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Evaluation of Scottish Transitional Employment Services - Interim Report August 2018

ECONOMY AND LABOUR MARKET

social research

Evaluation of Scottish Government's Transitional Employment Services

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Executive Summary

Introduction

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 an independent process and outcome evaluation of the Work First Scotland (WFS) and Work Able Scotland (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 focuses 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?
- There is no specific economic evaluation of WFS and WAS as this was not felt to be proportionate for a transitional service model.

Findings from the evaluation will be reported in two phases. This first 'interim' report focuses on how programme design has impacted on the quality of delivery and customers' experience of services in the first 6 months after launch. Monitoring data from both WFS and WAS programmes covered the period from 1 April 2017 to 31 October 2017. This was sufficient to draw a participant sample but too early to consider the impact of services on longer term employment outcomes. A second 'final' report will explore customers' experiences and outcomes across both services in more detail, and is due to be completed by the end of March 2019.

In addition to a large telephone survey of 700 WFS and WAS customers, we have undertaken consultations with providers, delivery organisations in their supply chain, frontline staff (including Work Coaches in Jobcentre Plus), case studies with a small number of employers, and key stakeholder interviews in the Scottish Government (SG), Jobcentre Plus (JCP)/Department of Work and Pensions (DWP) and Skills Development Scotland (SDS). The fieldwork was undertaken between December 2017 and March 2018.

Background

Powers over certain employability services devolved to Scotland on 1 April 2017 under the Scotland Act 2016. The Scotland Act devolves responsibility for client groups previously served by the Department for Work and Pension's Work Programme and Work Choice schemes. The Scotland Act 2016 provides the opportunity to develop a distinctively Scottish voluntary approach to employment support for disabled people and those who are at risk of long-term unemployment due to a health condition. This includes removing the risk of benefit sanctions for non-participation,

a strong focus on those who need specialist support and a flexible 'whole person' approach with a greater role for customer choice.

Scottish Government Transitional Employment Services commenced on 3 April 2017 and originally planned to accept referrals to December 2017. This was subsequently extended to 9 March 2018 and delivery will remain in place until 30 April 2019. Fair Start Scotland, the Scottish Government's fully devolved employment support service launched on April 2018. The transitional services comprise:

- **The Work First Scotland (WFS) Programme** - a voluntary programme of employment support for those with a disability. WFS offers 12 months of support to disabled customers split equally between up to six months pre-employment support and six months of in-work support. for up to 3,300 clients. The programme is delivered by three contracted service providers; Momentum, Remploy and The Shaw Trust across four Contract Package Areas (CPAs).

- **The Work Able Scotland (WAS) Programme** - a voluntary programme of employment support for those with a health condition claiming Employment Support Allowance. WAS support is for 12 months and offers pre-employment support and in-work support, as required for up to 1,500 customers. The programme is delivered by three contracted service providers; Progress Scotland, The Wise Group and Remploy with a single provider in each of the four CPAs.

Both programmes required providers to offer customers at least one hour a week face-to-face contact time to help them address their barriers to employment, and to secure specialist support as required using an action planning approach. This is a relatively novel approach in contracting employability services to specify such delivery standards, with previous UK national practice tending to favour a 'black box' model, which leaves the details of delivery to providers' judgement. This evaluation therefore provides a useful first opportunity to explore the process of service delivery across both programmes in more detail.

There is a growing body of evidence in the research literature to suggest that to best support those with disability and/or health conditions, a more intensive approach, tailored to individual needs is required:

- This customer group is considerable and growing, particularly in deprived areas. Their needs are becoming more complex, especially for older age groups who more often have multiple health conditions

- Trusted, intensive support for employability linked to specialist services does make a difference to employment outcomes

- Evidence is mixed but suggests longer-term support may be required to help sustain participation in employment

- The quality of employment may also play a role in supporting improved quality of life for people living with health conditions

- Early intervention is key to supporting those who acquire health conditions while they are in work to prevent them leaving the labour force

How well has the service delivery process worked across both services?

Both programmes have engaged with a customer group that is broadly representative of their respective target client groups with the exception that:

- When considering the gender split in self-reported disabilities and health conditions, female customers are slightly underrepresented across both services
- The customer groups are on average drawn from younger age groups, when the incidence of disabilities and health conditions rises steeply with age. That said, WAS participation up to the age of 55 is close to the profile of older people and this should be considered an achievement.
- Two-thirds of WAS customers have mental health conditions, well above benchmark levels and 86% reported that their condition had an impact on their ability to carry out day-to-day activities. Both the Management Information System (MIS) data and the survey of WAS customers suggest that on average they are likely to report having considerably higher needs than WFS customers.

The Scottish Government decision to work with existing Work Choice providers to ensure continuity of support in the transitional WFS approach, meant that it was possible to build on existing provision and provider delivery arrangements. This brought significant advantages in the time available. WAS did establish provision very quickly, but this inevitably required some time to bed-in and this happened as the programme went live.

The referral process for WFS was able to build on the then existing experience and personal connections between JCP Work Coaches (WCs) and provider staff. This meant that providers were more often in JCP offices and were quicker to establish a "warm handover"[1] referral process where providers could set out and discuss the WFS 'offer' and whether it interested the customer. This was not implemented universally and the overall referral numbers reflect considerable variation at a local level.

It is important to recognise that relatively high proportions of referrals either not attending initial interviews or attending and then deciding not to participate, focused provider behaviour towards managing and improving this process.

WAS providers had to establish a presence with local JCP offices from a standing start and could not draw on previous JCP WC experience of the client group. WAS customers proved challenging to engage as potential customers were less frequent visitors to JCP offices and proportionately more felt that they were unlikely to secure work because of their health condition. JCP WCs were less familiar with the offer and often felt less able to 'sell' the programme, and the clerical referral process also added time and resources for providers.

[1] A "warm handover" referral occurs where the referral agent and the service provider share details of individuals' circumstances and may meet together with the customer ahead of an induction interview to explain how the service could meet their needs.

Providers and some JCP WCs see warm handovers as an important part of ensuring prospective customers are fully aware of the programme offer and its requirements on them. This is about explaining how the support provided can help customers access employment and manage their health, giving examples of similar customers who have worked with them successfully previously .

Providers reported that day to day contact with JCP WCs was often challenging. This was a core requirement of the referral process and many providers suggested that having a single point of contact to share customer information would be beneficial.

The regular one-to-one appointments with customers were a fundamental element of the support within both programmes, and were valued by providers and highly rated by customers, with 80% of customers surveyed across both programmes reporting the frequency as right for them. Compared to other employability programmes, the compliance processes were not that different. But some providers noted that weekly meetings with clients had increased the amount of time spent on administration. Providers consistently reported that the administration of both programmes absorbed around 30% of their frontline adviser time, and therefore may at times have reduced time available for customers.

Establishing two employability programmes in such a short timeframe has been a challenge for all concerned. But The Scottish Government concluded there was an overarching need to ensure continuity of support for unemployed people, while also developing the space for a distinctive Scottish approach to employability support. The WFS and WAS programmes have enabled The Scottish Government to develop the Fair Start Scotland programme launched in April 2018, and supporting infrastructure that includes their own performance management team, IT development, data monitoring and effective strategic and operational communications with JCP and DWP. This paid dividends as the lessons learned from WAS and WFS have helped in the design and delivery of Fair Start Scotland, and will continue to do so in future iterations of employability services in Scotland.

Partnership working and communications between SG and JCP/DWP have been transformed. Partners now have an effective platform to raise and address policy and delivery issues, such as information and data sharing and a joint approach to improving operational delivery. This was evidenced by the early and extensive preparations for the introduction of Fair Start Scotland in April 2018.

What do high quality services look and feel like for customers?

The main reason that WFS and WAS customers gave for engaging with WFS/ WAS was their strong desire to secure work, which was expressed equally by both customer groups – 44% of WFS and WAS engaged with their respective programme because they felt it could help them back to work, and 29% of WFS and 26% of WAS said that they really wanted a job.

Proportionately more WAS customers reported that they were attracted by the offer of additional support tailored to their individual needs, specialist help for people with disabilities or health conditions and that they thought the programme would build their confidence.

Voluntary participation is widely regarded by providers and some JCP WCs as an important feature of both services that helped to engage customers. However, it should be recognised that this is set within a wider DWP benefit system that still relies on compulsion in key aspects. Voluntary participation represents a significant cultural shift, particularly for customers in receipt of

benefits, and it will take time for some customers to fully appreciate that participation is entirely their choice. At the time of our first survey, some 13% of WFS and 6% of WAS customers thought that their participation was mandatory.

Almost seven in ten WFS and over eight in ten WAS customers found the regular one-to-one adviser appointments useful. The vast majority of customers on both programmes report that their frequency was about right (84% WFS and 85% WAS) with only a small minority saying that they were too frequent (6% WFS and 5% WAS).

Frontline advisers were very supportive of face to face participant contact criteria and felt it provided a platform to support the customer and make sufficient progress in building trust and confidence. Some lead providers felt that this frequency did not always suit the needs of all clients. However, provider and supply chain frontline advisers were most often in favour of this approach. Regular contact based around an action planning process was considered to be very important for customers who were often not in a position to progress their confidence and 'back to work' strategies on their own.

Occupational therapy and other health and wellbeing support was offered to proportionately more WAS customers (61%) than WFS (54%) reflecting their relative needs. More than a fifth of both groups (24% of WFS and 22% of WAS customers) offered such support did not take it up, but the vast majority that did use the support found it useful. Discussions with providers suggest that they faced cost-constraints on such specialist provision, and in most cases support was relatively short courses designed to provide customers with strategies to help manage their conditions.

Extended support and those with higher level needs were referred to NHS or other local specialist services, but providers noted that access to these services was not always equally available in all parts of Scotland, and more could be done to align employability and health support. Healthy lifestyle support – short-term gym memberships and healthy living advice (often online) - were also used by frontline advisers to help customers manage their conditions.

Short course training was widely used by many providers – CSCS construction site cards, Security Industry Authority training and licence and other short entry courses (Care Routes, Customer care). The inability to access other funding such as the Individual Learning Account to help support the costs of this training was criticised by providers, who did not understand why this constitutes 'double funding' of public resources. Discussions with case study employers point to the value placed on potential candidates having the relevant licence in selecting recruits.

Group job search and work trails were not always popular with frontline advisers, as some reported that customers see this was working for nothing. Supported employment was available in one provider along with bespoke recruitment for a large retailer and bank. JCP WCs reported that this was well-known among potential WFS customers who might opt to refer to this particular provider to access these.

Bridging the gap between their last benefit payment and the first pay cheque was widely considered by frontline advisers as a challenging time for many customers. This was more often reported for WFS customers (as fewer WAS customers had reached the stage of job entry at the time of interview). Providers cited a range of methods for supporting customers through this short transition period, including payments for bus passes, supermarket vouchers, work clothes and referrals to food banks.

What difference does the service make to customer outcomes?

As a result of WFS and WAS programme participation, two-thirds of customers surveyed across both programmes felt their motivation to work had increased to some degree, with more than nine-in-ten customers exhibiting a desire to work in the future. Furthermore, two-thirds of WFS customers and two-fifths of WAS customers felt confident in their ability to take on a job without harmful consequences to their health (WFS 63%, WAS 41%), with half feeling more comfortable disclosing their disability or condition when applying for jobs (WFS 55%, WAS 50%).

At the time of our interview, 81% of WFS customers surveyed were already in work or felt ready to be in work (32%[2], 49% respectively). Some 40% of WAS customers were the same (16% already in work, 24% who felt ready) reflecting the longer pre-employment support period required to get WAS customers ready to undertake job search. For those not yet working, 83% of WFS and 66% of WAS customers we spoke to expected or intended to be working within a year.

However, it should also be noted that a minority of customers surveyed from both WFS and WAS came to an end of their support without moving into work, or discontinued participation due to lack of individualisation and relevance. This suggests that, while the programmes work for many, they may not be long enough (an issue for some on WFS) or sufficiently tailored enough to meet all needs. WAS customers were more likely to have concerns about moving into work, especially those with with mental health conditions, greater health needs and longer durations since they last worked.

For some customers on both programmes, who had been offered jobs with more than 16 hours, the risks of leaving benefits were too high and they opted for permitted work (fewer than 16 hours),so that they could retain their benefits while they became comfortable with working. Providers did not receive outcome payments for these jobs, but this provides some evidence of customers' progression towards employment. As areas transition towards Universal Credit, the relevance of 16 hours or more employment and the fact that this requires customers to leave their current out-of-work benefits behind will have less relevance.

What differences do the services make to employers?

A large majority of customers do not want providers to speak to their employers as customers do not wish to reveal their health conditions to employers and see no benefit in doing so. This can vary from 80-95% usually. This does limit the opportunity for a more involved in-work support process as envisaged in the delivery guidance on both programmes. Providers do still engage with employers, but mostly for customers with learning disabilities and other developmental conditions, who see benefits from more specialist support from providers, e.g. Individual Placement and Support (IPS) packages.

Evidence from a small number of case studies suggests that providers have good employer connections. Employers find the potential recruits confident, enthusiastic and well-prepared and they have come to trust the judgement of provider staff with whom they had maintained contact with through successive employability programmes. Few of these employers were aware of the

[2] Providers felt it was likely that a proportion of these customers were working permitted hours, i.e. under 16 hours a week.

detailed support provided to customers by the programmes and most were not familiar with the programme names.

In a small number of cases, providers had engaged specifically with case study employers to support them in making adjustments in job roles to adapt to the needs of the individual, or to give advice on using additional support for the new recruits, such as buddies etc. However, in most cases the employers reported that they gained confidence in recruiting people with disabilities and health conditions from the general advice gained through their working relationship with providers.

From the employers that were surveyed, the level of employer support from providers varied widely. This might include setting up a recruitment day at the provider's premises to interview a series of candidates, through to general advice on the recruitment of people with disability or health conditions. A small number had used work trials and would probably not have recruited without these. Others felt that the candidates were frequently very motivated and reported that they had good retention rates so far – so their involvement with the programmes provides them with better access to good employment candidates.

Ways to improve effectiveness and successful outcomes

There are a number of key recommendations for Scottish Government and their stakeholders arising from this first phase evaluation that would improve employability services performance:

- Warm handovers are an essential part of improving the quality of referrals to employability services. This is as much about selling the potential of the programme as voluntary participation. Referral numbers need to be managed in line with provider capacity so that resources are not under-used or overloaded.

- A deeper engagement process through community and health services would have been very challenging to establish in the time available, but providers and JCP WCs see this as being an important consideration for future programmes. Raising the possibility of moving back into work among people with disabilities and long-term health conditions, away from the context of benefit and employment services, would allow more space for potential customers to consider the offer.

- The requirement that providers undertake an hour a week face-to-face with customers was particularly successful. Adviser contact time with customers drives outcomes and was widely supported among frontline advisers and customers. This has been carried forward into the contracts for Fair Start Scotland (FSS) and there is sufficient evidence from WFS and WAS for this to continue.

- However, we recommend that Scottish Government explore ways of enabling greater flexibility to accommodate customer preferences on frequency of intervention. A key issue is lessening the administrative burden to support this, while ensuring this is driven by customer wishes.

- A review of compliance activity should be undertaken to seek ways to better balance effective programme administration transparency and quality of delivery for participants. Investment in more technology should be considered to reduce administrative demands where possible. When customer contact drives desired outcomes, increasing the time spent on this should be prioritised.

- Scottish Government and partners should consider the Induction procedures from a customer perspective, to review how this impacts on, and can encourage, the engagement of voluntary participants.

- Specialist support services have been provided, but these are often relatively short interventions designed to help customers develop coping strategies. Where longer term and more intensive support relied on NHS services, they were often not consistently available in all parts of Scotland. Further thought needs to be given to:

    - strategic discussion with NHS Scotland and Health Boards to explore more consistent access to, and alignment with employability and mental health support services for customers who wish to return to work.

    - Consideration of how resources for specialist services can be directed more cost-effectively to a quality service, e.g. using a ring-fenced budget or providing a centrally funded service for frequently used services where the likely volume means that core funding may support higher service standards and lower unit costs[3].

- Open-book accounting is now in place for FSS and should be used by Scottish Government to provide a more forensic analysis of the costs of employability service delivery, particularly specialist services, in future.

- Scottish Government should consider engaging providers more in practice development – part of the learning contract process – where good practice can be aired and discussed. These are probably best conducted in a separate forum, away from the contractual and operational issues dealt with in the programme management process.

[3] The Human Resources Administration funded core support services for addiction and mental health centrally and required all employability service providers to draw on these services for their clients to pool resources and lower unit costs.

Introduction

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 Work First Scotland (WFS) and Work Able Scotland (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 focuses on the following research questions:

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

This phase 1 report covers findings from the process evaluation and phase 1 customer survey. Monitoring data from both programmes covered the period from 1 April 2017 to 31 October 2017. This data was used to assess the progress of both programmes and draw a sample of participants for the survey. While the seven months' data is adequate to draw a participant sample, it should be recognised that WFS would notionally have just one month's cohort who could have completed their maximum period of six months on programme, and the first cohort of WAS participants would have some five months left to reach their full entitlement of pre-work support. For this reason, this first phase of the evaluation has focused on how programme design has impacted on the quality of delivery and participants' views on the support. A final report covering the outcome evaluation will be available by end of March 2019.

Overview of transitional employment support services

Powers over certain employability services were devolved to Scotland on 1 April 2017 under the Scotland Act 2016 for disabled people and those who are at risk of long-term unemployment. These client groups were previously served by the Department for Work and Pension's Work Choice and Work Programme schemes.

Devolution under the Scotland Act 2016 provides the opportunity to develop a distinctively Scottish approach to employment support for disabled people and those who are at risk of long-term unemployment. The approach involves:

- A strong focus on those who need specialist support
- A flexible and tailored 'whole person' approach to supporting those who require help to enter work
- Effective and appropriate opportunities for the Customer to exercise choice and control

- A clear focus on job entries and progression to non-supported employment
- To help Customers who are at risk of losing their job due to a change in their health condition

SG originally planned to take some time to consult on the design and development of a new programme Fair Start Scotland that would commence operations in April 2018. However, in the UK Government's Autumn Statement of November 2015, the UK Government announced introduction of a new Work and Health Programme in England and Wales after current Work Programme and Work Choice contracts ended, to provide specialist support for claimants with health conditions or disabilities and those unemployed for over 2 years. However, this meant a material change to the point at which unemployed people would become eligible for devolved Scottish services from 12 months unemployed to 24 months unemployed. It meant that disadvantaged benefit claimants in Scotland risked being without significant employability support for 12 months at a time when the UK Government had extended the contracts of Work Programme and Work Choice providers elsewhere.

The Scottish Government decided to ensure continuity of support by contracting with the existing Work Choice providers in the four contract package areas (CPAs) in Scotland but adjusting the design of the service, within the confines of procurement rules, to better reflect their new approach. A second programme, Work Able Scotland, was proposed to address the specific needs of people suffering from long-term health conditions[4].

In additon to offering a continuity of support, in many respects, the Transitional Employment Services were a test and learn for some aspects of Scottish Government's approach to the design of support for people without work. This includes the management of such services and developing effective operational partnerships with key agencies such as DWP and JCP and the provider community.

Scottish Government Transitional Employment Services commenced on 3 April 2017 and originally planned to accept referrals to December 2017. This was subsequently extended to 9 March 2018 with support remaining in place until 30 April 2019. Fair Start Scotland, Scottish Government's fully devolved programme of employment support launched on 1 April 2018. The transitional services comprise:

- **The Work First Scotland (WFS) Programme** - a voluntary programme of employment support for those with a disability. The programme is delivered by three contracted service providers; Momentum, Remploy and The Shaw Trust.
- **The Work Able Scotland (WAS) Programme** - a voluntary programme of employment support for those with a health condition claiming Employment Support Allowance. The programme is delivered by three contracted service providers; Progress Scotland, The Wise Group and Remploy.

The specific aims of the programmes are aligned to the principles and values set out in Creating a Fairer Scotland: A new future for employability support in Scotland. These are to:

[4] See A National Action Plan for the delivery of the Scottish Government's vision for the management of Long Term Conditions, Scottish Government, June 2009.

- Deliver high quality employment support to those with a disability (WFS) and those with a health condition claiming Employment Support Allowance (WAS) who want and need help to enter the labour market
- Support customers into sustainable jobs through the provision of high quality, flexible and responsive employment support
- Create a strong platform for the delivery of the full service (Fair Start Scotland) from April 2018, including testing new approaches
- Work in partnership with stakeholders to establish support that achieves high quality outcomes

Both WFS and WAS were delivered across four CPAs across Scotland. The spatial areas for the CPAs reflected the Work Choice contract extension and so WAS opted to work to an equivalent geography.

Table 1.1 Contract Package Areas

Contract Package Area	Geographic area	WFS Providers	WAS Providers
CPA1	Highlands, Islands, Clyde Coast and Grampian	Momentum	Progress Scotland
CPA2	Forth Valley, Fife and Tayside	Remploy & Shaw Trust	The Wise Group
CPA3	Glasgow, Lanarkshire and East Dunbartonshire	Remploy & Shaw Trust	The Wise Group
CPA4	Edinburgh, Lothians & Borders, Ayrshire, Dumfries, Galloway and Inverclyde	Remploy & Shaw Trust	Remploy

WFS offers 12 months of support to disabled customers split equally between up to six months pre-employment support and six months of in-work support. In certain circumstances the pre-employment stage can be extended by up to a further two months but the period of in-work support is consequently reduced to stay within the total of 12 months. This was designed to ensure that service provision did not run on too long after the scheduled start of FSS.

Up to 3,300 clients were expected to start the WFS service. Payment to providers is based on customer outcomes, with half payable as a service fee to provide a guaranteed monthly payment towards service costs. A further 25% is payable should the customer secure employment of more than 16 hours for a continuous period of 13 weeks. The final 25% is paid when the customer has been in unsupported work for 26 of 30 weeks after leaving the programme[5].

[5] Unsupported jobs are in the 'open' labour market and not dependent on public funding. Work Choice previously paid outcome payments for jobs that were supported by through other public funding. While the

WAS provided support for up to 1,500 customers with a long-term health condition that lasted for a total of 12 months with pre-employment support and in-work support as required. This is the first national programme to focus on a relatively diverse group who face complex and multiple barriers to employment and might be expected to be further away from the labour market.

Providers receive a service fee of 38% of the total when the customer starts WAS and a further 25%) job outcome payment for customers who achieve six weeks continuous employment at 16 hours or more a week. The remaining outcome payment is due when customers remain in employment at the level for 26 weeks out of 30.

