- new insights into the relationships between worklessness, mental distress and the consequences for improvements in life chances for clients/patients and their families;
- heightened awareness of the importance of improvements in social capital for positive outcomes for workless people i.e. arising from a move into volunteering, education, training or work;
- increased understanding of the costs to the Scottish economy of economic inactivity/worklessness;

## **Services Referring-In**

- operational management open to examining existing service delivery model to ascertain 'fit' with identifying and meeting client/patient employability needs;
- improved sense of service contribution to the collective effort to support clients/patients to return to volunteering, education, training or work;
- improved understanding that more needs to be done to increase referrals from their services to employability services;
- improved appreciation of the influence they can exert and means by which they can support their frontline staff to positively affect the culture surrounding how things are done within the service;
- heightened sense of the politics of health improvement and the relationship with Scotland's economic prosperity.

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... create a Lanarkshire wide doorway/portal through which all referrals could be made ...

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## 2.2 Most significant change (MSC) - continued

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'Most significant change' was less well demonstrated for the client/patient facing brokering staff/agencies i.e. those staff taking the calls from Health, Housing and Social Work services referring clients/patients to employability agencies via Equally Well. Those referral calls came in via two routes - to North Lanarkshire's Working (0800 0730 226) from those frontline Health, Housing and Social Work staff in North Lanarkshire services. All other referral calls were made to the dedicated Equally Well contact centre which was created as part of the Test Site approach (0800 141 2865) - in reality this service took referrals from both North and South Lanarkshire local authority areas. North Lanarkshire's Working is an employability and training service for unemployed residents (that pre-dates the launch of the Test Site initiative) within the North Lanarkshire local authority area only.

The Test Site model was not aiming to create new employability services rather it aimed to create a Lanarkshire-wide doorway/portal (this had not existed pre-Test Site) through which all referrals could be made. Referrals would be handled by a contact centre broker service and they would put the workless person in touch with existing employability service provision.

Routes to Work South (RTWS) is the South Lanarkshire Council funded employability service. RTWS also pre-dates the Test Site initiative. Ideally there would have been one single point of brokering contact to handle all new referrals coming about as a result of the Test Site. The reality is that this proved difficult to deliver because of pre-Test Site investments in time, energy, resourcing and branding of provision. Nevertheless, existing marketing and awareness-raising of North Lanarkshire's Working contact centre in the North and the marketing and awareness-raising of the Equally Well contact centre provided the Test Site with the clear referral pathways for services referring-in across both North and South Lanarkshire.

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**“collaboration is defined as a managed process whereby organisations, parts of organisations, or definable groups work together to achieve a pre-defined objective. The organisational form used for the collaboration (the ‘collaborative vehicle or CV) could be a workshop, a task group, a partnership etc.”**

briefing note on collaborative gain, Alan Neilson, Acclaim Consulting 26/01/07

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## **2.3 Collaborative gain**

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The Test Site Briefing note on ‘collaborative gain’ states that “collaboration is defined as a managed process whereby organisations, parts of organisations, or definable groups work together to achieve a pre-defined objective. The organisational form used for the collaboration (the ‘collaborative vehicle or CV) could be a workshop, a task group, a partnership etc.”

For Test Site purposes the collaborative vehicle (CV) is the Routes to Inclusion Partnership Group.

“Collaboration gain is achieved when those working within the “collaborative vehicle (CV) deliver an output (leading to an outcome) that is consistent with their remit, has value for an identified stakeholder group, and is more than would have happened if they had not carried out their work”.

briefing note on collaborative gain, Alan Neilson, Acclaim Consulting 26/01/07

It is impossible to assert in exact confidence level percentage terms the extent to which any Test Site employability referrals made can be attributed to the output of the collaborative vehicle and therefore an outcome of the Test Site. Having said that it is likely, based on the evidence collated during the Test Site journey, that these harder-to-reach clients/patients would not have routinely found their way to the help they received from employability agencies via contact with Health, Housing or Social Work professionals (had the Test Site not existed).

Consequently, it is therefore also possible to assert that those individuals in the Test Site stakeholder group (identified as the recipients of employability support) would not have moved closer to volunteering, education, training or employment had it not been for the ‘collaborative gain’ achieved by the collaborative vehicle (Routes to Inclusion Partnership Group) in Lanarkshire.