Key messages from the employability literature

We have undertaken a brief literature review of what is a very large area of research interest. This has been undertaken to provide some background context to the findings of this evaluation, to outline the challenges involved in working with this customer group. More specifically the review sets in context:

- the scale and nature of the target customer groups for WFS and WAS and their current level of participation in the labour market; and
- the evidence on what works in supporting disabled people and those with long-term health conditions back into work.

The full literature review is presented in Appendix 2. A summary of the main findings is outlined below:

- The customer group is significant and growing, particularly so in deprived areas
- Needs are becoming more complex, especially for older age groups who more often have multiple health conditions
- Those aged over 55-64 may see the onset of these conditions as reason to retire from the labour market, especially if they have fewer educational qualifications
- Trusted, intensive support employability linked to specialist services do make a difference to employment outcomes
- Evidence is more mixed but suggest longer-term support may be required to help sustain participation in employment
- The quality of employment may also play a role in supporting improved quality of life for people living with conditions
- Early intervention is key to supporting those who do acquire health conditions while they are in work to prevent them leaving the labour force

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Scottish Government recognises the role supported employment plays in moving customers closer to the open labour market, it did not consider that these were ultimate outcomes for the service.

Customer demographics and views on WFS and WAS

Key findings

Both programmes have engaged with a customer group that is broadly representative of their respective target client groups with the exception that:

- When considering the gender split in self-reported disabilities and health conditions, female customers are slightly underrepresented across both services.
- The customer groups are on average drawn from younger age groups, when the incidence of disability and health conditions rise steeply with age. That said, WAS participation up to the age of 55 is close to the profile of older people.
- Two-thirds of WAS customers have mental health conditions, well above benchmark levels and 86% reported that their condition had an impact on their ability to carry out day-to-day activities.

The characteristics of the customers responding to the telephone survey sample is very similar to that of all customers for both programmes:

- The main reasons that customers gave for engaging with WFS/WAS are related to their strong desire to secure work and the offer of specialist help for people with disabilities or health conditions. Building confidence was reported as particularly important for WAS customers.
- Some 39% of WAS and 21% of WFS customers feel their disability or health condition prevents them from working, while 39% of WAS and 13% of WFS customers feel their mental health conditions prevent them from working. These mirror the proportion of both customer groups, who report that their health condition reduces their ability to carry out day-to-day activities ‘a lot’.
- Similar proportions of both WFS and WAS customers (32% and 29%) are concerned about the impact work will have on their health and feel they need more social support in order to help them work.
- Almost seven in ten WFS and over eight in ten WAS customers found the regular one-to-one adviser appointments useful. The vast majority of customers on both programmes report that their frequency was about right (84% WFS and 85% WAS) with only a small minority saying that they were too frequent (6% WFS and 5% WAS).
- Occupational therapy and other health and wellbeing support was offered to proportionately more WAS customers (61%) than WFS (54%) reflecting their relative needs. A significant proportion of both groups (24% of WFS and 22% of WAS customers) offered such support did not take it up, but the vast majority that did use the support found it useful.

Customer characteristics

Introduction

This chapter presents a detailed summary of the characteristics of WFS and WAS customers in terms of basic demographics, employment status and history, conditions and benefits, and their programme participation. It draws on providers' MIS data for both services for the period 1 April to 31 October 2017[6] and the telephone survey of 700 clients undertaken for this evaluation who started these services over the same period.

Current and former customers of the WFS and WAS services completed a telephone interview between 18 January and 5 February 2018, about their experience of the programme, its outcomes and their current situation.

A sample of 2,000 customers (n=1,458 WFS, n=452 WAS) was provided directly to IFF Research, with letters sent to all target customers in advance letting them know about the research and providing the opportunity to opt-out if desired. A target of 700 surveys was set, split proportionally by programme based on programme size and sample availability.

As expected, 700 surveys were completed, split as: n=499 for WFS and n=201 for WAS. The survey lasted an average of 20 minutes and 30 seconds.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.

WFS customers

In total, there were 3,208 'starts' on WFS in the combined provider MIS data for the period 1 April to 31 October 2017 in the datasets provided in December 2017. However, not all of these have data for all the variables in each provider dataset, for example some 3,148 have actual start dates recorded and not all have a gender recorded. As a result, it should be noted that this combined provider data for WFS may not match statistics published by Scottish Government due to subsequent data revisions.

WFS customers have the following characteristics when compared to the available benchmarks for the Equality Act Disabled or with long-term health conditions[7]:

- Compared to Equality Act 2010 core disabled unemployed and inactive there are considerably more males starting WFS than females (Table 2.1).
- Under 50s disabled (25-34) are over-represented among participants with proportionately fewer over 50s compared to EA disabled unemployed and inactive. Participation of those over 55 is considerably below their prevalence among Equality Act disabled who are not working (Table 2.1).

[6] WAS data is drawn from SDS' Corporate Training System database. Data for WFS is held separately by each of the three providers. The WFS data in the following tables combine these data. It should also be recognised that not all variables are collected on the same basis, e.g. information on primary disabilities and long-term health conditions from the three providers identified 36, 65 or 9 categories.

[7] Annual Population Survey data on Equality Act Disabled since December 2016 is currently being revised by ONS and is not available, so comparisons are made with Jan-Dec 2016.

Table 2.1 WFS customer starts by Gender and Age April-October 2017

	Male	%	Female	%	Total		EA not working
16-24	333	64%	187	36%	523	17%	13%
25-34	449	68%	214	32%	666	21%	12%
35-49	627	64%	359	36%	996	32%	26%
50-64	593	64%	327	36%	928	30%	48%
Total	2002	65%	1087	35%	3,113		371,000
EA Core disabled not working		43%		57%			

Source: WFS Combined Provider MIS data April-October 2017 and APS Jan-Dec 2016.
A small number of clients declined to provide information on gender and not all clients have ages or start dates recorded and so the total recorded does not match the 3,208 clients who started WFS.

- Long-term health conditions are recorded slightly differently across the three providers and do not map directly onto categories used in Annual Population Survey (APS) data for disabled people in Scotland (Table 2.2).

- Mental health is the most significant category with all providers reporting a high proportion of clients with depression and anxiety disorders, at a similar level to that identified in the wider population.

- Those with physical disabilities appear under-represented among participants. However, differences between the WFS provider classifications and APS make direct comparisons difficult.

- Long-term health conditions are not recorded in APS nor are development disorders and neurological conditions. The Family Resources Survey suggest that WFS engaged with a similar proportion of people with learning disabilities or difficulties.

- Although a much smaller proportion, people with hearing or sight loss make up almost 7% of WFS clients compared to a combined 2% of the out of work disabled group. FRS, on the other hand, suggests that WFS has not engaged fewer people with hearing or vision impairments that make up the working age population.

- Data on prior spells of unemployment were available for just one WFS provider. Just over two-thirds of customers (68%) had been previously unemployed for more than 12 months.

- WFS Retention customers – people who were at risk of losing their existing employment due to their health condition represent fewer than 2% of starts.

Table 2.2 Primary health condition of WFS starts April-October 2017

Main health condition	WFS customers	%	EA out of work	FRS Working Age
Mental Health Condition	1,003	34.2%	32%	36%
Long-Term Illness, Disease or Condition	497	17.0%		
Physical Disability	296	10.1%	25%	43%
Other Disabilities and Health Conditions	250	8.5%	16%	35%
Conditions Restricting Mobility/Dexterity (e.g. affecting back, joints, limbs)	205	7.0%	10%	25%
Learning Difficulty (for example, dyslexia)	204	7.0%		15%*
Learning Disability (for example Down's syndrome)	153	5.2%		
Deafness or Partial Hearing Loss	102	3.5%	2%	9%
Blindness or Partial Sight Loss	91	3.1%		9%
Neurological conditions	64	2.2%		
Developmental Disorder (for example, Autism Spectrum Disorder or Asperger's Syndrome)	55	1.9%		9%**
Not Recorded	9	0.3%		
No Disability	1	0.0%		
	2,930			4,974

Source: Provider MIS data combined and APS Jan-Dec 2016, Family Resources Survey 206/17.
* Learning impairment in general. ** Social/ behavioural impairment.

WAS customers

Compared to the ESA WRAG claimant group in Scotland[8]:

- More males started WAS than females. Fifty seven percent of WAS customers were male compared to 49% of the ESA WRAG (Table 2.3). Nationally, some 25% of males report limiting long-term health conditions with a further 12% non-limiting long-term health conditions compared to 30% and 14% of females[9]. Hence, females are somewhat under-represented. As referrals were from JCP, this reflects their caseload and those that were interested in starting on WAS.

- WAS customers were typically younger with 35% aged less than 34 compared to 17% of the ESA group. However, participation up to age 55 is close to the age profile of the ESA WRAG group and participation rates are considerably lower only the in the over 55 age groups (Table 2.4). As noted in the literature review (appendix 2), those with long-term health conditions over the age of 55 more often leave the labour market.

- Two-thirds of WAS starts had a mental health condition, 21% had another disability/impairment and 18% had a long-standing illness. The proportion of WAS starts with a mental health condition is above that for the ESA WRAG client group which is 56% and considerably above that of the Family Resources Survey (Table 2.5).

[8] By no means do all claimants of ESA WRAG have long-term health conditions. However, this group were the primary target client group for WAS in advance of the roll-out of Universal Credit in Scotland.

[9] The Scottish Health Survey: 2016 Edition, volume 1 main report, Table 7.3 p131, CPC calculations to re-work result for 16-64s.

- Just under a third of WAS customers had one long-term health condition or disability and just over a quarter recorded two conditions, with the remaining 10% having three or more conditions or disabilities (Table 2.6). Some 41% of Equality Act disabled have three or more conditions or disabilities. This suggests that those with multiple conditions are under-represented – and is likely to be closely related to the engagement of older customers most of whom possess multiple conditions.

- The vast majority of WAS participants (90%) have been unemployed for more than a year, with almost two-thirds having been unemployed for three years or more. Comparisons with the ESA WRAG group claim durations suggests that WAS has engaged with a group that has a higher proportion of very long-term unemployed but direct comparisons are not possible with available data.

Taken together, it is clear that WAS has engaged with customers who have considerably more complex needs.

Table 2.3 WAS Customers by gender April-October 2017

	WAS customers		ESA WRAG*	
Male	441	56.8%	25,940	49.3%
Female	336	43.2%	26,670	50.7%
Total	777	100%	52,610	100%

Source: SDS CTS database and *ONS benefit claimants - Employment and Support Allowance, Work Related Activity Group, Scotland. May 2017

Table 2.4 WAS starts by age April-October 2017

Age band	WAS customers		ESA Work Related Activity Group*	
18-24	77	9.9%	2,160	4.1%
25-34	190	24.5%	6,520	12.4%
35-44	164	21.1%	10,170	19.3%
45-49	93	12.0%	7,480	14.2%
50-54	117	15.1%	8,730	16.6%
55-59	91	11.7%	9,130	17.4%
60+	45	5.8%	8,410	16.0%
Total	777	100%	52,600	100%

Source: SDS CTS and *ONS benefit claimants - Employment and Support Allowance, Work related activity group, Scotland. May 2017

Table 2.5 WAS starts by long-term health condition, impairment or disability April-October 2017

	WAS customers	ESA WRAG*	FRS WA 2016/17
Mental health	66%	56%	36%
Disability/impairment	21%	Not specified	43%
Long standing illness	18%	Not specified	n/a
Learning difficulty	12%	Not specified	15%
Social/communication	9%	Not specified	9%
Deaf/hearing impairment	4%	0.0%	9%
Visual impairment	3%	0.1%	9%

Source: SDS CTS multiple disabilities are included but 96 clients had no input and are excluded. Percentages are of all respondents. *ONS benefit claimants - Employment and Support Allowance, Work related activity group, Scotland. May 2017. Family Resources Survey Working Age disabled people 2016-17.

Table 2.6 WAS starts by number of health conditions April-October 2017

Number of conditions	WAS customers	% responses	EA disabled 16-64
1	429	63	
2	186	27	
3+	66	10	41%
Total responses	681	100	
No response	96		
Total	777		

Source: SDS CTS and ONS Annual Population Survey Jan-Dec 2016

Table 2.7 WAS starts by previous duration of unemployment April-October 2017

	Frequency	%	ESA WRAG
Less than 6 months	7	1	4%
6-12 months	60	8	7%
13-17 months	54	7	-
18-23 months	59	8	14%*
24-35 months	91	12	43%**
36 months or more	501	65	32%***
Not Unemployed	5	1	
Total	777	100	

Source: SDS CTS and DWP ESA WRAG benefit claimant data for November 2017.
* 1 to 2 years; ** 2 to 5 years; *** 5 years or more.

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' MIS data on the characteristics of all customers of WFS and WAS outlined in the previous section. 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 programmes 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

Table A4 (appendix 4) shows the breakdown of gender, age, ethnicity and education level for WFS customers in the survey sample. Compared to the combined provider MIS data on all WFS customers between April and October 2017:

- The gender balanced is identical with a considerably higher proportion of men (65% vs. 35% women)
- The age profile is also very close to that of WFS customers as a whole
- While still very high, WFS also has a considerably lower proportion of those who classify themselves as being 'White British' than WAS (92% WFS vs. 97% WAS).
- The survey sample has also achieved a good match in terms of the primary disability or long-term health conditions reported.

WAS customer demographics

The survey sample of WAS customers have almost identical demographics to those from CTS monitoring data for the period April to end of October 2017. Table A5 (appendix 5) shows the breakdown of gender, age, ethnicity and education level for WAS. The telephone sample is very similar to the population of WAS customers in gender and age. Data on ethnicity and level of qualifications could not be obtained from CTS on Data Protection grounds so we are not able to judge whether the sample matches the characteristics of all WAS participants on these characteristics.

WAS survey respondents report similar levels of mental health conditions but those with physical impairments are slightly under-represented.

Customer attitudes and barriers towards Work

This section examines how customers' disabilities and/or health conditions impact their perceptions of working and their barriers to work more generally.

Impact of health on their day-to-day life

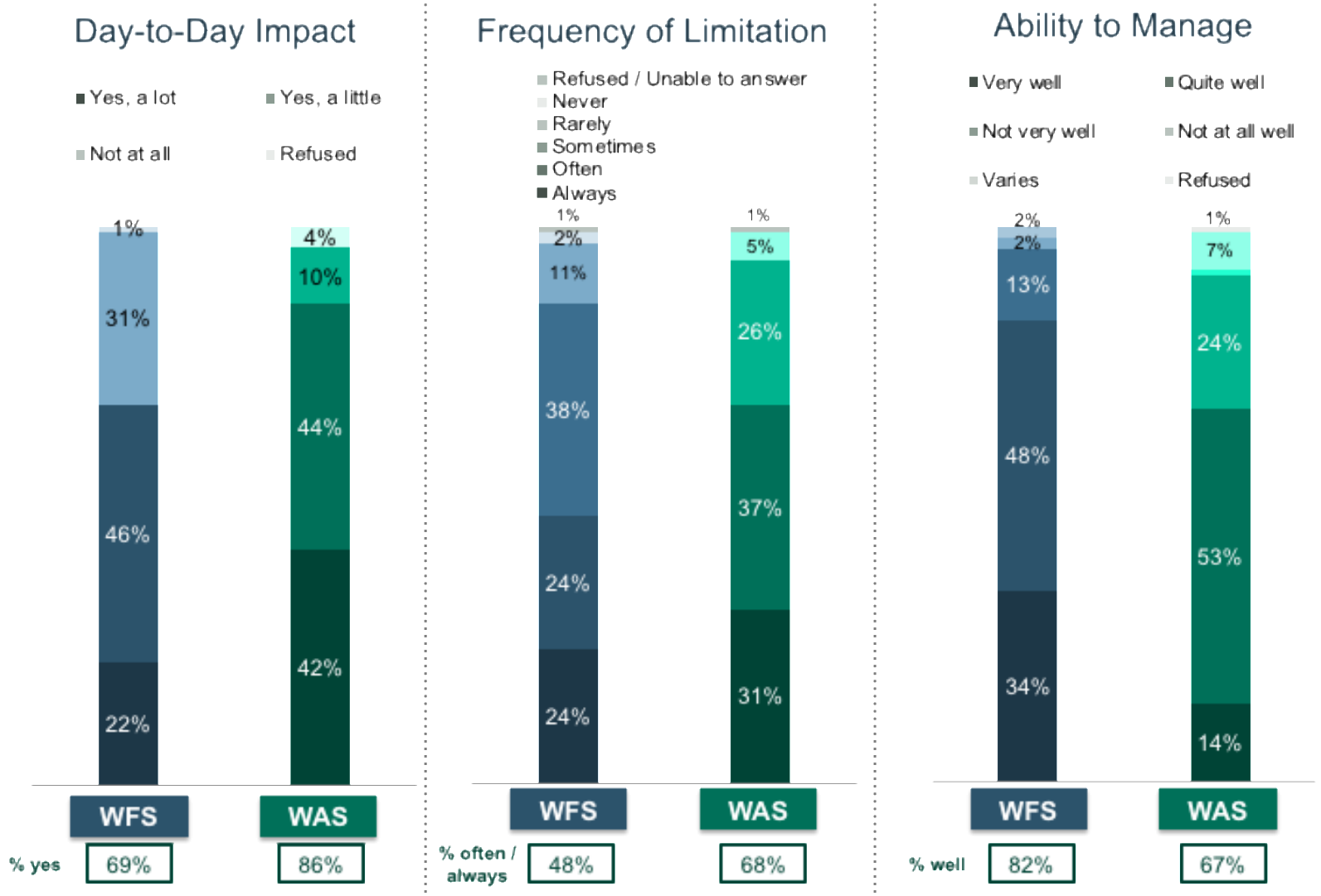
Despite relatively few differences in the nature of disabilities and conditions reported by customers across both programmes, there are significant differences in how these disabilities and conditions affect customers' day-to-day lives.

Looking at WFS customers, 69% say their condition reduces their ability to carry out day-to-day activities, with 22% saying it reduced it 'a lot', and 48% saying this happen 'always' or 'often'. Further, 82% of WFS customers are able to manage their condition 'very' or 'quite' well, with only 16% saying they are not able to manage well.

Among WAS customers, 86% say their condition reduces their ability to carry out day-to-day activities and 42% report the impact as 'a lot'. Of those who are impacted, 68% say this limitation occurs 'always' or 'often'. Across WAS customers, two-thirds (67%) of customers say they are able to manage their condition 'very well' or 'quite well', with 25% saying there are not able to manage well.

These differences are illustrated in Figure 2.1 below.

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

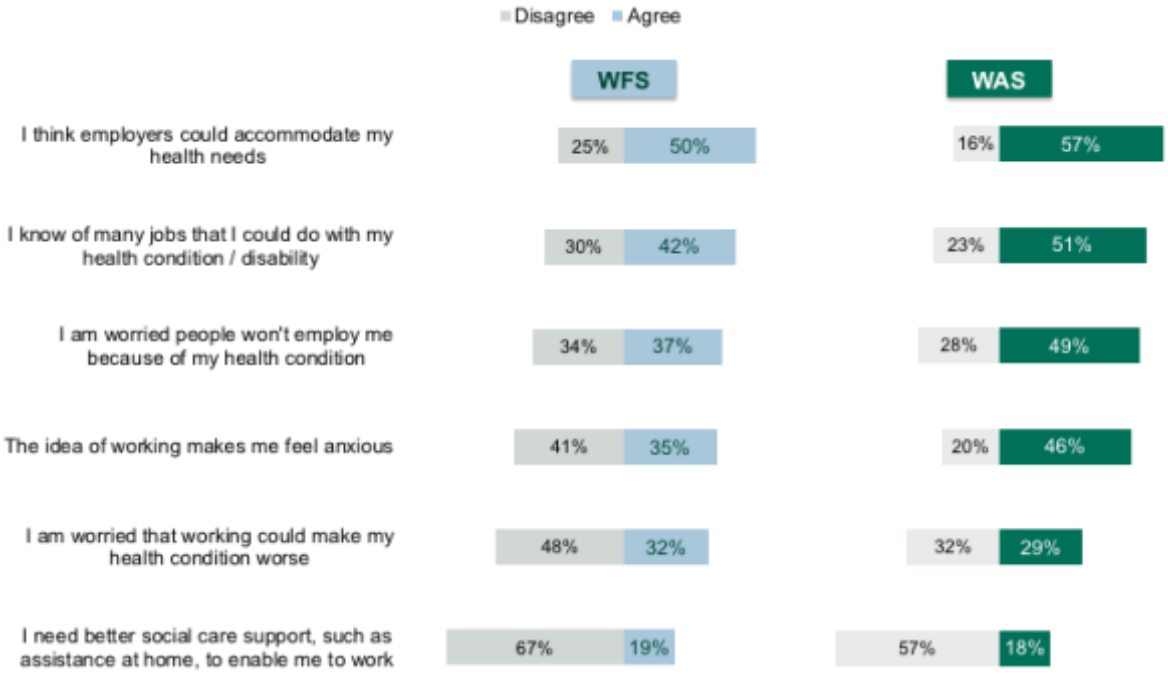


Source: IFF Research Telephone survey of WFS and WAS customers
G4. Does your health or disability reduce your ability to carry out day-to-day activities? / G5. How often does your health condition or disability limit the amount or kind of activities that you can do? / G6. Overall, how well would you say you are able to manage your health condition or disability on a day to day basis?
Base: WFS (n=499), WFS condition limits (N=346), WAS (n=201), WAS condition limits (N=174)

Customer attitudes towards work

Those living with a disability or long-term health condition have specific views on how their disability or condition impacts their work experience and their wider needs to ensure success. Customers were asked their opinion on a series of statements about these needs and perceptions, the results of which are presented in Figure 2.2.

Figure 2.2 WFS and WAS customer perceptions and attitudes regarding work



Source: IFF Research Telephone survey of WFS and WAS customers
E4. To what extent do you agree or disagree with the following statements about your health condition/disability and finding work
Base: those not currently in employment - WFS (n=341), WAS (n=172)

Overall, the order of statements in terms of the proportions who agree is identical between the two groups. Customers in both programmes are broadly positive about their employment prospects; around half of all customers agree that employers could accommodate their needs and that they know of jobs that could be done with their disability or condition. These individuals are more likely to have disabilities/conditions with minimal impact day-to-day and which are easily managed. They also have a greater desire to return to work and feel ready to return to work now. It is clear that both services engage with customers who see work as a possibility.

The next most common attitudes are more negative; between one third and a half of all customers are concerned about not finding work because of their disability or health condition and get anxious when thinking about work. These individuals were more likely to have mental health conditions or disabilities which impact their day-to-day lives, are difficult to manage and which, they felt, prevented or reduced their ability to work. They were also more likely to have been out of work longer (e.g. 5+ years) than others.

Similar proportions of both WFS and WAS customers (32% and 29%) were concerned about the impact work will have on their health and feel they needed more social support in order to help them work. These individuals are more likely to have disabilities or health conditions with higher day-to-day impact and to feel that their disability/condition prevents or reduces their ability to work. Similar to the finding above, they were more likely to have been out of work longer than five years.

Barriers to work

Barriers to work are split between three broad themes: disability or health-related barriers, access or experience barriers, and personal barriers. WAS customers report a considerably higher proportion of disability or health-related barriers, while WFS customers are more likely to report considerably access or experience-related barriers. The full list of barriers is shown in Figure 2.3.

In terms of disability or health-related barriers:

- 39% of WAS and 21% of WFS customers feel their disability or health condition prevents them from working, while 39% of WAS and 13% of WFS customers feel their mental health conditions prevents them from working. This is consistent with the high proportion of WAS customers with a mental health condition.
- 21% of WAS and 20% of WFS customers feel their physical health condition prevents them from working.

Looking at access or experience-related barriers:

- 20% of WFS customers did not feel they have the qualifications, skills or experience to get work, considerably higher than WAS customers (8%).
- 11% of WFS customers did not feel there are suitable jobs in their local area, also higher than WAS (5%).
- Equal proportions of WFS and WAS customers lacked confidence to apply for jobs (9%, 10% respectively), would find it difficult to travel to work (6%, 7% respectively) and don't know what suitable jobs are available (4%, 6% respectively).

Personal barriers have extremely low incidence (c. 5% or less), covering age-related concerns, caring responsibilities and lack of confidence.

Figure 2.3 WFS and WAS customer barriers to 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=341), WAS (n=172)

Further investigation of the survey responses suggests differences between respondents based on the following factors:

- As may be expected, those with disabilities or health conditions that impact their day-to-day activities are more likely to feel their disability/condition prevents them working, while also reducing confidence in applying for work. Those concerned specifically about a physical disability or condition are more likely to be always or often limited in their activities.
- Those who feel they could return to work now are more likely to feel they lack the right qualifications, skills or experience to do so. However, they are often also highly motivated to return to work.
- In terms of demographics, only age plays a significant role in these barriers. Younger ages are more likely to feel their mental health prevents them working (16-34 especially, 25-54 to a lesser degree), while older ages are more likely to feel a physical disability or condition prevents them working (age 45+).
- Those who have been out of work for two or more years are more likely to be older and, as a result, are concerned they will not be hired due to their age.

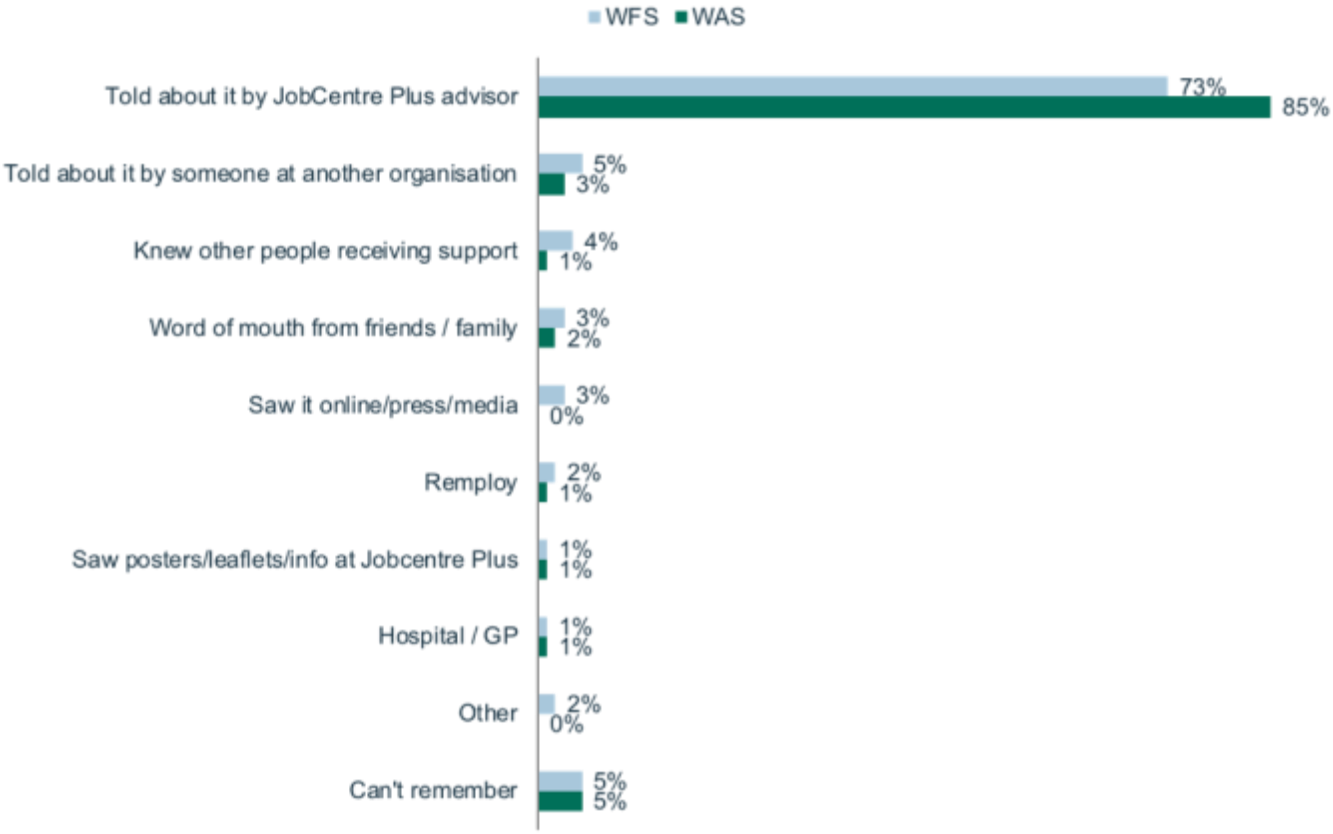
Programme referral and participation

This section assesses customer pathways into the programme, including sources of information, reasons for joining and ease of engagement.

Programme referral

Overwhelmingly, customers found out about the WFS and WAS programmes through a JCP adviser – this was the source for more than three-quarters of customers in both programmes (WFS 73%, considerably higher for WAS at 85%). Other sources included being told by another organisation (WFS 5%, WAS 3%), knowing other people in the programme (WFS 4%, WAS 1%) and through friends or family (WFS 3%, WAS 2%). The full list of sources for discovery are shown in Figure 2.4 below.

Figure 2.4 WFS and WAS awareness of WFS/WAS services



Source: IFF Research Telephone survey of WFS and WAS customers
C1. So can you tell me how you first became aware of this support service?
Base: WFS (n=499), WAS (n=201)

Rationale for joining

Customers were also asked why they decided to join the programme, the results of which are shown in Figure 2.5 below. For both programmes, nearly half of all customers thought the programme could help them get back into work (44% in each), while more than a third found the idea of additional help and support appealing (WFS 36%, WAS 42%), and, similarly, just under a third really wanted a job (WFS 29%, WAS 28%).

Figure 2.5 Reasons for engaging with WFS/WAS

Source: IFF Research Telephone survey of WFS and WAS customers
C2. Were you aware when you signed up for this support that it is voluntary?/C4. Why did you decide to sign up for the support? Responses with 2% or less are not shown.
Base: WFS (n=499), WAS (n=201)

Customers in WAS were considerably more likely to join for the following reasons:

- Tailored help and support – 25% (WFS 16%)
- Help build confidence – 13% (WFS 5%).

These higher proportions looking for individual support suggests WAS customers are seeking a high degree of personalisation in its programme to help address their specific health needs but also address their lower levels of confidence by building trust.

Those who said they joined to help them get back into work are considerably more likely to have a disability/health condition that affects them regularly, while those who said they joined due to wanting a job are more likely to not be receiving any benefits, feel ready to return to work ‘now’, had high motivation to work and are also more likely to already be employed (at the time of interview).

A minority in each service reported that at the point of initial referral they thought the programme was mandatory (WFS 13%, WAS 6%). Of these:

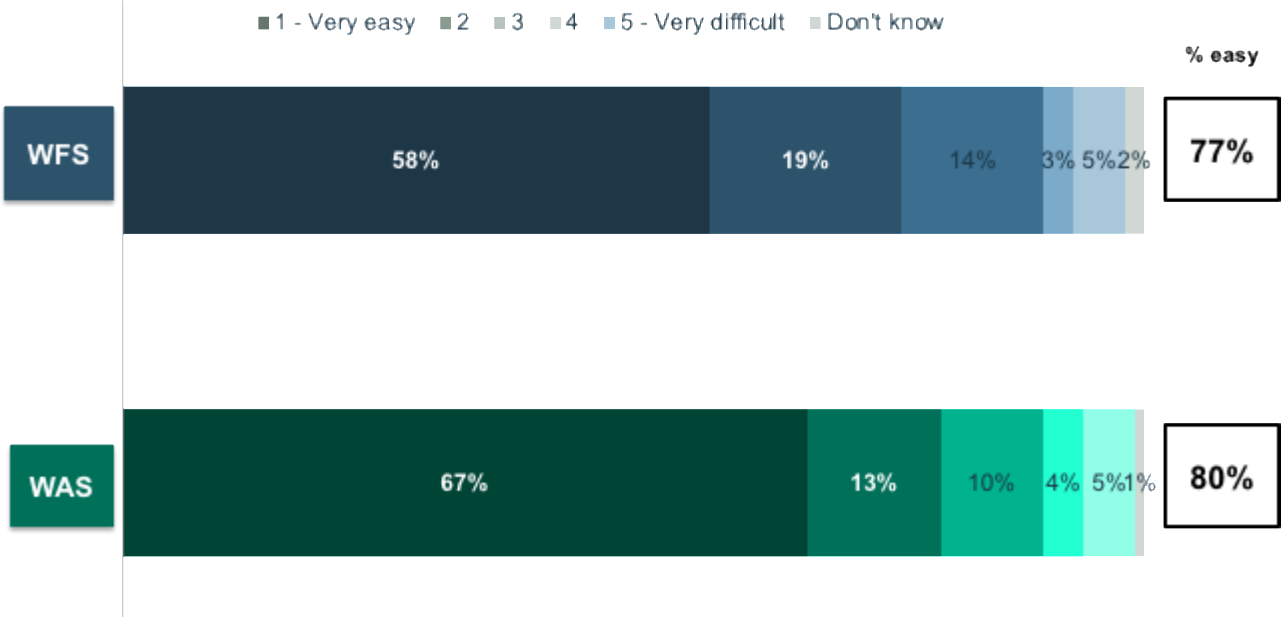
- About half said that they were told it was mandatory by a coach or adviser at JCP
- Just under half assumed it was mandatory based on prior benefits experience or other reasons

- A small number were told it was mandatory by friends or peers

Ease of joining

The majority of customers in both programmes found the process of joining their programme easy – 77% among WFS customers and 80% among WAS customers. The full breakdown of scores is shown in Figure 2.6 below.

Figure 2.6 Ease of joining the programme



Source: IFF Research Telephone survey of WFS and WAS customers
C5. How easy would you say it was to sign up for the WFS/WAS support service?
Base: WFS (n=499), WAS (n=201)

Fewer than 10% in each programme found the process difficult. Those who did were more likely to have lower academic achievement and a disability or condition that impacts them day-to-day. This chimes with the frontline advisers' view that the language used in some documentation was too complex and not accessible to customers as well as the relatively long time taken to complete the initial assessment process.

Service uptake and performance

This section assesses customers' experience of the programme in terms of which services they were offered, took up and found useful, as well as looking specifically at the experience of working with dedicated case managers.

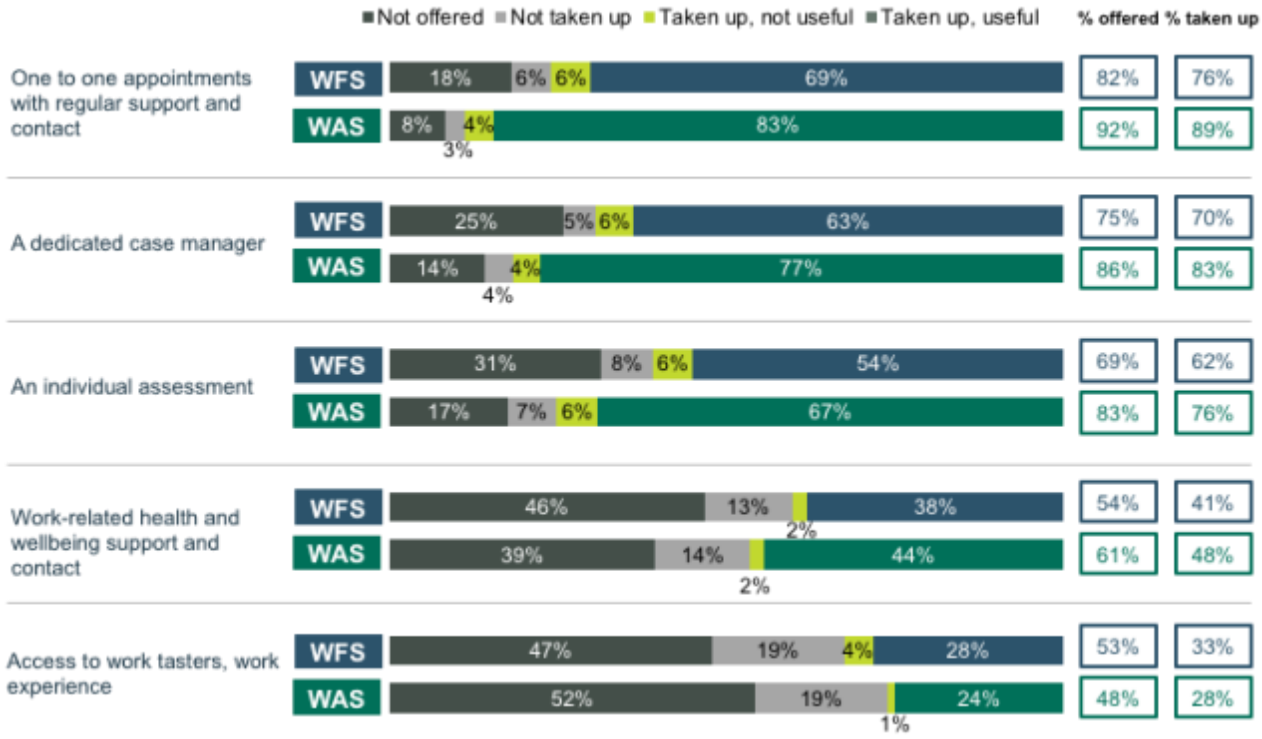
Access to services

Both WFS and WAS offered similar services to customers: one-to-one appointments, a dedicated case manager, an individual assessment, work-related health and well-being support (occupational therapy) and access to work tasters, experience and apprenticeships. Customers could choose which of these services they wanted to use.

Customers were asked to specify in the survey which services they were offered and took up, and of these services, if they were helpful, in order to assess the total take up and performance of each of these five service options. These reponses cover some who have recently referred to the

programme (4-6 weeks earlier) and may not have had time to be offered some elements of support, those who are on the programme (39% of WFS and 77% of WAS respondents were still participating) and those who have left. The size of the survey does not allow the responses to be stratified by the status of the customers at the time the interviews were undertaken, and so some care is required when interpreting these results. The full results are shown in Figure 2.7 below.

Figure 2.7 Services offered, taken up and found useful



Source: IFF Research Telephone survey of WFS and WAS customers
D5a. Were you offered the following support as part of your WFS/WAS service?/D5b. Did you take up the following support as part of your WFS/WAS service?/D6. Were each types of support you received useful or not useful to you?
Base: WFS (n=499), WAS (n=201)

For WFS, there are a number of key points:

- One to one weekly appointments and initial Individual Assessments (IA) are fundamental to the design of WFS and providers should make every effort to ensure customers have a dedicated case manager. This is reflected in the high proportions to have been offered and taken up these services. Regular one-to-one appointments are highly rated (91% of those taking them up said they were useful) and nine in ten who have taken up the service appreciated the dedicated case manager.

- For such a fundamental element of the WFS service, relatively high proportions report that they were not offered one to one appointments and regular support or a dedicated case manager (18% and 25% respectively). This may reflect high referral volumes, customers dropping out early and that some respondents may only have been recently referred to the programme. Frontline advisers also reported that as WFS customers gained confidence, they were often engaged in peer group work with other customers at a similar stage as this was found to increase confidence and motivation to undertake training and other job search activities.

- Some 87% of those reporting that they had taken up Individual Assessments found them to be useful. However, almost a third reported that they had not been offered such support – this may well be a combination of relatively recent referrals or customers not recognising the assessments.

- Proportionately fewer customers report that they have been offered work-related health and wellbeing support, work tasters or work experience. Again, such support is offered later in the process and so a proportion of customers may not have reached this stage at the point of interview. Some 93% of those that had taken up this element of support found it useful. Customers taking it up were more likely to be on PIP/DLA benefits. However, a more significant proportion report that they did not take up this support when it was offered.

- Work tasters and placements were offered to just over half of WFS customers and taken up by a third. Again, most reported that this support was useful (85%) but almost a fifth reported that they did not take up the support when it was offered. This support was more likely to be taken up by those whose disabilities or health conditions do not impact them day-to-day, are well able to manage their disability or condition, and who feel ready to return to work now.

- The proportion who had taken up support and not found it useful were relatively low – less than 10% in all cases other than work tasters and placements which was 12%.

WAS has similar service criteria in terms of regular individual support, dedicated case managers and assessment. However, there is a somewhat different pattern of take-up which reflects the longer periods of one-to-one support reported by WAS frontline staff. This support was necessary to build customers' trust and confidence and to provide the time necessary to support customers to point where they are ready to undertake work search. Key points to note for WAS were:

- One-to-one appointments were offered to 92% of WAS customers, taken up by 89% and deemed useful by 93% who took up the support.

- Dedicated case managers were offered to 86% of WAS customers, taken up by 83% and deemed useful by 97% of those who took up the support.

- Individual assessments were offered to 83% of WAS customers, taken up by 76% and deemed useful by 88% of those who took up the support.

- Occupational therapy and other health and wellbeing support was offered to 61% of WAS customers, taken up by 48% and deemed useful by 92%. The previous section clearly identified the much higher health needs of WAS customers and this is reflected in their take up of this support and satisfaction with it.

- Work experience placements were offered to 48% of WAS customers, taken up by 28% and deemed useful by 86% of those who take up the support. Proportionately fewer WAS customers had reached the stage where such support was relevant to their situation (the time taken to support WAS customers to a point where they had the confidence to take this step was widely reported by frontline advisers).

- WAS customers who took up support and found it not useful were mostly below 5% in all categories other than individual assessment (8%) and reinforce the satisfaction with support.

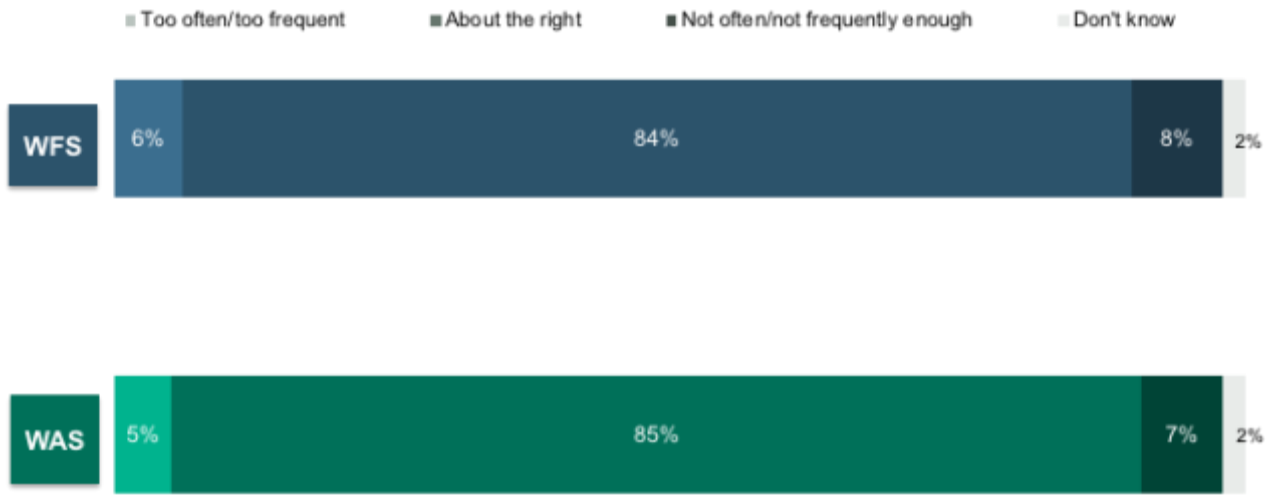
Unfortunately, the survey can't determine why some WAS clients turn down elements of support when it is offered to them. This was a particular issue with work-related health and wellbeing support and access to work tasters and work experience.

Dedicated case managers

Those who have/had a dedicated case manager as part of their support were asked specifically about the frequency of contact with this person and whether it was enough. Supporting each customer for a minimum hour a week face-to-face is a key design principle of both programmes, closely monitored by Scottish Government and SDS contract management staff.

As shown in Figure 2.8, more than 80% of customers in both programmes felt the frequency of contact with their case manager was the right amount. About 1 in 20 felt it was too much, while less than 10% felt the contact was not frequent enough.

Figure 2.8 Case manager contact frequency



Source: IFF Research Telephone survey of WFS and WAS customers
D8. Would you say that the frequency of your meetings with your case manager was/is?
Base: those who took up CM service – WFS (n=353), WAS (n=166)

Overall, case manager contact is proving sufficient for the majority of customers. Those customers who felt the contact was too frequent were more likely to have a disability or health condition that does impact them day-to-day and which they struggle to manage. This closely reflects the views of frontline advisers who have developed alternative procedures to help customers who find travel to their premises challenging. It did take some time to gain approval to see some customers by video link but has become an accepted alternative. There were no other meaningful differences by demographics, conditions or other relevant factors.