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# So what of the challenges?

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## 2.3 Collaborative gain - continued

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The Test Site targeted a new and previously harder-to-reach constituency of workless people - a constituency whose employability needs were not being systematically met by employability agencies pre-Test Site. This constituency of workless people were not being well-served pre-Test Site in terms of being engaged to talk about their work aspirations by the professionals sitting opposite them in Health clinics, Housing offices or Social Work centres.

The Routes to Inclusion Partnership Group was able to take forward the Test Site initiative due to its existence of long-standing and its membership of key strategic influencers and decision makers. Group members had it in their gift to take the Test Site approach out into their respective organisations and garner the support necessary for implementation, roll-out, monitoring and evaluation.

So, what of the challenges? Challenges are largely concerned with (a) how best to operationalise the Test Site model without duplicating existing provision; (b) adding value to the Lanarkshire-wide employability service infrastructure and (c) the maintenance and management of established partnership relationships and arrangements.

This Test Site Model was conceived before the banking crisis and the resultant economic downturn/recession in Scotland. It may be that the challenges in securing the target numbers of referrals was impacted due to these straitened economic times? The reality is that, during years one and two of the Test Site, the job market has been flooded with those who lost employment as a result of the recession. The new-workless are competing for jobs with those people who have a history of worklessness (leaving the latter even more disadvantaged) Consequently, frontline staff may also be affected by a real-not-perceived fear that there are fewer job opportunities for those harder-to-reach clients targeted by the Test Site.

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# The Test Site is also affected by the challenges

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## 2.3 Collaborative gain - continued

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The Test Site is also affected by the challenges of championing the approach at strategic/decision maker level and difficulties in translating that championing of the Test Site at the operational/service delivery level. It may be that this Test Site has been the right approach but at the wrong time i.e. during and emerging from recession? Frontline staff in public services may be fearful for their futures and their job prospects, leading to a concentration on delivery of core business only. It is possible that years one and two of the Test Site have been stymied by an inherent inertia that can affect change within organisations coupled with some pessimism for the prospects of their workless clients/patients moving closer to the job market at this time.

It is also possible that frontline staff have anxieties that they could be seen by their clients as agents of the state i.e. pushing people toward work and out of welfare to save on the welfare bill for the exchequer? Arguably frontline staff in Health, Housing and Social Work have historically and culturally been seen by clients/patients as separate from the state bureaucracy that manages welfare benefits - it is the state bureaucracy that 'polices' the system and applies rules which some have seen in the past as oppressive for the poorest and most vulnerable people in society.

## 2.4 Results

**Table 1**

Service/locality/department	Awareness/training sessions delivered	Number of staff participating in awareness/training sessions	Number of referrals to Test Site
NHSL Total	59	591	92
SLC Total	26	294	101
NLC Total	42	666	223
Voluntary Sector	3	66	48
Self referrals total			60
<b>Totals (02/2009-12/2010)</b>	<b>130</b>	<b>1617</b>	<b>524</b>

Key:

NHSL	NHS Lanarkshire
SLC	South Lanarkshire Council
NLC	North Lanarkshire Council

*Table 1: Numbers of (a) awareness/training sessions delivered; (b) frontline staff participating in sessions; and, (c) referrals to Test Site*

**Table 2**

Employment	Further Education	Training	Volunteering	Total
37	43	1	9	90

*Table 2: Outcomes from Test Site referrals (clients/patients moving into employment, education, training or volunteering)*

Of the 524 new referrals to employability services (Table 1), 90 (17%) are now engaged in meaningful activity (Table 2). Those not yet in employment, education, training or volunteering are now clients of an employability service directly as a result of the Test Site. The employability agencies working with Test Site referrals have proven-to-work arrangements in place to allow them to continue to engage with clients i.e. using bespoke resources which allow them to travel further toward more meaningful activity and ultimately employment.

The Test Site initiative set ambitious aims in terms of the numbers, and pace of, referrals. In this respect progress has been both encouraging and challenging. The evidence has shown that the direction of travel is the right one however the journey has involved the negotiation of barriers - some anticipated and some less so. The means of changing client/patient facing Health, Housing and Social Work services and the practices of frontline professional staff within those services is better understood as a result of the learning that has emerged from the Test Site (detail below).

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# ... aims to align itself with the approach and pace on the national evaluation exercise.

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## Section 3: Evaluation, conclusions and recommendations

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### 3.1 Background to the evaluation

The Test Site evaluation in Lanarkshire aims to align itself with the approach and pace of the national evaluation exercise. The national evaluation exercise is being led by an agency external to Scottish Government - this organisation works closely with all of the Test Site agencies/partnerships and Government to facilitate the series of Test Site learning events and workshops. These are about sharing learning as we go and in the process benefiting from the national evaluation approach and any lessons that could positively influence local evaluation work.

The Test Site Coordinator and the local evaluation lead, as well as other key strategic and operational Test Site stakeholders, attend all national learning events. The decision to build the evaluation methodology of this Test Site around the 'most significant change' approach was taken early - as was the centrality of the voxur portable video booth as a means to collect and collate the stories/narratives.

In terms of the practicalities of using the voxur portable video booth, once the logistics of physically getting the voxur to the stakeholder groups were negotiated, it became clear that not all of those taking part in the voxur survey were completely comfortable with the idea of being videoed. The option of submitting written responses to the question sets was then made available. In reality only one respondent actually took up this offer.

An evaluation method, based upon the 'most significant change' approach, was employed to analyse the stories/video content (and transcripts). The results, when combined with the quantitative data, made more tangible the learning and the way ahead for year three of the Test Site.

Additionally, in actively investigating mechanisms and platforms to support frontline staff in non-employability services to develop their role of supporting client/patient employability needs, the Test Site continues to aim to develop the skills, confidence and competencies of these 'nonemployability' front line staff. This means developing protocols/processes to support the routine integration of employability considerations in existing practice and service provision.

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## 3.2 Lessons learned

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The Test Site approach aims to catalyse change in how Health, Housing and Social Work services are designed and delivered, to encourage nonemployability staff in those services to address the employability needs of their clients/patients during their contact with them and then to refer to established employability services.

### **In years one and two the Test Site has been successful in:**

- strengthening and revitalising the partnership (achieving ‘collaborative gain’);
- laying ‘most significant change’ foundations to support further more tangible and sustainable change and developments;
- building a series of stories/narratives that help all stakeholders grasp the wicked problem of addressing health inequalities and worklessness;
- improving the skills, confidence and competencies of frontline staff in addressing client/patient employability needs;
- putting significant numbers of harder-to-reach workless people in touch with employability services and helping those people move into volunteering, education, training and work (people who would otherwise, were it not for the Test Site, be missed and therefore not referred to employability services);
- directing key strategic decision makers and stakeholders in unpacking the solutions and the process in terms of identifying what works;

### **Challenges and opportunities include:**

- catalysing change in the ways that Health, Housing and Social Work services are delivered may need different approaches to those tested so far here in Lanarkshire;
- the need to completely integrate client employability needs into client/patient assessment processes and service delivery models within Health, Housing and Social Work remains high priority;
- the demarcation lines that separate one service from the other, in terms of how Health, Housing and Social Work services are experienced by service users, if made more nimble and elastic could help transform those services to make them better able to address inequalities (e.g. it matters not where a workless person gets engaged in thinking about their employability needs – just that it happens and that the workless person finds their way to an agency that can help);
- addressing the employability needs of hard-to-reach populations of workless people will create Health, Housing and Social Work services that are even more ‘person centred’ as opposed to ‘service centred’;
- the championing of any new approach within Health, Housing and Social Work services needs to be visible, sustained, systematic and energetic (needing bottom-up as well as top-down ownership).

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## 3.3 Conclusions and recommendations

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The Lanarkshire Test Site continues to demonstrate that much can be achieved by the approach and that recommendations based on what's worked and lessons learned will assist other partnerships when tackling and integrating client/patient employability needs into Health, Housing and Social Work services, for example.