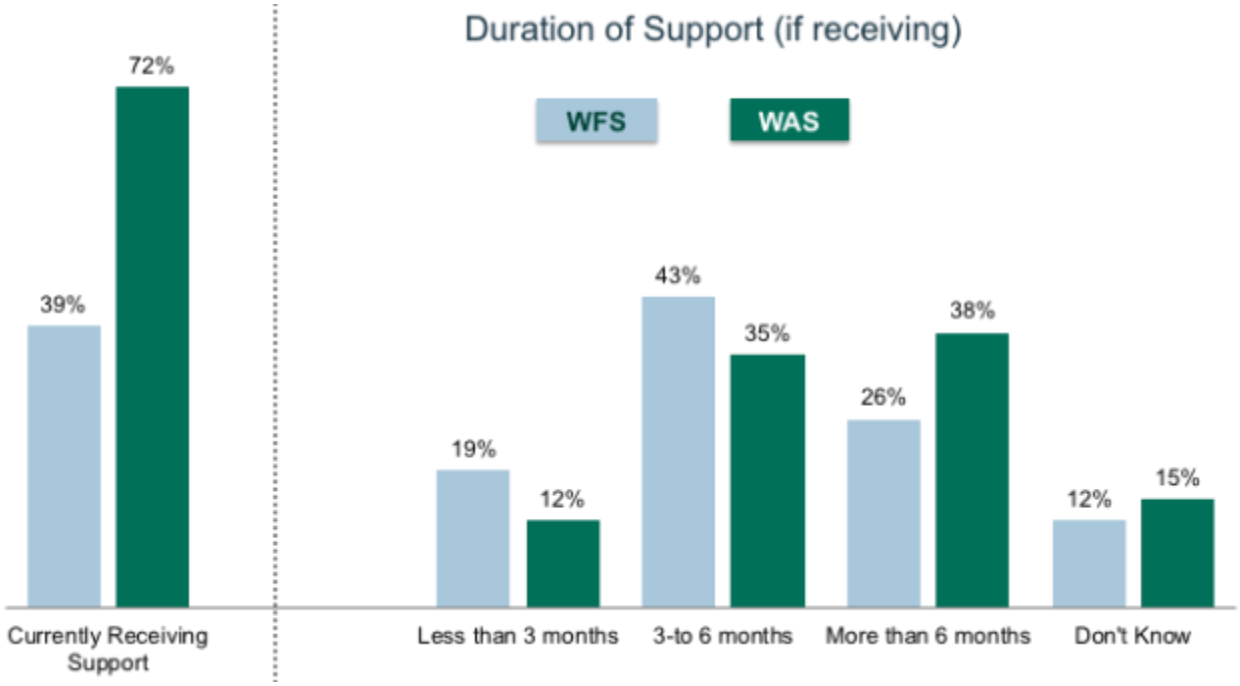
Programme participation

A lower proportion (39%) of WFS customers were still receiving support at the time of the survey and tended to have been on the programme for a shorter period of time, with 62% receiving support for less than six months. Pre-employment support for customers on WFS is available for up to a maximum of 26 weeks. It is possible to extend participation for a further 8 weeks by application to Scottish Government. However, this was reported as being relatively infrequent and combined provider MIS data for WFS suggests that for those who had exited the programme by the end of October 2017, only 5% of this group had been on the programme for more than

26 weeks. This suggests that customers' recollection of the time they have been on the programme is not precise. These figures are illustrated in 2.9 below.

Looking at WFS, those who remain engaged with the service tend to report higher levels of motivation to return to work, feel prepared to return to work some or all of the time, and have health condition(s) that they can manage.

Figure 2.9 Current programme participation and duration of support



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?/ D2. And when did you start receiving this support?/D3. When did you stop receiving this support?
Base: WFS (n=499) WFS receiving support (n=193), WAS (n=201), WAS receiving support (n=143)

At the time of interview, 72% of WAS customers were receiving support, 36% for more than six months. Among WAS, support levels were highest among those who have a National 1-5 degree (vs. those with Highers, Advanced Highers or above), those who feel they could return to work 'some' days, and those who manage their condition well. On average, those who had left the programme participated for just over 10 weeks while those who were still participating had an average duration of just over 20 weeks at the end of October 2017[10].

Across both programmes, those no longer receiving support in the programme are more likely to have a 'high impact' disability or health condition, namely one which limits their day-to-day activities, and who have been out of work some or all of the five years preceding their interview. This group are more likely to have left the programme.

There are no significant differences in support levels by other demographics, including by type of condition or disability within either group.

[10] SDS CTS MIS data 1 April to 31 October 2017.

Customer engagement and referral process

Introduction

This section sets out the delivery arrangements established by lead providers and their supply chain and how they and JCP partners worked to engage potential customers and ensure that they were supported in referral.

Key findings on referrals

- The issues in setting up the programmes and ensuring effective co-working with JCP colleagues have been covered elsewhere. However, it is clear that this has continued to affect programme performance – the proportion of referrals starting both programmes is lower than could have been achieved.

- An issue for both programmes has not just been the volume of referrals but the proportion who subsequently start programmes, particularly for WAS.

- Despite referral guidance for providers and JCP WCs, there is no effective process to ensure that prospective customers are interested in work. The engagement of WAS customers in particular needs more time for them to consider their options, particularly as many have had limited recent contact with JCP.

- WAS providers, in particular, were reliant on JCP for referrals and did not initially consider that they needed to undertake outreach and engagement activity. There are reasons for this – this was a new customer group, so providers had limited prior experience. The business planning assumptions did not consider prospective customer characteristics in enough detail, existing alternative provision for the same group and their current distance from a work agenda.

- A deeper engagement process through community and health services would have been very challenging to establish in the time available but providers see this as being an important consideration for future programmes.

- Providers (and many JCP WCs) reported viewing warm handovers as an important part of ensuring prospective customers are fully aware of the programme offer and its requirements of them. This is as much about selling the potential of the programme as voluntary participation. Providers are able to explain their offer in greater depth and give examples of similar customers who have worked with them successfully in the past.

- Providers and JCP WCs all suggest that engagement and good communications with their local JCP offices were key to the scale and quality of referrals across both programmes. Day to day communications with JCP WCs has been a challenge and many providers suggested that it would be beneficial to have a single point of contact to help them source information on claimants etc.

- Feedback to JCP WCs is another important part of the process of improving communications and co-working. Some providers were making an additional effort to report

back on the progress of individual customers to demonstrate their effectiveness to JCP WCs.

Establishing an employability services infrastructure

Although Scottish Government had for many years been closely involved in employability policy, no systems or structures had been established necessary to support and govern employability service contracting and delivery at the scale envisaged in planning for Fair Start Scotland. The Scottish Government were mindful of the need to ensure continuity of service, while developing the space for a distinctive Scottish approach to employability support. This was particularly important, given the short timeframe available, to establish a functioning infrastructure for WFS and WAS.

Discussions with UK government at the Joint Ministerial Working Group around the implementation of the Scotland Act 2016 had led to the development of a Joint Operational Employability Framework to facilitate close joint working between both governments with respect to the development of Scotland's employability services. This enabled strategic level discussions on the shared responsibility for benefits and welfare to work services, particularly around developing a clear referral strategy that considered the role of JCP alongside that of SG and the providers.

Establishing shared access to information was vital so that SG and JCP/DWP could efficiently monitor progress and performance of the programmes. For WFS, SG decision to adopt DWP's Provider Referrals and Payment (PRaP) system enabled this process and meant that a fully functioning system was in place for the start of delivery. SDS were not able to utilise the PRaP system so used their existing Corporate Training System (CTS) training provider payment management.

The Joint Operational Framework led to WFS and WAS establishing monthly meetings:

- Joint Operational Working Group that was between DWP, SDS and SG officials and looked at the delivery issues on Transitional Employability Services (i.e. both WAS and WFS).
- This Group also had a forum that brought respective providers in to discuss issues but alternating between WFS and WAS providers.
- For WFS there were also individual Contract Performance Reviews for each provider (at CPA level) to which DWP Third Party managers would be invited to.
- WAS Delivery and Assurance Group comprising of SG with senior representation from SDS to oversee performance which then invited DWP and was extended to include senior representatives of providers.
- WAS also conducted Contract Performance reviews including SDS Skills Investment Advisers and JCP staff from the CPAs and the relevant provider.

In addition to these contract management arrangements, The Scottish Government recruited a team of contract managers to oversee the operations, compliance and quality assurance of the WFS programme. SDS drew on their existing team of Skills Investment Advisers who had previously worked on the Employability Fund programme.

Developing this necessary structure has been an achievement in the limited time available. It has delivered significant learning around contract management and governance systems but has also

been the basis for developing closer working relations between The Scottish Government and JCP/DWP staff which will be essential for the future development of employability services in Scotland.

What has been less successful has been establishing a learning process with the providers. Providers reported that the focus of many of the meetings had been transactional and not performance or learning orientated. Lead providers from both programmes felt that it had been a missed opportunity, given the similarities in delivery, to get them all together as a group to discuss key issues and learning from delivery. Scottish Government has however been able to take learning from discussion with individual providers into FSS development. The Scottish Government also held lessons learned sessions with the national Employability Advisory Group, made up of external stakeholders and advocacy groups, including provider representation through ERSA (the Employment Related Services Association),

Delivery structures and subcontracting arrangements

Lead providers and their supply chains

Lead providers in both WFS and WAS have generally adopted mixed delivery models. These typically involve:

- Lead providers all having a role in delivery themselves to a greater or lesser degree
- Subcontracting is on an 'end-to-end' basis – i.e. the subcontractor controls the whole delivery process for a defined geographic area from referral to sustained job outcomes. The key drivers for selecting this approach to delivery were:
    - There was a general perception among providers that a 'pure prime' model (where the lead contractor receives a management fee and manages delivery entirely through subcontracting and seeks to add value through performance managing the supply chain) would not be favoured by The Scottish Government.
    - This was reinforced by the view that there was insufficient funding in both programmes to consider a multi-stage specialist delivery model (where customers move between providers to receive specialist engagement/counselling/health and wellbeing and employability support). Lead providers on WFS also felt that multi-stage referrals would be challenging to arrange within the six month pre-employment period.
    - That, even for those organisations who might prefer to deliver more themselves, the ability to provide cover all of the CPA was a challenge. Providers reported that a one-year contract offered limited opportunity for them to set up and establish offices in new areas and sustain them. For WAS, the number of anticipated programme starts further limited this option (although it should be noted that providers were allowed to retain their service fee at contracted levels to avoid any more significant cost pressures).
- For WFS the pattern of subcontracting reflected previous arrangements established to deliver Work Choice. These had been operating for the life of the Work Choice contracts and therefore were long-established and familiar to providers.

- For WAS, new subcontracting arrangements were required by lead providers. In such a short-term programme of this scale it was essential that these built on pre-existing relationships and could make use of existing infrastructure.

- One lead provider had been part of the supply chain delivering the Work Programme and drew on the existing infrastructure of the prime contractor and other local organisations to present an offer across the CPA they bid to deliver.

- Others drew on other existing relationships or engaged with partner organisations outside their core delivery to fill in those areas where they did not currently serve with other contracts.

- Some lead providers did expect to use specialist support in providing some health and wellbeing services. This ranged from the establishment of health and wellbeing hubs as part of one WFS lead offer to another lead engaging a specialist mental health counselling service to support their customer offer.

WFS contracts required lead providers to demonstrate that they could deliver services consistently across the whole contract package area. In practice, some lead provider organisations for WFS, did not have local offices or in all locations across their area and so the sub-contracting model afforded a mechanism for achieving the full coverage required.

WFS contractors had the obvious advantage of being able to build on established systems and procedures. WAS required all these to be set up and running in a relatively short timeframe, and lead providers reported that this strained their management capacity in some cases.

In the majority of cases, provision was in place and ready to deliver but in one local authority area, due to an oversight, the lead WAS provider had not previously established a supply chain. This meant no provision was in place until May.

Although end-to-end supply chain partners were expected to report into lead provider systems and some were offered access to leaflets and other publicity material, in many cases, these were adapted or simply produced locally.

Sharing of risk and reward

Lead providers and their supply chain were understandably reluctant to share details of their financial success or otherwise on the WFS and WAS programmes. Most did not see a positive contribution to their balance sheets and some felt that they will have lost money (at the time of interviewing). A further nine months remain on both programmes to realise any further customer outcomes.

All providers reported variation in referrals at a local level, and highlighted the challenges this posed to managing capacity. For WFS providers, there were additional costs in responding to a much larger volume of referrals than expected,a significant minority of which did not then translate into programme starts. For two of the three WAS providers, the lower number of starts meant that (at the time of interview) they had generated less revenue than expected, but retained capacity. It is also worth noting that all providers had considerable experience of delivering different national employability programmes, were aware that estimated referral volumes for a voluntary programme would be indicative, and benefited from an agreed service fee, to maintain core capacity acoss the lifetime of both services.

WAS lead providers were also concerned that eligible customers had higher needs and barriers to employment than they had expected, and that this would impact on their ability to secure job outcome payments. Some WAS supply chain members have relinquished their contracts as they could see no financial benefit in continuing. Some expect to have a relatively small number of customers to support over the remaining time on programme which will make the cost of delivery more challenging. Much depends on whether they have other contracts, especially whether they are part of the FSS supply chain.

Supporting Scottish provider capacity

Many providers saw the opportunity to get involved in Scottish Government employability services as being a means to bid for larger more sustained contracts in the future. Providers felt that they were experienced in working with customers similar in nature to those expected to participate in WFS and WAS, particularly in relation to accommodating different health conditions in their client management practices and supporting people with such needs into appropriate work.

Some WAS providers had been involved in the Work Programme supply chain and were keen to secure participation in Scottish Government Employability Services in advance of FSS. Getting in 'on the ground floor' and working with Scottish Government and partners was seen as an advantage, as developing policy signalled greater interest in person-centred delivery models and co-design, and a move away from the 'black-box' programmes of the past. Others felt that they simply could not afford to pack up their teams and await the start of FSS.

Providers knew of the requirement for a transitional phase to allow for development of the fully devolved service. They were all experienced employability delivery organisations and were fully aware of the timeframe and risks inherent in both programmes. Most therefore expected to achieve a pragmatic break-even position as the short-term nature of both contracts would put a cap on any losses.

Identifying and engaging eligible clients

This section draws out the referral issues in both WFS and WAS and seeks to highlight differences between programmes around the key stages of the process.

Referrals to providers

Participation in WFS is voluntary for customers who must meet all the following criteria to be eligible to participate:

- be of working age
- have a recognised disability (as defined by the Equality Act 2010) that means they find it hard to get or keep a job
- cannot be helped through other existing DWP provision
- require support in work as well as help with finding work
- have in work support requirements which cannot be overcome through workplace adjustments required under the Equality Act 2010 and/or Access to Work support

- The Customer must also be assessed by the JCP WC as being able to enter work for a minimum of 16 hours within 26 weeks (with the possibility of extending this to 34 weeks in some cases)

The latter criterion is central to the referral process in order to meet "Scottish Government ambitions that work will be a reasonable objective for customers within the length of this programme"[11].

The original expectation was that 3,300 customers would start WFS between April and the end of December 2017 when referrals to the programme would cease. In November 2017 Scottish Government extended the WFS referral period to 9 March 2018, in response to feedback from JCP and providers.

Participation in WAS is also voluntary for customers who are:

- At least 18 years old
- In receipt of Employment Support Allowance (ESA) and is within the Work Related Activity Group (WRAG) or Universal Credit subject to conditionality level 4 (limited capability for work)
- Assessed as being able to enter work for at least a minimum of 16 hours per week within a twelve-month period or less
- Not participating on any other employment, training or enterprise programme funded by any government department or SDS

It was envisaged that up to 1,500 customers would start WAS between April and December 2017. Referrals on to the programme were similarly extended until 9 March 2018 to allow providers further time to work with caseloads.

There were a number of factors that meant the referral process for both programmes was less effective than expected:

- JCP offices were undergoing a number of major structural changes in line with national DWP policy – the roll-out of Universal Credit, new WCs being added to the team at the same time that DEAs with who previously could draw on their knowledge of the disabled claimant group being moved into more supervisory roles, and, in some locations, the re-organisation of JCP office locations. For these reasons, DWP senior management had been reluctant to add to the workload of their JCP offices in the run up to both programmes commencing.
- This meant that the engagement of WCs in JCP offices was late in the process and gave little time for WCs to understand the offer from local providers. Pre-existing connections with WFS supply chain helped but this was not in place for WAS. Many WAS providers in the supply chain report that it was into May 2017 before they were given the opportunity to access local JCP offices to engage more proactively with them, prompted by the absence of referrals.

[11] Work First Scotland Operational Guidance, Version 9, May 2017, p6.

- For WFS, the shift away from the previous Work Choice warm handover model removed a platform for engagement with providers, and in particular the regular contact between provider and JCP staff that had previously been used to identify potential customers who were not committed or ready to participate in the programme. Providers could have informal discussions with potential customers to ensure that they were fully aware of the support available to them, as well as what might be required from them in terms of commitment. This was not a needs-based assessment, but really aimed at identifying which potential customers were serious in their desire to move into employment.

- WAS had a new target customer group, who, typically visited the Jobcentre infrequently.

JCP frontline staff echoed the challenges they faced in absorbing the new services at a time when many were in the midst of significant procedural and structural changes, notwithstanding that DWP were fully aware and commited to the devolved employment support that was taking place. Most frontline JCP staff felt that the extension of WFS presented fewer challenges as they had existing relationships with providers, referral procedures and a clear understanding of the type of customer eligible for the service. There were, however, a number of issues facing JCP staff in identifying potential customers for WAS:

- While in principle, the ESA WRAG client group was large, eligibility for WAS is determined by other programme support not being relevant for the client. Once other programme selection criteria were applied, the remaining group in scope was much smaller.

  "You might have 250-300 on ESA WRAG locally but by the time you have taken out those with on-going addiction issues, awaiting a Work Capability Assessment and other criteria, you may have only 35-40 left. That's before you have asked if they are interested" [JCP WC].

- Contact with customers who would be eligible for WAS is widely reported to be 'infrequent' and:

  "In theory they should attend a meeting every six months but there are lots of reasons why they may miss an appointment – being ill or having a hospital appointment etc., so longer durations between visits can happen" [JCP WC].

- The operational changes within JCP, noted above, meant that the customer group were allocated across the expanded WC teams so few had personal knowledge of individual claimants.

Some JCP staff reported that they were having to make a case for participation when they did not fully understand what the providers' 'offer' was to potential customers:

- Familiarity with the providers' offer varied amongst WCs – some offices report that they did not get any publicity material or could only access photocopied leaflets, despite leaflets and a promotional video being made available. In some cases, as outlined above, it took time for providers to engage with their local JCP offices to help build relationships and understanding of the service offer. WCs report that even when leaflets and group briefings were provided, they had only limited information on how best to promote the voluntary WAS offer to customers who are traditionally hard to engage.

- These comments mainly related to WAS provision as the existing providers on WFS engaged informally. That said, WCs identified a number of local areas where in principle

two WFS providers were operating but in practice these were left to one or the other provider due to lack of local supply chain or the scale of referrals.

- Some WCs felt that much more pre-publicity would have helped give the programmes some profile with potential customers. National adverts in the media might have helped get the message across to the target customer groups, especially the WAS eligible customers, but this may not have been value for money within a short transitional programme. Providers were very focused on JCP as the only source of referrals when more engagement in the community may have made a much bigger difference. However, programme rules specified that due to benefit rules JCP was the only source for WAS referrals until the later months of WAS referral. SDS WAS programme rules make it clear that appropriate marketing materials would be required.

- Greater contact with providers was welcomed. Many felt that the warm handover procedures that had previously been in place for other programmes were ideal for both WFS and WAS in ensuring that the customer was aware of what they were engaging with and had at least met with the provider and started a relationship before agreeing to join the programme. However, DWP had not felt able to guarantee formal warm handovers across both services, so this was only undertaken more informally, where local relationships were already established.

- The potential for using warm handovers as a basis for providers 'cherry picking' the best candidates was raised with WCs. While this was recognised as a potential issue in some other UK programmes, most felt that having a higher quality referral process outweighed this concern.

- WCs considered the process for referrals to WFS as relatively straightforward using DWPs own Provider Referral and Payment (PRaP) system, which had been adopted by Scottish Government for WFS. However, it was not possible to set up equivalent arrangements for WAS due to technical issues with the interaction with the SDS CTS MIS system. DWP agreed to use the same process that JCP use for Employability Fund referrals in absence of WAS providers having access to the PRaP system. This meant WAS referral had to be made using a paper-based process that was seen as time-consuming and resource intensive by WCs, as internal procedures had to be adjusted to fit an 'old style' referral.

- Frontline JCP staff felt that they had made a major effort to increase referrals to WAS in May and June after a slow start. They felt this had been successful, but raised concerns that when significant numbers of potential customers had been referred, providers and their supply chain could not cope and there was a danger that customers were lost as they had to wait longer for appointments. Providers did put a process in place to follow up with those who failed to attend during this spike period to address this issue.

- In hindsight, WCs felt that they may have exhausted the pool of WAS-eligible customers with this process, meaning that recruitment became no easier afterwards.

JCP WCs proposed and WFS and WAS providers confirmed that in their view an 'ideal' referral process involved:

- Providers attending Group Information Sessions at JCP where customers who were eligible for the programmes had been invited by JCP in order to explain their service offer and answer any questions from customers.

- Regular provider attendance at weekly JCP office meetings to speak about the WAS offer and answer any questions from WCs and enable on-going communications between WCs and provider.

- Improve the wider engagement of the target customer group by working with Statutory Referral Organisations[12] (SROs) and building better links to organisations in the health sector who may have much more frequent contact with customers and offer a more neutral place to discuss their employment aspirations. Although SROs are formally part of WFS delivery, the intention here is to explore how the appeal of employability services can be spread into community organisations who may engage with potential customers on a more regular basis.

Some providers have recognised that SROs could have played more of a role at the start of the programmes and they report that their engagement with SROs has increased more recently in an attempt to engage with potential customers. Other providers felt that the potential role of SROs in engaging with potential customers was limited by:

- For WFS, referrals from JCP have always been healthy but have not produced the proportion of starts that providers were expecting. Providers did not need more referrals but more appropriate referrals, so that they did not spend time trying to engage with customers who did not ultimately want to start. A renewed focus in some areas on warm handovers was reported to have improved the quality of referrals.

- A concern expressed by frontline advisers and some SROs was that there had been instances where their customers had expressed an interest in participating in WFS with the intention that they would start with a particular provider, only to find that JCP would not commit to refer to that provider where there were two providers in competition. As a result, the SRO stopped making referrals as they could not guarantee customers' wishes. This may have been a misunderstanding of WFS guidance, as referrals to the service were clearly set out as a customer choice.