These include:

- conducting a mapping exercise to establish the landscape of employability services and the extent to which they are joined-up to meet the needs of all workless people, especially those hardest to reach;
- establishing a single point of contact where possible i.e. one contact centre telephone number to handle all referrals. This will simplify the referral pathway, for professionals making referrals, and the experience for those being referred;
- ensuring any new contact centre client/patient facing protocol/s are equality impact assessed;
- the creation of a social marketing and communications strategy prelaunch to ensure an agreed and consistent approach in the development of any initiative promotional resources (including branding considerations), the way ahead in terms of a communications landscape and agreed reporting arrangements;
- ensuring frontline Health, Housing and Social Work staff address client/patient employability needs by incorporating this within their individual appraisals (continuing professional development and/or personal development plans). This could mean that frontline staff have explicit personal objectives and targets for the numbers of referrals made to employability services (their personal contribution to the team/service target);
- employability training/awareness sessions could be delivered in-house by staffs from each service (Health, Housing and Social Work). This may create and support a stronger sense of ownership of the employability/health inequalities agenda within each service and therefore positively influence pace and nature of service re-design;
- influencing change through the practice development route (within Health) to address health and social care improvement for hardest to reach workless community - this could more quickly bring about the service re-design necessary for meeting the needs of economically inactive people. In NHS Lanarkshire this approach was used successfully in the past to change professional practice and therefore services in relation to hospital acquired infections (HAI's) and brief interventions. This means of achieving the change and service redesign required within Health Services to address patient employability needs is now being taken forward in Lanarkshire - building on the Test Site learning.

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## 3.3 Conclusions and recommendations - continued

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- This will remove crucial barriers for frontline staff in addressing their clients/patients employability needs and then making referrals e.g. not engaging/referring for reasons of (a) anxiety about impact on clinic/consultation time; (b) projecting any pessimistic views (on to the client/patient) of their ability to move into volunteering, education, training or employment, and; (c) not being accountable (ultimately) for assessing client/patient employability needs. Frontline staff, when faced with a raft of actions to complete, will often focus on those which fall into the 'urgent/important' category and won't get to what they regard as 'not urgent/not important'.  
(S Covey, The 7 Habits of Highly Effective People).
- The employability needs of hard-to-reach workless people have to be considered 'urgent/important' by professionals and their services - evidence and experience shows that this will happen when employability becomes core for patient-centred service delivery. Personal and organisational performance in this area needs to be championed, expected, managed and monitored by individuals and within teams and services;
- using initiatives to challenge any organisational and professional cultural bias that has a history of seeing income maximisation for many clients/patients as meaning that they (a) remain on welfare benefits; (b) ensure the welfare benefits system is paying everything possible (based on entitlement), and; (c) actively discourage clients/patients from returning to work. One client, a single parent with a history of worklessness, who is now self employed and working as a result of support received from Routes to Work South (because of the Test Site initiative) stated that,  
"In the past I've been told... you're not going to be better off working and it does make you think what's the point?! But for yourself as an individual, rather than as being a mum, it is good for you to be out there and doing something, proving yourself to yourself - more than to anyone else. Just giving you self worth."

The Lanarkshire Test Site initiative has challenged all stakeholders to take an approach to tackling employability and health inequalities in straitened economic times - the more important for that. The successes and challenges have been examined in this report and the learning is intended to influence the continuing and important work that is taking place, locally and nationally, to improve the health of the people of Scotland and in particular achieve improvements in health (still not happening quickly enough) for those sections of our society who are most vulnerable.

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# Appendix 1

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## Question set example

### Routes to Inclusion Group

1. Describe the ways in which the Lanarkshire Test Site enhanced and improved pre-existing partnership working arrangements and relationships?
2. What is your understanding of Lanarkshire Equally Well Test Site in terms of what it aims to achieve?
3. Describe the ways in which the business and aims of the Routes to Inclusion Group has been enhanced and improved by coming together around the Test Site initiative?
4. Describe the challenges and opportunities that have emerged for Routes to Inclusion as a result of the Lanarkshire Test Site initiative?
5. Describe your activities in influencing progress and championing the Lanarkshire Test Site within your organisation and networks?
6. The 'Health Works' Strategy states that the Scottish Government will promote the adoption of good practice and learning from the Lanarkshire Employability Test Site to NHS Boards and Local Authorities in the rest of Scotland. So how confident are you that what's been learnt in Lanarkshire will positively influence employability services elsewhere in Scotland?

# Support your participants health and employability needs by calling 0800 141 2865

South Lanarkshire Council would like to acknowledge North Lanarkshire Working for producing the design template for this document.



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