WAS lead providers report that they had perceived that they would benefit from a steady flow of customers who would have opted to participate and so be relatively straightforward to engage in support. No provider had actively considered offering outreach and engagement services as it was assumed that there would be no need.

A WAS supply-chain provider highlighted frustration that while they had developed very strong relationships with health organisations in one Local Authority area, their WAS contract was for a neighbouring location where these links had not yet been established. They did approach equivalent health providers only to be told that the service would not engage, as in the past they

[12] SRO were established as part of the Work Choice programme and represent a range of organisations authorised to introduce potential customers to WFS providers. SROs were organisations that provide a service that helps disabled people with the highest support needs and were expected to help broaden the appeal of the service to those who may not attend JCP offices on a regular basis. The SRO introduces the customer to the provider who then liaises with JCP WCs who then make the referral to the programme.

had built up customers' expectations and enthusiasm only to find the employability support service had come to an end - *"You are here one minute and gone the next" [local health organisation].* The provider felt that being able to engage with such organisations would have added considerably to their ability to engage a wider range of customers, but recognised that their partnerships elsewhere had been developed over a much longer period.

Assessing customers' prospects for securing employment

A core requirement in the referral process for both programmes was that JCP staff should consider the customers willigness and ability to secure employment of at least 16 hours per week within six months of engaging with WFS and 12 months for WAS. No such process is in place.

JCP WCs felt that they had no clear information or close knowledge of individual customers on which they could base such a judgement and so it was not a realistic request. This was primarily an issue for WAS but a number of lead providers, and some supply chain organisations delivering WFS, felt that there were customers who were being referred who would have great difficulty being able to secure employment within six months. This is a judgement call for WCs and clearly there is some room for variation.

Some WCs reported that the JCP internal guidance (version 4) specifically states that no such assessment should be undertaken[13]. It was suggested that the appropriate mechanism for undertaking an assessment of customers' ability to work was the Work Capability Assessment (WCA). However, the backlog in undertaking WCAs (reported to be between six and 14 months) was a root cause for a limited pipeline of ESA WRAG claimants and so a particular issue for WAS referrals as WFS could draw on a wider group of claimants.

Lead providers and their supply chain were clear that too little assessment of the barriers faced by customers moving into work was being undertaken and was a major reason for the relatively high proportion of referrals who do not start on both programmes.

Voluntary participation and customer choice

The decision to make participation in both programmes voluntary was endorsed by all stakeholders and delivery partners. Providers see a huge advantage of working with customers, whatever their needs, if they themselves have taken a positive decision to engage in the process.

That said, not all customers were fully engaged in returning to work from the outset. Both JCP WCs and provider frontline advisers reported that a small proportion of customers decided agreed to start on the programme because it was what they thought was required of them[14]. So, while they recognised there was a choice – they perhaps had an impression, it wasn't really voluntary and that a refusal to participate might have consequences for their benefit entitlement. Equally, in a small number of cases, customers were happy to attend provision as it got them out of the house

[13] We asked for a copy of the guidance but this is apparently a confidential document and not for publication.

[14] The survey of WFS/WAS customers found that 13% of WFS and 6% of WAS customers thought participation was mandatory but this may exclude those who knew it was voluntary but felt it prudent to explore the referral further. A further 8% on both programmes said their referral was because 'my adviser/coach at Jobcentre Plus encouraged me to do so'.

and socialising, even though they felt that their health condition prevented any realistic prospect of work.

For their part, some JCP WCs and DEAs endorse voluntary participation, but also recognised that this represented a cultural shift, particularly for those in receipt of benefits, and that it would take time for those customers to get used to the idea. In addition, they also pointed out that as part of ESA WRAG or JSA groups, claimants were faced with other benefit requirements which are compulsory. We are aware of at least one case where claimants' attendance at a JCP Group Information Session (GIS) about WAS was mandatory for customers. This was in an attempt to get potential customers to listen to the provider offer. It is interesting to note that this did not work, with attendance not much above that achieved by the voluntary GIS.

A number of JCP WCs also highlighted that the Work Capability Assessment procedure could have a negative impact on customers. Notifications of WCA do not give a specific date but provide a wide timeframe, often leaving customers with a feeling of "*threat hanging over their heads for weeks*" [Provider frontline adviser].

All stakeholders agreed that customers who received a notification of an impending WCA "*go into a tailspin*" irrespective of where they are in the process. Any interest in moving back into work is dropped. Customers expect to have their benefits cut and feel that they will be harshly judged on any evidence that they may have shown interest in moving back into work.

Providers and WCs had no direct evidence to suggest that the fear of showing too much interest in work may have made some customers awaiting WCA more reluctant to participate, but there was a view that it may have been a consideration for those who were not sure, to play safe and turn down the opportunity.

Customer referrals and starts on programme

The proportion of referrals who agreed to start on both WFS and WAS programmes was highlighted by providers as a key metric in their performance. A steady flow of new customer starts were required to achieve successful ouctomes for participants and maintain provider staffing and infrastructure. Where a higher proportion of referrals do not start, the provider can be involved in considerable activity to engage with customers, in the knowledge that this may not always result in a start on the programme.

By end of October 2017[15], just under 5,000 referrals had produced 2,978 starts on WFS, representing 60% of referrals. Lead providers point to this being markedly different to their previous experience on Work Choice contracts, on which they had based their business planning assumptions for both the volume of referrals and rate at which these customers convert to starts the programme.

WFS starts are substantially above the starts recorded by Work Choice in the four CPAs in Scotland in both 2015/16 and 2016/17, when under 1,000 customers started over a similar period.

[15] PRaP data for April to end of October 2017 as at end of October. A proportion of October referrals would not have had time to start WFS in this measure. The equivalent referrals to starts for April to end of September is 64%.

However, data for Work Choice suggests that, for the programme as a whole, the conversion rate of referrals to starts is higher than for WFS, at 67% for the period July 16 to June 17[16].

There is no clear pattern of the transition rate over time. In fact, data for one provider had an average conversion rate of 65% for the first 4 months but 53% for the last 3. The volume of referrals had declined from June 2017 and proportionately fewer customers started WFS. There was no evidence of a learning effect and a more likely explanation is that the pool of eligible and potentially interested customers has declined over time.

Table 3.1 WFS Referrals by Month April – Oct 2017

	Referrals	Starts	Conversion rate
April	631	459	73%
May	845	559	66%
June	871	557	64%
July	750	465	62%
August	752	466	62%
September	599	352	59%*
October	505	120	24%*
Total WFS	4,953	2,978	60%

* A proportion of September and October referrals would not have had time to start WFS
Source: PRaP WFS data April-October 2017 at 31 October 2017

A total of 1,617 customers had been referred to WAS providers between April and October 2017. To the end of October 2017 just under half those referred to WAS started the programme. Provider frontline staff point to a number of factors behind the conversion rate for WAS:

- WAS customers were considered to have high health needs and other barriers to work. This was a new target customer group and lead providers also reported that they found customers to have higher barriers to work than they had expected.

- Many customers had not considered the prospect of work. For some, the Initial Assessment interview with the provider might be the first occasion that they were given a full understanding of the WAS offer and that participation was entirely voluntary.

- Being further from the labour market, some customers needed longer to think the prospect of work through where their ability to manage their health condition alongside working was more of an issue. Some supply chain advisers felt that the WAS 'offer' might work better coming as part of health-related support – for example, occupational therapy where the customer could discuss and gain confidence from a medical expert. Whether this could have been achieved within the short lifespan of the programme was recognised as a major issue.

There is some evidence that the WAS conversion rate improved over the first few months of the programme as WCs became more familiar with the customer group – fewer than 16% of referrals in April and May started the programme compared to 60% or more July to October 2017.

[16] Work Choice Official Statistics, August 2017, Department of Work and Pensions.

Table 3.2 WAS Referrals by Month April – Oct 2017

	Referrals	Starts	Conversion rate
April & May	165	26	16%
June	534	145	27%
July	304	197	65%
August	238	142	60%
September	203	165	81%
October	173	112	65%
Total WAS	1617	787	49%

Source: WAS MIS CTS data April-October 2017 as of end of February 2018.

Reasons for not participating

Data on the reasons customers provided for not starting on both programmes is inconsistent for a number of reasons:

- There is no record of customer details if they fail to attend initial interviews.
- Even when they do attend, some customers decide that they do not want to start without going through the registration process.

Data capture of the reasons why customers choose not to start WFS and WAS is therefore limited and no data is available for either programme as a whole and so must be treated with some caution.

One WFS provider recorded 743 exits from the programme (38% of all referrals) where the customer did not start (up to end Oct 2017). Almost half had decided not to participate when contacted by the provider and 21% were cancelled when the customer failed to respond. The next largest group were referred in error or ineligible. Some 12% reported either health related or personal issues preventing their participation, but we cannot rule out that these are the underlying reasons for opting not to start in the other groups. In 6% of cases either the provider or commissioner made the decision to exit them from the service but is unclear what reasons lay behind this category.

Table 3.3 Exit reasons recorded against WFS referrals who did not start

Reason	Percentage of known
Customer does not wish to continue participating	46%
Cancellation (failure to attend)	21%
Referred in error/Customer not eligible	13%
Health related issues	8%
Commissioner/provider decision	6%
Personal issues prohibiting participation	4%

Source: Provider MIS for WFS
Source: WFS Provider MIS data April-October 2017

A WAS provider had reviewed their internal systems to explore in more detail the reasons given to frontline advisers by potential customers for not participating, and shared these results. Long-term health conditions preventing work is the reason provided by almost a third of customers. However, over a quarter suggest that they are not ready to consider the offer, suggesting that a sizeable minority of ESA WRAG claimants might be interested in such an offer in future.

Table 3.4 Reasons given by WAS referrals for not choosing to participate

Reason	Percentage of known
Long-term health condition prevents working	32%
Not ready to participate	28%
Does not want to participate	14%
Other reasons (already have part-time job, approaching retirement, custodial sentence, etc.	8%
Short/medium-term health issue prevents work	4%
Appealing WCA decision	3%
On other training programme	3%

Source: Provider MIS for 97 WAS referrals where a reason was known from 273 customers who decided not to participate to December 2017.

Communications between JCP WCs and providers

Providers and JCP WCs all suggest that engagement and good communications with their local JCP offices were key to the scale and quality of referrals across both programmes:

- JCP WCs felt that there could be significant variation in the engagement with local providers – *"Some are in here all the time and yet other offices say they hardly see their providers"* [JCP WC].

- For their part, providers across all CPAs report that some JCP offices are very supportive and will go the extra mile to ensure the process works, while others do not. This was not put down to the process but more the prevailing culture in some offices. *"We've tried different ways to get more involved but without much success, it seems to be the way in some Jobcentres"* [WAS frontline adviser].

- WAS providers also point to the existence of other programmes operating in Glasgow and Edinburgh city regions that were also targeting the same customer group. JCP WCs raised the point that they were required to consider which might be the most appropriate support for the customer and felt this sometimes became lost in discussions about referral numbers. WCs identified a number of other services - All in Edinburgh, Working Matters (Glasgow City Deal area), supported employment programmes and more recently Journey to Employment (J2E) community job clubs - which may be more appropriate to potential WAS customers.

It also needs to be recognised that good communications are a vital part of an effective delivery process – not just to the referral – as customers may often say one thing to one organisation and quite another to the other, depending on what they believe each organisation wants to hear. There appear to have been some structural challenges to establishing such communications:

- Individual WCs have responsibility for specific customers and so any enquiries relating to that individual have to be answered by that WC.

- WCs are busy and often have no space in their diaries to respond to telephone calls – "*we have to hope that a WC has a cancellation, then we know that they will have 20 minute gap in their day – it's the only time you can really talk to them*" [WFS frontline adviser].

- JCP offices will not accept email communications which means repeated phone calls to try and catch a WC when they happened to be free.

- The volume of communications was only increased by prospective customers failing to attend initial appointments as providers chased contacts to offer alternative dates (providers were required to offer three appointments before they were exited from the programme).

Client management procedures

Introduction

The design of both WFS and WAS has taken an important step away from the 'black box' arrangements of previous welfare to work programmes in the UK – where trigger payments for target outcomes are specified but there is no detailed specification on how providers should deliver the programmes.

The guidance for both services put forward a number of design features that have a direct bearing on the providers' delivery arrangements:

- That each customer of WFS or WAS should receive at least one hour of face-to-face support each week
- That customers should have access to the same adviser wherever possible
- That each customer has an action plan, updated on a monthly basis that identifies their goals, barriers and actions planned to overcome these.
- A number of Key Performance Indicators (KPIs) were also established that set time limits and compliance criteria for service delivery and overlay this process

The section considers how providers implemented the service in practice and the issues and lessons that arise from this.

Summary of key messages from delivery model

- The requirement for an hour a week has been an important statement of intent – contact time with customers delivers outcomes and is well received by participants.
- Individual action planning is at the heart of the process and all providers would use this approach even if it were not a requirement of both programmes.
- Voluntary participation is a core component of both services and is welcomed by all parties. However, it will take time for benefit claimants to believe that this is truly the case. The DWP Work Capability Assessment process cuts across this approach and some stakeholders in JCP and providers believe that JCP customers may see involvement with employability services as being evidence of capacity to work.
- In comparison with other employability support programmes, the quality assurance process is fairly standard. Nevertheless, many providers and frontline staff said they found compliance had a significant impact on their time and consistently reported that some 30% of their time was devoted to administration. A complex mix of factors combine here: high number of referrals and lengthy induction process, but much lower starts (WFS); limited use of new technology (WFS and WAS); the need to engage voluntary customers to undertake weekly meetings (WFS and WAS) and customers who have moved into work and often consider that they no longer need support (WFS and WAS). The costs involved in compliance, and how this impacts on provider's ability to deliver a service to customers',

needs to be considered carefully by providers and commissioners to identify opportunities to improve both efficiency and quality.

- Provider contracts for both WFS and WAS included delivery of additional support services where these were required to support the customer overcome barriers to employment. Additional support services can and do add value to the employability support provided by most delivery, especially for customers of both programmes with more significant needs. Providers claim that there was insufficient funding and time to properly support specialist providers.

- WAS had sufficient time to delivery pre-employment support to customers with high levels of need. WFS customer eligibility was distinct from WAS, with a shorter pre-employment support period. However, the MIS analysis (up to Oct 17) suggests there is a large minority of WFS customers who may require more time to turn their improved confidence into employment outcomes.

- Placement and support with the employer can conform to the good practice model set out in programme guidance. However, a minority of customers want their provider to engage with their new employer and so this model of support happens only rarely.

Building trust with customers

Initial assessment

Ensuring a smooth referral process is essential in any employability service. All providers were required by SG/SDS to set KPIs to offer initial appointments in a timely manner and ensure that these were undertaken as quickly as possible and that there was no loss of enthusiasm on the customers' part. It is worth reiterating that as voluntary services, both WFS and WAS providers discussed with potential customers a convenient time to attend.

WFS referrals were handled through DWP's electronic PRaP system. This meant that once a customer was referred across to a provider that they could access the customer's PRaP record and start to contact them to set up a time for an Initial Assessment (IA). WFS providers were required to arrange the IA within ten days of this notification.

As SDS were unable to access the PRaP system, WAS adopted the existing SDS Corporate Training System (CTS) to capture monitoring data which is an SDS training provider payment management system. CTS did not integrate with PRaP. So for WAS, a customer referral would be notified by telephone but their basic information had to be sent by post. This had the effect of introducing a delay in the process and reducing the time available to set up the first appointment, especially in rural areas.

The first KPI for WAS required that customers referred to the provider should "…conduct a face to face referal meeting with the proposed customer to occur no later than 7 calendar days after receipt of the customer's details"[17]. WAS frontline advisers and lead providers felt that this KPI meant engaging all referrals at the expense of existing customers to avoid breaching the KPI,

[17] Work Able Scotland Programme Rules, Skills Development Scotland, amended 23 May 2017, paragraph 7.2.

especially during the intensive activity period when large numbers of referrals were generated by JCP. SDS introduced a dispensation to this guidance for a limited time period, during the intensive activity period in response to the large spike in referalls.

WFS providers had to create an action plan at the IA which was then required to be reviewed at least on a 4 weekly basis. The timing of the IA on WFS was less of an issue as customer details were transferred to service providers by PRaP. The production of an action plan was in practice required by the end of the first month in what was a much shorter window for support, although the absence of a specific KPI around a formal timeframe provided frontline staff some flexibility if customers were not fully engaged.

Providers and frontline advisers from both WFS and WAS felt that the fluctuation in the number of referrals at times placed an administrative burden on them and these KPIs meant that they had to respond in a timely manner:

- Although the customer had agreed to refer they had to be engaged and agree to attend an IA and this could take a number of phone calls and follow-ups. Both WFS and WAS providers were required to make reasonable endeavours to contact referrals before they could disengage (generally agreed to be three attempts among providers) and report the customer as DNS (did not start).

- However, WFS guidance required that any 'fail to attends' were reported to JCP WCs within 24 hours and WAS providers must use reasonable endeavours to contact JCP. In both programmes, the intention was to establish the circumstances surrounding a referral's (potential) disengagement and discuss options such as alternative contact details etc. (JCP offices preferred telephone calls did not respond to emails).[18]

It is also the case that during periods of low level of referrals and starts providers were in danger of having their service fee (payable for WAS) reduced if they did not achieve at least 75% of the predicted starts set out in their contract. SDS lifted this provision in late Summer 2017, which had concerned providers up to that point. This was a result of recognition by SDS the the lack of referral flows were outiwth WAS Provider control and it would be inappropriate to invoke this clause and penalise providers as a result.

Frontline provider advisers and their supply chain staff felt that the initial interview process was onerous for WFS and lengthy for WAS. Ensuring that all information required by the contract was complete, accurate and provided in accordance to a strict timetable was the focus on key performance indicators (KPI). This reflected the various legal and contractual requirements placed on Scottish Government and providers by data protection laws. Information available from JCP at referral was based on eligibility for each service and not always up-to-date and providers were required to undertake a full assessment of customers' needs, so carried out a full review of customers' current circumstances. This meant that IAs were long (some frontline advisers report over two hours for WFS and over an hour for WAS) and, for many customers in the target group, difficult to sustain.

[18] See Chapter 3 for more detail on the challenges of regular communications between JCP and provider staff.

Frontline advisers in most organisations were also critical of the language used in the forms which was not plain English and inaccessible to many in the customer group. The initial forms for WFS had to take into account the need to get consent from individuals and receipt of the fair processing notice acknowledged which was seen by customers as being overtly bureaucratic through the requirement to have customer consents for data protection purposes. The forms varied across providers, with some adding further consents for their own processes, and included the signatures necessary for providers to ensure that they had appropriate permissions to retain customer details etc. Frontline advisers report that customers sometimes challenged them on the similarity in wording – believing that they had already signed the same form. A number of advisers were at a loss to explain the difference between the different permissions forms to customers.

A key point is the message this sends to customers. Most advisers feel that it is a vital part of the process to get to know the customer and that building trust is central to achieving this. It is not so much that the information will not help deliver a service to the customer but impact of the process may damage the developing trust.

This is a shared responsibility between JCP, providers and Scottish Government to consider the induction process from the perspective of the customer and seek to minimise the information and permissions as much as possible. Scottish Government has already taken forward learning on this into the development of Fair Start Scotland services balancing the need to hold providers to what they are contracted to deliver with ensuring a smoother process for the customer. This has also become easier with the introduction of new data protection legislation in May 2018, which places a stronger focus on the legal basis for data processing (over individual consent) and introduces clearer guidance for developing a Privacy Notice to inform individuals of how and why their data will be processed.

Action planning process

Providers and frontline advisers across the supply chain in WFS and WAS felt that the action planning process was an essential platform for developing trust, structuring support for the customer and demonstrating their progress to them. Both programmes require that action plans are ‘living documents’ that are kept up-to-date to reflect customer progress.

Some providers used needs assessment tools which work with the customer to identify areas where they already have something positive to offer and those areas they need to address across health (often healthy living), personal presentation, CV highlights and gaps, housing issues and job search focus. An important issue from the outset is to give customers confidence that they do have something to offer employers, when many can believe that they will not work again.

Most frontline advisers on both programmes reported that the action plan developed over the first weeks of support as they got to know their customer and their trust developed in the adviser. The speed at which this relationship developed did vary and advisers were keen not to be held to too rigid a process and timetable. Supply chain providers who felt that their ‘offer’ and reputation was built on a more understanding approach to working with customers, commented on the importance of ensuring that the process of compliance and KPIs did not prevent this. Although in practice we found no evidence that this had occurred.

The Scottish Government and SDS performance managers reviewed a sample of action plans for completeness and accuracy of the information – principally whether the action plan was SMART

(specific, measurable, achievable, realistic, time bound) and provided realistic activities to support progression into work.

A number of advisers commented that they felt the review process was bureaucratic and time-consuming. Perhaps a more relevant issue was that advisers found it increasingly difficult to keep action plans up to date as customers' confidence improved and they moved into job search activities. They felt that the action plan and activity logs became very repetitive, as the actions did not change much when reflecting ongoing job search activities.

The in-work action planning process was welcomed by many as it helped customers consider all the issues in moving into employment in advance, and was a signal that they had achieved their goal. However, updating this in-work action plan was challenging for both programmes (WAS every four weeks and WFS required a face-to-face meeting every eight weeks) as most customers had 'moved on' by that stage – the support from WFS/WAS was in the past and they did not see an updated action plan as relating to their current situation. The issue of in-work support is returned to below.

All providers and advisers recognised the need for quality assurance procedures – these were standard in previous (and current) employability support programmes. There was some frustration about the time these tasks took from their day. A consistent message from frontline advisers was that around a third of advisers' time was devoted to administration. There is a mix of issues here which are difficult to disentangle but all make a contribution:

- WFS had referrals that did not match the contract profile providers had been expecting (and had set staffing levels etc. to meet. A higher proportion did not result in starts on the programme, so adviser time focused on setting up Initial Assessment interviews and sometimes undertaking the IA but then not securing a start.. Referrals varied widely at a local level, leaving some in the supply chain with less to do than others with considerably more than planned – one location received more referrals in three months under WFS than in the previous five years of their Work Choice contract.

- A smaller proportion of WAS referrals started the service and providers also faced issues in securing a steady flow of customers to meet planned levels of starts outside of the JCP intensive activity period when referrals increased considerably.

- The technology available in providers on both programmes meant that 'wet' signatures were used for customers (documents had to be printed, signed and then scanned before being uploaded). Online forms and digital signatures mirror this process and had been used by many on previous programmes but this required significant investment in appropriate technology (portable touch screens for signatures) which was unlikely on such short-lived programmes.

- A particular issue for frontline advisers on both programmes was obtaining signatures for the updated action plans for those customers who had moved into work. These typically required repeated home visits, often out of office hours to secure.

For their part, performance managers from Scottish Government for WFS and SIAs from SDS for WAS feel that their quality assurance procedures were consistent with ensuring that customers received quality support. They believe that their reviews of sample action plans have carefully

focused on their quality and not on the content of the plans. A number did suggest that providers were asked to deliver in a manner that had not been present in previous programmes:

- One hour a week face-to-face with each customer when many have needs that meant they were not ready to undertake group work.
- Participation was voluntary and so frontline staff had to engage and develop trust with customers to ensure their participation – no shows, health and other issues (health appointments, etc.) increased the challenge of meeting this basic service standard.

In this context, 'standard' QA procedures are likely to be considered as an overhead when they are core to ensuring service levels are maintained.

Client management procedures

Some lead providers felt that the requirement to see a customer for an hour a week face-to-face was too prescriptive as it did not take into account the individual's needs and their ability to sustain this level of engagement. Conversely,the participants surveyed overwhelmingly found the face to face contact a positive feature of the programmes.

There were numerous issues where access and the travel time involved in getting to the provider could make this quite onerous for the customer. In response to this feedback from providers, the service guidance for both WAS and WFS was changed to allow skype meetings that provided additional flexibility.

However, frontline advisers were very supportive of the hour a week face to face criteria and felt it provided a platform to support the customer and make sufficient progress in building trust and confidence.

> *"It's about right, these clients are not great at self-directed support, so it is rare that they do much on their own between meetings. An hour is sufficient to move things on, especially one-to-one" [WFS frontline adviser].*
>
> *"Client contact time drives outcomes" [WAS frontline adviser].*

It is also worth noting that few providers or advisers felt that telephone contact was an appropriate substitute for face-to-face meetings for many of the more difficult to engage customers. Low confidence and trust were the most commonly cited issues identified by frontline advisers. Many customers suffered from anxiety disorders and were very reluctant to engage at the outset. Frontline advisers felt that the one-to-one meetings were vital in engaging customers and building trust. Many WAS and some WFS customers struggled to cope with new environments and meeting new people so advisers aimed to:

- Build trust and confidence at the pace of the customer
- Explore the potential positive skills and any previous experience customers may have to offer
- Work on any barriers – employability issues (lack of work experience or qualifications) and health and wellbeing issues

The provision of specialist support for customers has been more limited than planned. One provider had engaged a specialist mental health provider to interview all customers on WFS who

had mental health conditions to help provide an assessment and specialist action plan to manage these conditions. This proved too costly to maintain. Moreover, some frontline advisers felt that there was insufficient time in the six months available within WFS services to address these needs separately from the customers wider confidence and employability issues.

WAS providers and their supply chain fully recognise the more significant health needs among their customers, particularly mental health issues. Some bought in specialist services on a trial basis from local providers, in one case contracting with a Working Matters[19] provider to deliver occupational therapy to customers. Typically, support was relatively short – aiming to help the customer develop coping strategies. Other provision looked to local NHS services to explore what mental health support was available and waiting times were not too lengthy. It has not been possible to comprehensively map provider investment in such specialist services but direct investment has clearly been impacted by the lower than expected customer flows on to the programme.

Other WAS providers report that they were able to refer customers to specialist support where funds from other sources were available. Examples include:

- Specialist counselling and stress management
- Cognitive Behavioural Therapy (CBT) and other Talking Therapies
- Addiction services specifically for those in recovery but who felt that trauma counselling would help them deal with the stress of returning to work
- Health and wellbeing in terms of access to advice on healthy living, e.g. the importance of sleep and a healthy diet etc.

These services were described by some as a 'postcode lottery' as they were not consistently available typically supported by the funding for WFS or more often WAS (where proportionately more customers were in need of such services). Some frontline advisers said that there were other mental health services available locally, but these typically had waiting lists of two months or more. These could be considered by WAS, but if such services were seen as necessary for the customer in WFS, the provider would exit them from the programme – primarily as there would not be sufficient time to return to WFS support within the six month timeframe.

Some frontline advisers were trained to deliver CBT and other counselling techniques and were positively able to use these directly where necessary with their customers.

Others were concerned about the depth of their knowledge and ensuring that they did not push their customers too hard.

In many cases frontline advisers report that they were helping customers find coping strategies to help deal with their condition. Their approach was to build the customers' capacity and resilience. Some offered online courses and many accessed online information and support tools from NHS on health and wellbeing issues.

[19] Working Matters is a pilot initiative for people with health conditions on ESA WRAG or Universal Credit and funded by Glasgow City Region Deal in Glasgow and Clyde Valley local authority areas.

"Many clients arrive here and have no hope of working again. We can help them with that and get them to see that they do have something to offer. This can make a big difference to their confidence" [WFS Frontline adviser].

Few frontline advisers reported that customers were overly concerned about work adversely affecting their health or disability. Just under a third of WFS and 29% of WAS customers reported that they had concerns work would worsen their health condition. This suggests that this remains an issue for a sizeable number of customers[20]. Some customers faced significant health issues but still wanted to try to find work. In one case, the customer was due to have one hip replaced in the next eight weeks and would then undergo surgery for the second replacement after recovery. Nevertheless, they still wanted to explore what work options were available. A minority of advisers also had some customers who were open that their health condition would prevent them finding work[21] but were still keen to come to their weekly sessions as it meant they felt less socially isolated.

Frontline adviser caseloads

Frontline adviser caseloads varied but typically fell in the range of 25-35 customers. Some advisers reported higher caseloads but these typically involved proportionately more customers in-work who did not require the weekly support sessions. Lower caseloads were evident in rural areas because of the extensive travel times involved.

Neither WFS nor WAS specified a target caseload for the services, although providers pointed to this being implicit in the requirement to meet each customer for an hour a week.

Frontline advisers reported that caseloads were about right to support customers on this basis but straightforward comparisons could be misleading – as customers later in the process were better able to undertake group work, and those who had moved into work generally required much less contact time. The caseloads were seen as a positive step forward in comparisons to other welfare to work programmes.

That said, frontline advisers felt that more could be done to increase their productivity. Asked to describe how they allocated their time on a weekly basis, most agreed that it was split around a third of the time working with customers, another third setting up these meetings and chasing no shows and the remaining third on admin supporting this process and uploading information to their systems.

Providers felt that the costs of providing compliance information had not been sufficiently considered by Scottish Government. However, providers and frontline advisers both recognised it was important to be compliant, not least because of the need to ensure customers were effectively supported. There were no financial penalties imposed on providers for non-compliance, but providers reported indirect costs associated with the requirement to demonstrate that errors had

[20] IFF WFS and WAS customer survey. Customers with health conditions that impacted on their daily lives and who had not had recent experience in the labour market were more likely to say this. Wider research (see background literature review in appendix 2) suggests that people with mental health conditions are more likely to have this concern.

[21] IFF WFS and WAS customer survey found that 32% of WAS customers and 11% of WFS customers believe that their disability or health condition rules out work altogether. The frontline advisers did not suggest that this group was at anything like this scale however.

been investigated and resolved adequately. This could take up much more of their time and may explain why many advisers were very focused on ensuring that they did not make an error in the first place.

Supporting customer needs

Group work

As customers developed their confidence, providers felt more able to use group sessions to deliver training and job search and interview skills. In general, once customers have the confidence, working with others in similar situations is useful for them, especially if they move on into work.

Group sessions do not replace one-to-ones as frontline advisers were aware that should customers experience a setback this can damage their confidence. For most customers, the advisers work closely with them, looking for job opportunities and help prepare letters, CVs and applications. Many also provide pre-interview support to discuss interview techniques etc. as far as possible relating to the particular position they are hoping to secure.

Few advisers said that they attend employer interviews with their customers, mainly as the customer did not ask for this support. Many advisers report that customers are very cautious about revealing any disability or long-term health condition early in the recruitment process to employers – believing that this will rule them out of any chance of securing a job. This was true for both WFS and WAS customers. Attendence at interviews was supported in some cases where customers felt that they would perform better in the interview with the support of their adviser and be better able to focus on what they had to bring to the role than their health condition – the small number of examples that were reported were all from WAS when customers had physical or learning disabilities.

This should be seen as an early finding as WAS advisers often reported that while they had had some customers move into work, the majority took longer to build their confidence and take their first steps into job search. The cohort of starts from the first quarter of WAS recruitment (April – June 2017) were only beginning to reach this stage by the early months of 2018. This is entirely in keeping with the WAS service expectations that customers may take up to 12 months to move into employment.

WFS advisers more often report that customers may return to their weekly session to announce that they had secured a job offer themselves. As might be expected, WFS customers were reportedly much less likely to want advisers to play an overt role in discussions with employers – very much for the same reason, that they felt this would lower their chances of securing employment.

Training and work experience

Short course training was widely used by many providers – CSCS construction site cards, Security Industry Authority training and licence and other short entry courses (Care Routes, Customer care). The inability to access funding such as the Individual Learning Account to help support the costs of this training was criticised by providers who did not understand this constituted ‘double funding’ of public sector programmes in Scotland.

This emphasis was on short-course training where completion would have a direct impact on the customers’ CV for particular job roles. We did not find any examples where customers were

undertaking longer more generic vocational training. City and Guild Employability and Personal development courses were offered by some WAS providers[22]. Providers and supply chain frontline advisers reported that they focused more on removing immediate barriers to employment and building customers' confidence than seek to secure vocational qualifications. Some supply chain providers reported that they could draw down on other funding to support personal development. Cognative Behaviour Therapy and Neuro-Linguistic Programming support was available to those customers who could benefit from the six-week support. Referrals elsewhere to Lifelinks counselling or 6-8 week gym memberships had been used in various locations.

Advisers on both programmes felt they had limited discretion in paying for other support, but could offer support for interview clothes and similar support. These costs appeared to be drawn from service fees rather than (potential) job outcome payments. Again we have no direct evidence to verify this.

Work experience is highly sought after. JCP WCs in some areas were aware that certain providers had access to work experience placements in a major national retailer and bank. The existence of these did sway the choice of provider for WFS and WAS as they were seen as gateways to employment with a high quality employer.

WAS customers were widely reported by providers and supply chain frontline advisers to lack recent employment experience, so placement opportunities were considered to be an effective method of addressing this barrier. A minority of providers used local contacts with voluntary bodies and charity shops etc. to offer customers one week's experience where appropriate.

Other providers, depending on location, report that the use of work experience was more limited. Where the major employers used employment agencies to manage their labour needs, there was little appetite for work experience and customers were likely to be taken on directly (although all such contracts were temporary but rolled over month-to-month).

One lead provider felt that in practice, the removal of supported jobs from WFS outcomes may have limited the potential for further job outcomes downstream, as those customers who required more support than was possible in open market jobs could build up their work practice. Another provider with direct access to supported jobs used these internally as work practice opportunities to help provide customers with recent employment experience. It is too early to say whether this will have the desired effect in comparison to working directly with employers in the open market.

Exiting from the programmes

At the time of the interviews no WAS starts had completed their full 12 months support and so would be required to leave provision and this issue will be addressed in Phase 2 of the evaluation. However, this was not the case for some WFS customers. WFS providers felt that too little thought had been given to the exit arrangements for customers reaching their six-month limit.

Frontline advisers were concerned about some of their customers who had come a long way in terms of improving their confidence and were close to getting back into the labour market. A

[22] These offer certificates in Employability and Personal Development across a range of key skills, behaviours and attitudes in preparation for work.

number felt that going back to JCP may have a significant impact on their confidence and the providers were not able to point them to their next steps in attempting to find work.

WFS does have a procedure to extend a customer's participation in pre-employment support by up to a further eight weeks. However, this required a business case to be prepared for Scottish Government by the end of the customers' fifth month and advisers felt that this was bureaucratic. Equally, many felt it was only worthwhile where there was evidence that the customer would be offered a job – this was a requirement of the extension request. The promise of an interview or an actual job offer (in which case they could claim the job outcome anyway under the conditions period) appeared to secure an extension, whereas a less definitive business case would not secure approval.

Previously under Work Choice, the ability to extend participation was at the discretion of the provider (as no further funding was due) and providers felt that this was a much more appropriate model where they could back their own judgement. Any impact the Work Choice approach might have had on WFS and WAS customer remains unclear, as providers had no data on the the proportion of customers who might have been supported through such discretionary extensions. Furthermore, there is no data available for the proportion who benefited from extensions in the previous Work Choice contract).

Engaging with employers

Customers' willingness to disclose

Customer attitudes drive providers' approach to working with employers. Frontline advisers from both programmes consistently report that the vast majority of customers do not want them to contact their employer – with estimates ranging from 80 to 95%. Again, as noted above, WAS advisers had fewer customers in work at the time the fieldwork was carried out, but were no less of the view that their customers did not wish to disclose their participation in the service than WFS customers.

Most customers, including those working closely with their adviser in preparing an application and interview did not want to reveal their health condition to employers. For those with a physical disability this occurred less often but those who also suffered from depression, anxiety or other mental health issues rarely wanted to report these conditions to their prospective employers.

Much of the research literature would suggest that good practice is to formally disclose health conditions as this will (i) enable the employer to provide appropriate support and be aware of any changes in job design necessary to enable the individual to sustain employment, and (ii) ensure that non-disclosure leads to dismissal when the employer discovers that they do have a health condition. Set against this perspective, the evidence suggests that disabled people and those with long-term conditions continue to perform less well in securing and sustaining employment[23].

Providers prefer customers to disclose but to do this appropriately, so that the individual's strengths in relation to the job opportunity are highlighted alongside their health condition. Many frontline advisers, in briefing customers (both WFS and WAS) stressed the need to ensure that discussions focused on how the individual's condition would impact on their ability to do the job,

[23] For more detailed analysis see the literature review in appendix 2.

which type of tasks may be more challenging to perform but also how their disability or condition may make them more suitable for certain tasks.

Frontline advisers report that it is equally important for the customer to be proactive and put forward suggestions on what adjustments may be appropriate in the job role and how this may work with new co-workers to help them be more effective in their new job role. An issue is helping employers deal with disability or health conditions with confidence so that they feel able to manage their new employee without falling foul of employment law.

However, much depends on how the customer secured the job – where customers increase confidence and provider support was 'in the background', then they rarely want providers to engage with their employer. Frontline advisers report that customers are often at pains to keep them at arm's length and will readily agree to provide copies of pay slips as the necessary evidence of the employment, if this means the employer is not contacted.

Some WAS frontline advisers reported that the exception to this rule were customers with a learning or other developmental disability who were keen to get provider support to explain their condition to the employer and how the employer can best support and manage the customer in the workplace. This sometimes involved an Individual Placement and Support model approach but the ability of providers to provide job coaching and extended support was limited.

Some providers only engage with employers after their customers have raised their involvement – *"[provider] has been supporting me with my job search".* This provided a context for the provider to engage with the employer and explore what further support they may require. For example, Access to Work or other support, and often informal advice on how to get the best from the customer etc. Frontline advisers report that the vast majority of employers are open to such approaches and welcome the provider contact and willingness to engage should there be any issues with the customer. It also helps to explain that the provider needs to obtain evidence of continuous employment from the employer. Many employers are used to such requests, as it has been part of the employment services landscape for some time.

When the provider has sourced the vacancy through employer contacts, then the frontline adviser would expect to develop a direct relationship with the employer – supporting the customer in preparing and application and in a minority of cases supporting them at interview. This does provide a better platform to engage with employers and offer a range of post-employment support. Some providers aim to work with the employer on developing induction training and buddy/mentoring support. Case study interviews with a small number of employers who had recruited WFS customers, reinforce the importance of a long-standing relationship with the adviser.

A number of frontline advisers felt that some customers in WAS would benefit from a job coach/Individual Placement and Support model (where the provider staff go into the employer and support the customer while they become familiar with the job role and develop the most effective way of them addressing these). This approach was seen to be very effective in delivering sustained engagement in employment for customers facing more significant barriers to work. However, it was widely recognised that this approach was both resource-intensive and expensive.

Initial contact with the employer can come from responding to an advert (often online) or in some cases through cold calling. Larger providers will have employer engagement staff dedicated to this task and ensuring on-going relationships with employers. One provider has secured an agreement

with two national employers (in the retail and banking sectors) to prepare and help their customers for work placements. These placements with blue-chip firms are sought after as an effective pathway to securing employment with these firms. These placement arrangements were negotiated at UK national level.

In-work support

Frontline advisers and provider managers stressed the importance of supporting the customer to stay in work, particularly through the first 6-8 weeks. While fewer WAS customers had moved into work at the time of the fieldwork, WAS frontline advisers report a very similar pattern. The problems that cause customers to fall out of work were reported to be the same as for anyone who had been out of work for a long time – adjusting to a daily routine, transport problems, dealing with the transition from benefits to being paid a wage, managing money, etc. Few advisers were aware of any customers who subsequently stopped work due to their disability or health condition.

Most frontline advisers reported that once past the 6-8 week period, customers were more secure in work and their chances of leaving employment were much lower. WFS Advisers[24] report that a typical pattern of in-work support would be:

- Initial four-six weeks of regular text, email or phone contact
- Weeks 6-8 weekly text or email contact to ensure all is fine with the customer
- Weeks 8 and 13 a higher level of engagement with customer backed by phone calls to ensure that action plans have been updated and necessary documentation can be signed off, including evidence of sustained employment

Providers are required to prepare an in-work action plan for customers that sets out the actions and support including induction training or other support from employers prior to the customer starting work. As noted earlier, these were widely welcomed by frontline advisers as they provided a structure to engage with the customer on a range of issues that are different to job search techniques. Having an in-work action plan denoted a step-change in the customer's status, but was also important as it covered a range of issues that many customers would not necessarily consider for themselves – including how they plan to travel to work, cope with the transition from benefits and fund themselves until the first pay cheque.

> *"Once clients get their first wage, a lot changes. Before that they can find it difficult and we have to ensure that they know they can contact us before things go too far" [WFS adviser].*

Given the issues they may have in engaging directly with employers, providers find that the action plan can draw out some of the details of the job so that they can discuss these with the customer.

Programme guidance for both WFS and WAS is predicated on a tripartite process where the provider brokers the induction, adjustment and customisation appropriate for the customer with their new employer. WFS requires a face-to-face meeting at least every eight weeks while WAS required that the customers' action plan be updated everyfour weeks (on the same basis as when they were in pre-employment support). None of the frontline advisers interviewed had undertaken

[24] Evidence for WAS customers moving into work was more limited at the time fieldwork was undertaken.

a tripartite review with both the customer and employer – this was always considered to be a result of the distance customers wished to maintain between their employer and provider.

The Scottish Government performance managers for WFS and SDS SIAs for WAS both recognised that the face-to-face meetings every eight weeks for WFS and action plan updates including employers for WFS represented an 'ideal approach when circumstances allow'. None suggested that the process should go against the express wishes of customers but a number felt that if customers' fears could be overcome, the process might lead to more sustained employment outcomes.

Engaging customers back in the WFS/WAS process when they had begun to settle to a new life was challenging from frontline advisers, especially as these documents required signatures and customers were understandably reluctant to come back into the offices. Providers report that they have to arrange repeated visits to secure a signature. Some further consideration needs to be given to how quality assurance procedures can better sit around the pattern of activity during the in-work support phase.

The transition off benefits presents a number of issues:

- Customers struggle to fund the transition between benefit and their first pay packet and providers report that they often supported customers over this period with:
    - Travel passes
    - Energy or phone cards to help meet household costs
    - Food vouchers for supermarkets
    - In one case, a referral to local food banks
- An understandable fear from customers that if they leave their current benefit they will have little opportunity to return to them (particularly the case for ESA WRAG)

A number of frontline advisers reported that customers who had been offered more than 16 hours work, took permitted work as they were concerned about not being able to return to their current benefits should anything not work out. Providers felt that in these circumstances, with the lifting of the cap on permitted work and the roll out of Universal Credit, it would have been better if the funding model for WFS and WAS had recognised that securing permitted work (under 16 hours per week) which allowed customers to start work but retain their current benefits, would have been an important staging post to increasing working hours in the future. The wider policy intention was predicated on an indivduals ability to be job ready and reach an employment outcome of 16 hours a week. This was designed with the aim of the service supporting individuals and increasing individuals confidence and capacity to get in work and be able to stay in work.

Employer views of the provider services

Profile of employers interviewed

A total of 17 employers have been interviewed across cleaning, retail, security and IT. One organisation was a social enterprise. A number of employment agencies have also engaged with providers who recruit on behalf of a range of employers in the production and customer service

sectors in the main. Pay rates varied with the positions but were typically minimum wage or just above. In many cases, the jobs available were full time but, especially with the employment agencies were temporary rolling contracts.

All the employers contacted were drawn from WFS as there were relatively few employment outcomes for WAS at the end of October 2017. These employers have worked closely with providers and so are familiar with their services – something which is not typical for many employers who recruit WFS customers but given that customers do not wish providers to contact their employers and reveal their background, we were not in a position to engage with them.

The employers interviewed have only limited knowledge, if any, of the nature of services provided to customers but were able to comment on how the candidates presented at interview and their progress if they had been offered employment. The responses need to be considered with this in mind.

Initial contact with WFS

None of those interviewed recognised the WFS or WAS services, but instead spoke of their relationships with the providers, and often particular individuals. Employers had not attended any provider events run under these programmes (one had attended events as part of a previous programme with one provider).

Most employers had long term relationships with most having engaged with providers for two years or more. In a number of cases, employers had worked closely with an individual frontline adviser and trusted them to provide a stream of potential candidates whatever programme or provider they were working with. The other employers were first engaged in summer 2017 and had responded to a cold call from the provider at a time when they were looking to recruit. A minority had engaged only recently as a result of a cold call from the provider.

Recruitment

All of the companies had recruited one or more employees through WFS. The social enterprise specifically targets employment at the long-term unemployed and does not have any issues filling ‘places’. The IT company was expanding in Scotland and wanted to open up some opportunities to people from disadvantaged backgrounds. They generally did not have any issues recruiting.

A number of companies in the security sector had taken on a large number of people (100 and 25) from the providers over the last year. All were recruited as security officers on pay rates ranging from £7.50 per hour to £9.50 per hour. Both felt that without the providers it would be much harder to recruit good candidates. Other sources of recruitment included JCP who were described as providing candidates who did not really want to work and lacking in motivation. Several of the employers used online websites including Indeed and .gov to recruit which tended to be a better source of recruits than JCP. Others advertised in the local press, particularly agencies when they had significant numbers of job roles to fill.

Companies in the cleaning sector had similar views to the security firms. They have ongoing recruitment needs due to staff turnover and had tried recruiting from JCP but had low levels of retention from this route. One large cleaning firm with 1000+ employees had high levels of employee turnover across all recruitment methods at around 60% a year. Annual turnover from the WFS service was around 80% although this is because the 60% figure includes recommendations from friends/family which have a much higher retention rate.

Employment agencies had responded to cold calls from the providers in question. They had experienced a shortage of candidates coming forward from their usual online adverts and other sources and so were more open to such an approach than may have been the case.

A large retailer had recruited three people through the programme. Their rationale was 'to give people a chance' and they generally did not have any difficulties recruiting for the checkout and car park assistant roles.

Views on the recruitment process were generally positive. The amount of support provided varied widely. The larger companies that recruited larger numbers through the programmes generally had the most support with recruitment:

> *"I was very impressed with [Provider]. They provided me with a recruitment day when they set up nine interviews at their offices. This worked well as the recruits were more confident here and all turned up well prepared in suits and with up to date CVs. I recruited six of these candidates. Prior to getting involved with [the provider[I had not (knowingly) recruited anyone with a disability. Their support made me more comfortable to do this. They helped with the background checks for the security licence as well as providing face-to-face support if needed. It helped that their offices were very close by so I could just drop in if needed. They also funded the SI licence if the client did not already have this" [Security employer, 1000+ employees].*

The picture that emerges from this small group of cases is that these employers value relationships with providers and, in some cases, individual advisers whose judgement they trust. This can sustain between successive welfare to work programmes and even adviser job changes – a small number of advisers reported that they maintained contact with key employers when they moved jobs.

Characteristics of candidates

Overall, companies were impressed with the quality of the candidates coming through the programme. Customers had a mix of disabilities ranging from learning disabilities and autism, to physical and mental health issues. The security sector employers said they did not take on people with learning disabilities as they said they would not pass the test for the SIA licence.

Employment agencies reported that they were not often able to vary the recruitment specification they received from their employers to give potentially good candidates who lack experience an opportunity.

> *"We can sometimes say to the employer that there are good candidates who lack experience but it depends on the individual – some feel that they are paying us to meet their full requirements and they don't want to compromise" [Employment Agency].*

There was limited interest from this group of employers in providing work experience as a stepping stone to employment. Employment agencies would find this very difficult to organise and employers in other sectors were keen to recruit directly into work.

The IT sector employer was after candidates with more specialised skills than the other employers and did feel that initially the provider had some issues understanding the skillset required but felt this had improved over time and they would be happy to use them again. All of the employers

commented that the candidates had been well prepared for the interviews and were well presented, interested and motivated.

> *"We were impressed with the motivation and presentation of the first group of five candidates from the provider. We would not normally expect that. We offered two employment and the only reason we did not offer more is that the employer was very strict on candidates having relevant experience in the sector" [Employment Agency].*

Some of the employers valued the additional 'financial' support provided. The security sector employers found the funding of the SI licence very attractive. Other employers also commented that practical support with bus fares, clothing and Tesco vouchers until the first pay cheque was useful for their employees.

Aftercare

Two of the employers had taken the recruits on through a 2-week job trial and in one case there was evidence to suggest that without this trial period they would not have taken the risk and offered the customer employment.

After the initial assistance, for example with bus passes, there was some evidence of ongoing support from the provider although this varied:

> *"I go back to [provider] on the rare occasions I have problems. Sometimes I find that the recruits are not willing to share their issues with me and I go back to [provider] for advice on dealing with any problems" [Security employer, 1000+ employees].*

> *"I don't tend to need to go back to [provider] and the support given to their recruits did not differ from other recruits. The main health condition was depression mainly from being out of work, some were recovering alcoholics, all were able physically and none had learning difficulties, [as] they would struggle to get the SI licence" [Security employer, 1000+ employees].*

One of the employers had noticed a decrease in the level of support over time:

> *"We have worked with the [provider] for a long time and used to get recruits through [another provider]. It used to be that we would get responses to our enquires within the hour but now it is a day or longer. We used to be able to meet with their area managers but now I just meet with the junior advisers who are not very clued up on what I need. When it was [provider] I would get a much clearer picture of what a person's issues were and they even offered training on how to support them, e.g. I attended an autism and a dyslexia event, there has been nothing recently" [Cleaning employer, 1000+ employees].*

In a couple of cases there was evidence of ongoing support and adjustments in job roles to adapt to the needs of the recruit. This tended to be in the case of recruits on the autistic spectrum. In both these cases, ongoing support from the provider was not required with respect to making these adaptions:

> *"We found that the autistic lad needed quite a bit of support, we would take the time to sit him down and explain things and help him with any customer facing roles, e.g. rather than just saying he didn't know to customers he needed to be taught to go and get someone who did know. One of our managers has two autistic children and he offered a lot of support and advice so we didn't need to talk to [provider]" [Retail employer, 1000+ employees].*

In the other cases, the support tends to be the same as for their other employees:

> *"We provide a 12-week training course to all new recruits, sometimes those from [provider] take a bit longer to pick things up but they generally all get there in 12 weeks. For the first two to three weeks all new recruits are provided with a buddy" [Cleaning sector, 1000+ employees].*

There was some evidence of progression through the programme:

- A cleaning company aims to move people on to more permanent employment and support them to develop, thus freeing up space for new recruits. Those that stay with the company for longer tend to have more barriers to overcome. The company has recruited six people from the provider over the past 18 months and of these two remain with the company. Four have moved on to employment elsewhere.

- At the IT sector company the recruit has been with the company for almost a year in an IT role. There are plenty of opportunities for progression.

- A security company recruited 25 people through the programme and of these around 75% are still with the company. One of the recruits has progressed to supervisory level.

- At another security company 100 people have been recruited through the provider over the past three years. Retention has been excellent and the employer has only had to terminate employment for two of the 100 recruits. This is much lower compared to other sources of recruitment from unemployment.

- At one of the cleaning firms they have recruited five people from the provider in the past two years. They have all gone into cleaning roles although there are progression opportunities into supervisory and managerial roles. None have progressed yet although a few have increased their hours from 16 to 30/40 hours a week.

- At the retail sector company, of the three recruits, two have stayed with the company and one has increased his hours from 16 to 24 a week.

Long term impacts

All of the employers were positive about using the providers for recruitment in the future.

There was some evidence of a change in attitudes about recruiting disabled people although this was mixed and this is a relatively small group of employers. The employers which found it easier to recruit (retail and IT sector) both said that they wanted to recruit disabled people from the outset to put something back into the community and would continue to do so either through the service or outside it. They did, however, feel that without the initial introduction from the provider it would have been harder to recruit a disabled person – support and advice from the provider was considered to be crucial.

The employers which found recruitment more challenging (security and cleaning sectors and recruitment agencies, in part) felt more confident in recruiting disabled people although some did say that they may have been taking on disabled people anyway without being aware:

> *"A lot of the people we get through [provider] are classed as disabled as they have mental health problems from long term unemployment. We find that they are not much different from others we have recruited, although they are typically more motivated" [Cleaning sector, 1000+ employees].*

WFS and WAS service outcomes

Introduction

This section presents the survey responses on the early outcomes for customers, covering their changing attitudes, motivation to work, perceptions of future employability and reasons for discontinuing support.

Key findings

- As a result of programme support, WFS customers are more confident that they can take an appropriate job and this will not harm their health, they are better able to identify suitable job opportunities and apply for them, be more confident in disclosing their health condition when applying and be more confident at interview.

- A quarter of WFS customers were in work at the time of the survey with a further 4% in training. Those in work may well include some who are working permitted hours (less than 16 hours per week) and so will not qualify as programme job outcomes. However, there are also indicators of the programme ending too soon and/or not catering to needs for some.

- WAS customers have greater needs and less recent employment experience on average and this is reflected in somewhat lower confidence levels, particularly in terms of the impact of the programme support on their confidence that they can work without affecting their health and in terms of attending job interviews.

- Almost a third of WAS customers (32%) believed that their disability or health condition ruled out work altogether. It is not clear whether they were referred and started on the programme before they were really ready and it contradicts the finding that the vast majority of customers on both programmes are highly motivated to find work. It is possible that more time on programme may improve their confidence or that other forms of specialist support are required.

- That said, almost one in five WAS customers (18%) were in work at the time of the survey and a further 3% in training.

- The desire to work is strong in both programmes with 96% of WFS and 93% of WAS customers wanting to return to work. Only 1% of WFS and 3% of WAS stated that they had no desire to work.

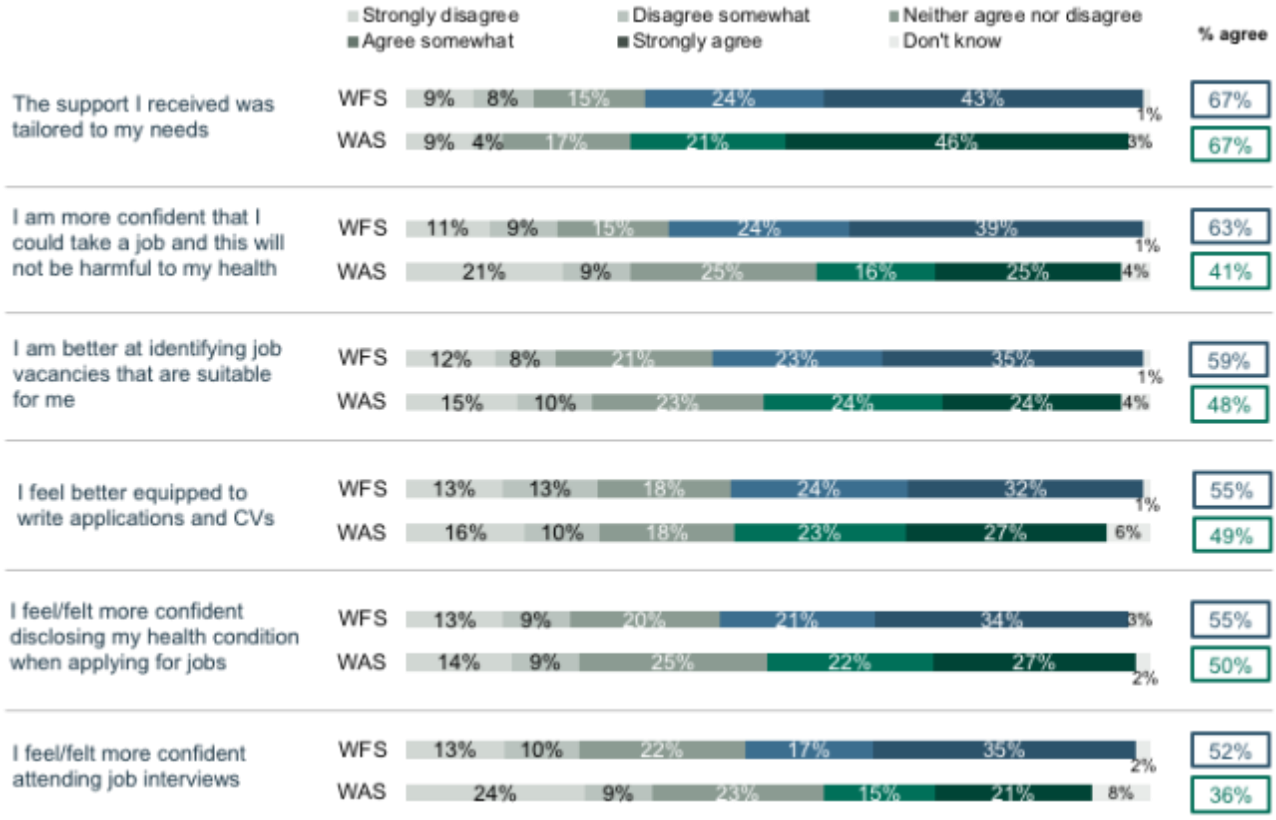
- Across both programmes, high motivation to work is closely linked to the impact their disability or health condition has on day-to-day life. Those clients whose disabilities or health conditions have a lower day-to-day impact and/or who feel able to manage their disability or condition saw the highest increases in their motivation to work.

Attitudes toward work search tasks

Customers (both current and previous) were asked the degree to which they agreed with a set of statements relating to how well the service performed in respect of offering tailored support, improving their confidence in their ability to return to work, helping to identify suitable opportunities, writing applications and CVs, and improving confidence to disclose their disability or health

condition in applications and confidence in interviewing. Figure 5.1 shows the full results of these states for both services.

Figure 5.1 Service impact on job search tasks



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=499), WAS (n=201)

WFS customers reported that their experiences on the programme to date had changed their capabilities in a number of ways:

- Just over two-thirds reported that the support had been tailored to their needs with fewer than one in five (17%) who did not think support was tailored. Those with 'high impact' disabilities or health conditions which they feel prevent them from working were most likely to disagree that the support was tailored to their needs. This does reflect the views of frontline advisers in providers that the service had limited specialist health and wellbeing support to offer.

- Some 63% felt that WFS support had improved their confidence in that they could work and this would not be detrimental to their health. Some 20% did not agree with this statement.

- WFS support has made a difference on approaches to job search tasks for people with a disability or health condition:

    - 59% now considered that they were better able to identify vacancies that were suited to them

    - A similar proportion were now better equipped to write applications and CVs, although over a quarter did not feel that this was the case for them

    - More than half reported that they were now more confident that they could reveal their health condition when applying for jobs

- Almost two-thirds reported that they were now more confident attending job interviews as a result of WFS support. Those who have worked within the last two years are considerably more confident in interviewing and have higher certainty that work won't harm them. Discussions with employers did highlight that many WFS customers were prepared and came across well at interview.

For those in WFS, clients who received occupational therapy were more likely to agree to all these statements across confidence and skills. This suggests that the occupational therapy offer could be a key step to mentally support clients through this process.

Overall, those WFS customers most likely to have agreed to these statements are also more likely to have a condition that does not regularly impact them day-to-day and that they manage well. They are also more likely to feel ready to return to work for some or all days and have a high degree of motivation to do so. Indeed, many are already working at the time of survey.

WFS customers that had taken advantage of work experience opportunities exhibited higher levels of confidence in both disclosing their condition and thinking that work would not have a negative effect on their condition that others. Getting customers to the point where they have this confidence *before* going on work experience or job interviews may remain a challenge for some and explain the relatively high proportion of customers who do not agree that support had made them more confident in this regard.

For WAS customers, there is a different pattern of outcomes:

- Over two-thirds reported that the support had been tailored to their needs with 13% not agreeing with this statement.

- Around half the customers reported that:

    - They were better able to identify vacancies that were suited to them (48%)

    - They were better equipped to write applications and CVs (49%)

    - They were now more confident that they could reveal their health condition when applying for jobs (50%)

However, only a minority reported that:

- They were confident that they could take a job and this would not be harmful to their health (41%). Almost a third disagreed with this statement.

- They were now more confident attending job interviews as a result of WAS support (36%) with a third saying that they were not more confident.

Confidence interviewing and taking jobs are the biggest areas of difference between the programmes, which may suggest that WAS clients remain furthest from the labour market, despite higher take-up of most services. There are too few WAS survey respondents to provide robust insight into why customers have lower levels of confidence about the potential harm work might

cause to a condition but the data indicates that having relatively recent experience of employment is a factor.

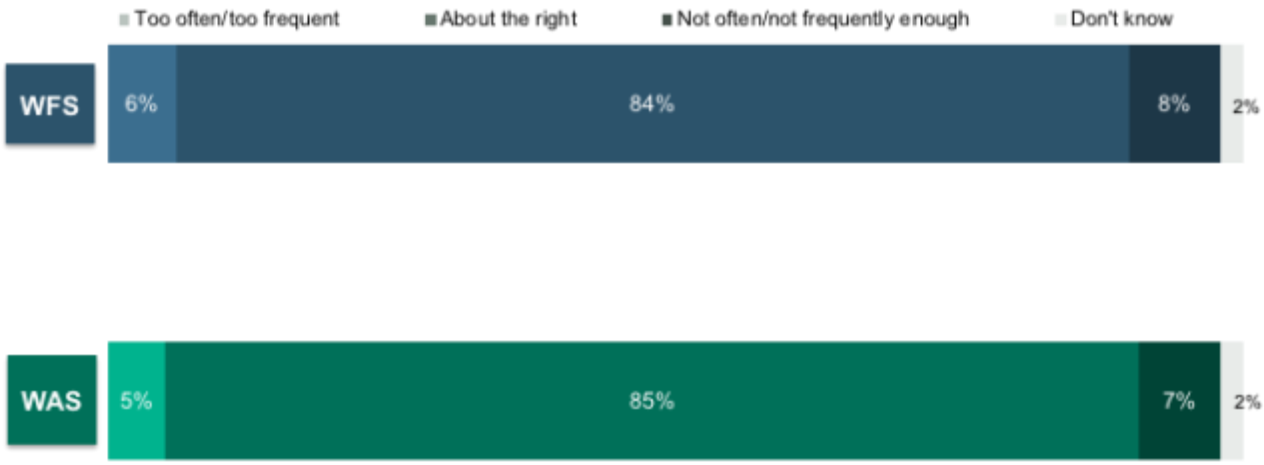
The analysis of the characteristics of the WAS client group demonstrate that they have greater needs and are often more distant from recent employment. Discussions with frontline advisers in providers and the supply chain reinfrorce this view. It is also the case that frontline advisers felt that it takes longer to build trust and confidence with this group and this may explain why proportionately fewer are yet to report increased confidence in employment-related issues.

There were otherwise very few significant differences within or between the two client groups in terms of demographics and other factors.

Impact on levels of motivation

Clients were also asked the degree to which their motivation to find work has changed as a result of the programme. As shown in Figure 5.2 below, roughly two-third of clients in both programmes have an increased level of motivation following programme participation.

Figure 5.2 Change in motivation to work from using WFS/WAS programme



Source: IFF Research Telephone survey of WFS and WAS customers
E9. To what extent, if any, would you say your motivation to find work has increased or decreased from when you began receiving support from WFS/WAS?
Base: not currently in work and would like to work again at some point – WFS (n=344), WAS (n=170)

High motivation is closely linked to the impact their disability or health condition has on day-to-day life. Those clients whose disabilities or health conditions have a lower day-to-day impact and/or who feel able to manage their disability or condition, saw the highest increases in their motivation to work.

WAS clients who had occupational therapy were more likely to say their motivation increased as a result of being in the programme. Motivation increases for WFS clients who received occupational therapy is also higher, but not to a significant degree.

Expectations for future employment

Future prospects for employment is a crucial outcome for WFS and WAS customers, the survey explored their current preparedness to return to work, their desire to do so and their expected timeline for this to take place. Figure 5.3 below shows the results of these questions.

For WFS customers:

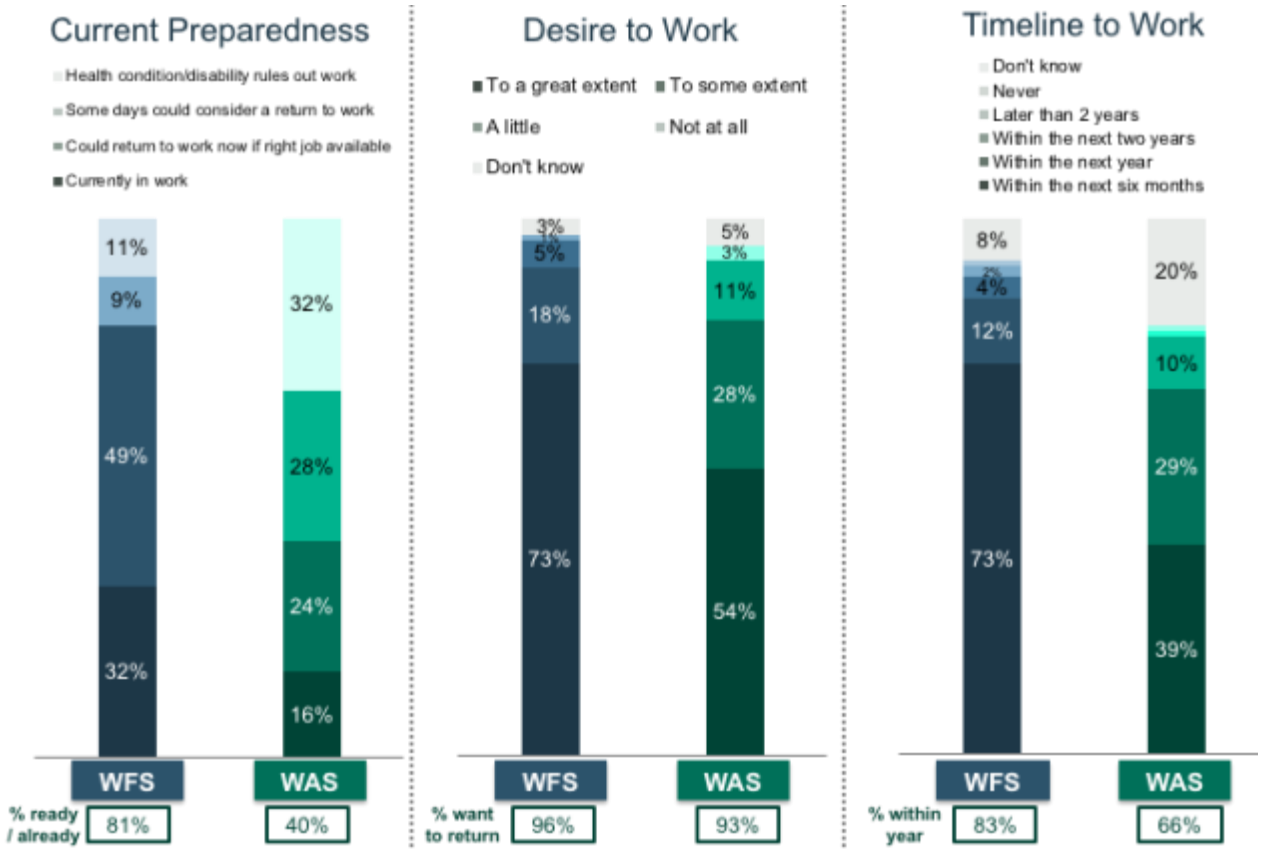
- Have a strong desire to secure employment, with just 1% reporting that they had no desire to secure employment. Almost three-quarters (73%) reported that they had a great desire to secure a job and a further 16% to some extent.
- Thirty-two percent of WFS clients are already in work and a further 49% feel ready to be. Some 11% believed that their current health condition ruled out employment.
- For those not yet working, 83% of WFS clients expect to return to work within the next year.

As noted earlier, WAS customers are expected to require longer term support before they become ready to return to work. At the time of the survey interview two in five said that they felt ready to return to employment. However, where they said that they were not yet ready, they were also more likely to say that they expect to be able to do so over a shorter timeframe.

In summary:

- WAS customer motivation is very high, with interest in returning to work at 93%. While only 3% say that they have no desire to return to work and more than half have a strong desire, over a third (35%) say ‘to some extent’ or ‘a little’. In keeping with the above analysis of WAS impact on confidence, this suggests a significant minority of WAS customers remain less confident that employment is possible with their current health condition.
- In fact, almost a third of WAS customers (32%) believe that their disability or health condition rules out work altogether. At this stage of the research, it is not clear whether more time will build their confidence and trust or other forms of specialist support will make a difference to this perception.
- For those not yet working, two-thirds expect to return to work within 12 months and at the time of the survey 16% of WAS customers were already in work and a further 24% feel ready to start employment if the right job opportunity was available.

Figure 5.3 Impact on future employability factors



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=499), WFS not currently employed (N=350), WAS (n=201), WAS not currently employed (N=174)

Reasons for leaving the programme

Those no longer receiving support from their programme were asked why they are no longer involved. These reasons for leaving the support service provide some insight into the operations of each. The results are presented in Figure 5.4.

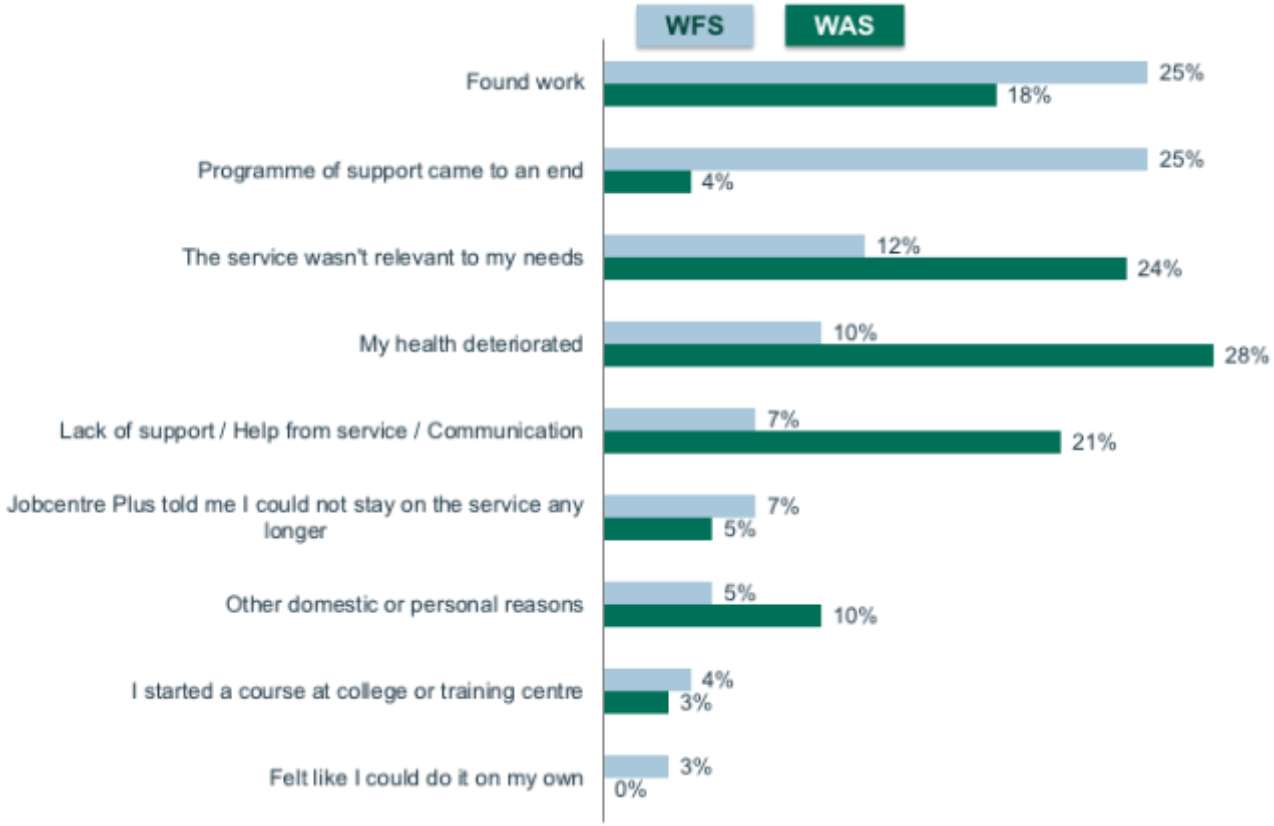
Looking at WFS first, the reasons for leaving show a stronger degree of positive outcomes. One-in-four (25%) left the programme due to finding work[25], while a further 4% went into training or education. However, there are also indicators of the programme ending too soon and/or not catering to the needs of some:

[25] We believe that this figure includes 'permitted work' where customers can work for less than 16 hours a week and retain their current benefits. Both JCP WCs and frontline advisers from providers reported that customers can become concerned about the uncertainty of moving into work and for some it is better that they commit to fewer hours as a stepping stone to moving off benefits entirely rather than not taking up the job opportunity at all.

- For 32%, the programme ended before they found work, including a small proportion of customers (7%) who said that JCP told them they could not stay on the service[26]
- 12% did not find it relevant to their needs
- 7% felt the programme lacked support and communication, ultimately not being helpful

Notwithstanding the possibility that many of these customers were inappropriate referrals, this suggests that, while WFS has a strong level of positive outcomes during its initial period, the programme length may have been insufficient for others. Overall relevance of the programme could also be improved to ensure it meets client needs, which parallels the finding that the one-third felt the programme did not provide support tailored to their needs.

Figure 5.4 Reasons for leaving WFS/WAS service



Source: IFF Research Telephone survey of WFS and WAS customers
D4. Why did you leave the support service? Only items with more than 2% shown. Order based on total scores
Base: those who are no longer receiving support – WFS (n=284), WAS (n=49)

Almost one in five WAS customers (18%) had found work and 3% started training. As with the WFS employment outcomes this may include a proportion of 'permitted work' jobs where customers work less than 16 hours and retain their benefits. Both WAS and WFS job outcomes need to be for more than 16 hours to trigger a job outcome payment. Those who have left for

[26] It is unclear why this would occur. It is mostly likely that customers missed three consecutive meetings and so were exited from the programme but it could also be the case that customers were told that they had been returned to JCP because their maximum 6-month pre-employment support period had been completed.

positive outcomes are similarly most likely to be least affected by their disability or health condition and been out of work less in recent years.

Reflecting a customer group with higher support needs, 24% felt the programme wasn't relevant to them and 21% said it lacked support and communication. Further, 28% had their health deteriorate whilst in the programme. Frontline advisers in providers and their supply chain did find maintaining customer participation a challenge, especially through rough patches or relapses. Encouragement and flexible responses were found to help a little but few had specialist support available to address these issues. More felt that peer group work and the encouragement of being alongside people in similar situations was as effective but customers needed a degree of confidence to access this level of support.

Some 9% of customers report that WAS support had come to an end or they were informed by JCP that they could no longer access the service. We think that as the programme had not run for the full 12 months of pre-support for any of these customers, these cases must be where they failed to attend for three or more meetings and so were exited from the programme.

Client outcomes

It must be stressed that these are early job outcomes – only those in the first month of recruitment to WFS in April will have reached their maximum 6 month participation by this stage (Oct 2017). Discussions with providers and the supply chain have suggested that job outcomes have been resilient as the programmes reach their conclusion. Many clients returned in the New Year keen to make a difference to their lives.

Comparisons with other programmes are never straightforward because of differences in client groups, definitions of performance measures and the availability of detailed performance data. However, in the case of WFS it is possible to compare to an extent against the performance of Work Choice. Data is only available for the programme as a whole and since November 2015 (when the short job outcome indicator changed to become a measure of all those who had been in work for 13 weeks). Short unsupported job outcomes for the programme as a whole were 16% for November to March 2015/16[27] which is the most robust outcome measure available. A more contemporaneous measure is the simple proportion of starts who have achieved an unsupported job outcome – running at around 13.5% for the last three quarters of 2016/17.

Short unsupported job outcomes are for at least 16 hours a week and so they are not directly comparable to the proportion of WFS customers in the survey who were in work when the survey was conducted (nor do we know whether this employment has sustained for 13 weeks). However, this will be an important performance benchmark for WFS once employment outcomes have had time to mature.

The second phase of this evaluation will seek to explore employment outcomes and their sustainability more fully.

[27] Cohort of Work Choice starts, short job outcomes, job progressions and sustained job outcomes within 12 months of start. The starts/unsupported job outcomes for Q1-Q3 2016/17 are not measured for the full 12 month period and relate to starts in England and Wales only. Source DWP Work Choice Statistics August 2017.

Conclusions and issues arising

The final section of this report provides a final summary of the key findings of this research and their associated recommendations specifically in relation to the key questions for this research phase:

- 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 WFS and WAS different from previous employability support? Do the services attract a broad group of customers?

How well has the service delivery approach worked across both services?

Both programmes have engaged with a customer group that is broadly representative of their respective target client groups with the exception that:

- When considering the gender split in self-reported disabilities and health conditions, female customers are slightly underrepresented across both services.
- The customer groups are on average drawn from younger age groups, when the incidence of disability and health conditions rises steeply with age. That said, WAS participation up to the age of 55 is close to the profile of older people. This should be considered an achievement, given that some evidence suggests that the onset of health conditions after the age of 55 led many to retire from the workforce.
- Two-thirds of WAS customers have mental health conditions, well above benchmark levels and 86% reported that their condition had an impact on their ability to carry out day-to-day activities.

The Scottish Government decision to work with existing Work Choice providers to ensure continuity of support in the one year transitional WFS approach meant that it was possible to roll-forward existing provider delivery arrangements and brought significant advantages in the time available. WAS did establish provision very quickly but this inevitably required some time to bed-in and this happened as the programme went live.

It is clear that while JCP staff worked hard to support both programmes with referrals, these were not always the most targeted. There was no effective JCP process for screening out customers who would struggle to secure employment of 16 hours or more at 6 months (WFS) or 12 months (WAS). In some cases, detailed discussions with customers on their interests, needs and whether the programme would suit them did not occur until they met with the providers – something which took time to establish, especially for WAS.

WFS referrals benefited from being familiar to JCP staff from previous Work Choice delivery but from a provider perspective this produced a larger than expected volume of referrals. WAS proved more challenging to engage as potential customers were less frequent visitors to the JCP offices and proportionately more felt that they were unlikely to secure work because of their health condition.

It is important to recognise that relatively high proportions of referrals either not attending initial interviews or attending and then deciding not to participate is not a costless exercise. Between April and end of October 2017, 62% of WFS referrals and 49% of WAS referrals started their respective programmes. The high volume of referrals on WFS and the spike in WAS referrals in June 2017 as a result of the intensive activity period, combined with difficulties in regular communication with JCP WCs, has focused provider behaviour towards managing this process.

Providers and JCP WCs see warm handovers as an important part of ensuring prospective customers are fully aware of the programme offer and its requirements of them . This is about selling the potential of the programme and explaining how the support provided can help customers access employment and manage their health. Providers are able to explain their offer in greater depth and give examples of similar customers who have worked with them successfully in the past.

Providers and JCP WCs all suggest that engagement and good communications with their local JCP offices were key to the scale and quality of referrals across both programmes. Day to day communications with JCP WCs has been a challenge and many providers suggested that it would be vital to have a single point of contact to help them source information on claimants..

The administrative overhead involved in both programmes impacted on frontline advisers' time to support customers. A consistent view from providers across the supply chain was that around a third of their time was spent working with customers, a third chasing customers to ensure that they attend these meetings and a third on the associated administration. Compared to other employability programmes, the compliance requirements and processes are not that different, however the weekly meetings with clients increases the volume of administration considerably. Programme administration should be reviewed and streamlined where possible.

Establishing two employability programmes in such a short timeframe has been a challenge, as there was a need to ensure continuity of service while developing the space for a distinctive Scottish approach to employability support. The WFS and WAS programmes have enabled Scottish Government to develop a supporting infrastructure that includes their own performance management team, data monitoring and effective strategic and operational communications with JCP and DWP. This will pay dividends as the lessons learned have helped in the design and delivery of future employability services, including Fair Start Scotland.

Partnership working and communications between Scottish Government and JCP/DWP have been transformed. Partners now have an effective and enduring platform to raise and address policy and delivery issues such as information and data sharing and joint approach to improving operational delivery – as evidenced by the early and extensive preparations for the introduction of Fair Start Scotland in April 2018.

What do high quality services look and feel like for customers?

Voluntary participation is widely regarded by providers and JCP WCs as an important feature of both services that helps engage customers. However, it should be recognised that this is set within a wider benefit regime that still relies on compulsion in key aspects and it will take time for customers to fully appreciate that participation is entirely their choice. JCP WCs and provider advisers both stressed that the DWP Work Capability Assessment process is feared by many claimants who consider that showing any sign of interest in returning to work may impact on their WCA assessment process and lead to a loss in benefit income.

The main reason that WFS and WAS customers gave for engaging with services are related to their strong desire to secure work. The offer of specialist help for people with disabilities or health conditions and to build confidence was particularly important for WAS customers.

There is some limited evidence in the reasons given by a group of WAS referrals who opted not to start the programme, that around a quarter of these non-starters felt that they were not yet ready to return to work. This may mean a wider offer using health and community venues in the future might provide a steady stream of customers with the time to fully consider the employment services offer before engaging with employability services.

Almost seven in ten WFS and over eight in ten WAS customers found the regular one-to-one adviser appointments useful. Providers gave mixed views on the requirement to undertake at least one hour a week face-to-face with customers on both programmes. Some lead providers felt that this frequency did not always suit the needs of all clients. However, provider and supply chain frontline advisers were most often in favour of this approach. Regular contact based around the action planning process was considered to be very important for customers who were often not in a position to move forward their confidence and back to work strategies on their own and required more regular in-depth personal assistance. The vast majority of customers on both programmes report that their frequency was about right (84% WFS and 85% WAS) with only a small minority saying that they were too frequent (6% WFS and 5% WAS).

This did challenge providers and their supply chain to organise, undertake and follow-up at this level of service, especially as many customers (particularly WAS customers) suffered from anxiety and low confidence and so were not able to participate in any group activities until they gained confidence.

Occupational therapy and other health and wellbeing support was offered to proportionately more WAS customers (61%) than WFS (54%) reflecting their relative needs. A significant proportion of both groups (24% of WFS and 22% of WAS customers offered such support) did not take it up but the vast majority that did use the support found it useful.

Discussions with providers suggest that they faced cost-constraints on such specialist provision. In most cases support was relatively short courses with external providers or ensuring the customer was referred to a supply-chain provider with specialist knowledge of such support (e.g. SAMH for mental health issues) with the purpose to provide customers with strategies to help manage their conditions. Extended support and those with higher level needs were referred to NHS or other local specialist services, but access to these was not consistently available in every area. In the case of WFS, customers were advised that they should exit the programme and return when they had recovered sufficiently as it was unlikely there would be time in their pre-employment stage

otherwise. Healthy lifestyle support – short-term gym memberships and healthy living advice (often online) were also used by frontlne advisers to help customers manage their conditions.

Short course training was widely used – CSCS construction site cards, Security Industry Authority training and licence and other short entry courses (Care Routes, Customer care) were used by many providers. The inability to access funding such as the Individual Learning Account to help support the costs of this training were criticised by providers who did not understand why this constitutes 'double funding'. Discussions with case study employers point to the value placed on potential candidates having the relevant licence in selecting recruits.

Group job search and work trials were not always as popular with frontline advisers as some reported customers saw this as working for nothing. Supported employment, whilst not a feature of these services was anecdotally available in one provider along with bespoke recruitment for a large retailer and bank. JCP WCs reported that this was well-known among potential WFS customers who might opt to refer to this particular provider to access these.

Transitional support was more often reported for WFS customers (as fewer WAS customers had reached the stage of job entry). Bridging the gap between their last benefit payment and the first pay cheque was widely considered by frontline advisers to be a challenge for many customers. Payments for bus passes, supermarket vouchers, work clothes and referrals to food banks etc. were often cited as methods to help customers survive until they were paid.

What difference do the services make to customer outcomes?

At the time of the customer survey both programmes had a positive impact on customer motivation to work. It should be recognised that this was still relatively early in the pre-employment support phase of WAS and that this is reflected in the results to date.

As a result of programme participation, two-thirds of customers in both programmes felt their motivation to work had increased to some degree, with more than nine-in-ten customers exhibiting a desire to work in the future. Furthermore, two-thirds of WFS customers and two-fifths of WAS customers felt confident in their ability to take on a job without harmful consequences to their health (WFS 63%, WAS 41%), as well as half feeling more comfortable disclosing their disability or condition when applying for jobs (WFS 55%, WAS 50%).

At the time of interview, 81% of WFS customers were already in work or felt ready to be in work (32%[28], 49% respectively). Some 40% of WAS customers were the same (16% already in work, 24% who felt ready) reflecting the longer pre-employment support period required to get WAS customers ready to undertake job search. For those not yet working, 83% of WFS customers expect or intend to be working within a year and 66% among WAS customers.

However, it should also be noted that a minority of customers from both WFS and WAS came to an end of their support without moving into work or discontinued participation due to lack of individualisation and relevance. This suggests that, while the programmes work for many, they may not be long enough or sufficiently tailored enough to meet all needs.

[28] It is likely that a proportion of these customers are working permitted hours, i.e. under 16 hours a week.

There are some differences between WFS and WAS customers in terms of the confidence with which they approach the idea of work and concerns were higher among those with mental health conditions, greater health needs and longer durations since they last worked:

- Just under half WAS customers said they were worried that employers would not recruit them because of their health condition compared to 37% of WFS customers
- Some 46% of WAS customers said the idea of working made them feel anxious compared to 35% of WFS customers

Similar proportions of both WFS and WAS customers (32% and 29%) are concerned about the impact work will have on their health and feel they need more social support in order to help them work.

Although it is still relatively early to judge outcomes based on performance from April to October 2017, the WFS job entry rate is comparable to that recorded for Work Choice for unsupported jobs. Both WAS and WFS providers reported that job outcomes were improving in the New Year.

For some customers on both programmes who had been offered jobs with more than 16 hours, the risks of leaving benefit were too high and they opted for permitted work (fewer than 16 hours) so that they could retain their benefits while they became comfortable with working.

As areas transition towards Universal Credit, the relevance of 16 hours or more employment and the fact that this requires customers' to leave their current out-of-work benefits behind has less relevance. Some customers had been offered more than 16 hours work but opted to work permitted hours so that they could retain their benefit status. This appears to be due to (i) fears that if the job did not work out, they could not return to their current benefit position and (ii) that funding the gap between the last benefit payment and first pay cheque was a substantial challenge.

What differences do the services make to employers?

A large majority of customers do not want providers speaking to their employers, which can vary from 80-95%. Customers do not wish to reveal their health conditions to employers and see no benefit in doing so. This does limit the opportunity for a more involved in-work support process. Providers do still engage with employers but this occurs mostly for customers with learning disabilities and other developmental conditions who see benefits from an IPS-type support from providers.

Providers have good connections to employers built up over numerous programmes and the interviews with employers show that they (i) find the potential recruits confident and enthusiastic and (ii) trust the providers. Of course, these are a select group. The sustainability of employment outcomes will be an issue for Phase 2 of the evaluation.

Case study discussions with employers have drawn on those employers with extended relationships with providers. A minority have engaged specifically with providers because they believe they should do more to employ people with a disability or health condition. However, more have developed and maintained contacts with employability service providers they trust to provide a stream of candidates who are well-prepared for interview.

Few of these employers were aware of the detailed support provided to customers by the WFS and WAS programmes and most were not familiar with the programme names. They did, however, mostly have strong relationships with individuals working at the provider and some had maintained contact through successive employability programmes because they trusted them.

The level of support from providers varied widely. The larger companies that recruited larger numbers through the programmes generally had the most support with recruitment. This might include setting up a recruitment day at the provider's premises to interview a series of candidates through to general advice on the recruitment of people with disability or health conditions. A small number had used work trials and would probably not have recruited without these. Others felt that the candidates were frequently very motivated and reported that they had good retention rates so far, so their involvement with the programmes provides them with better access to good employment candidates.

Providers in a small number of cases had engaged with employers to support them in making adjustments in job roles to adapt to the needs of the recruit or advice on using additional support for the new recruits such as buddies etc. However, in more cases the employers report that they gained confidence in recruiting people with disabilities and health conditions from the general advice gained by working with providers.

Ways to improve effectiveness and successful outcomes

While both programmes perform well, there are clear and consistent differences in performance and outcomes between customer subgroups. These findings provide clear evidence from which to develop WFS and WAS delivery and future employability services to better support the least successful groups.

There are a number of key recommendations for Scottish Government arising from this first phase evaluation that would improve employability services performance:

- Warm handovers are an essential part of improving the quality of referrals to employability services. This is as much about selling the potential of the programme as voluntary participation. Providers are able to explain their offer in greater depth and give examples of similar customers who have worked with them successfully in the past to ensure that potential customers are clear on the support that they can expect to receive. Referral numbers need to be managed in line with provider capacity so resources are not under-used or overloaded.

- A deeper engagement process through community and health services would have been very challenging to establish in the time available, but providers and JCP WCs see this as being an important consideration for future programmes. Raising the possibility of moving back into work among people with disabilities and long-term health conditions away from the benefit and employment services would allow potential customers more space to consider the offer.

- The requirement that providers undertake an hour a week face-to-face with customers is successful. Adviser contact time with customers drives outcomes and was widely supported among frontline advisers as it provides the resource to deal with the customer as an individual. This has been carried forward into the contracts for FSS and there is sufficient evidence from WFS and WAS for this to continue.

- Managers in lead providers felt that the 'hard-and-fast' rule was too inflexible to fit with all customers' needs or even work around their need to attend medical appointments. We recommend that Scottish Government explore ways of enabling greater flexibility to accommodate customer preferences. WFS and WAS compliance procedures were relatively standard, but some providers felt the frequency of reporting and the lack of technology to make the process more efficient created a significant overhead on advisers. Few providers had adopted technology such as digital signatures that might make this process more efficient and Scottish Government should consider how the administrative overhead involved could be reduced, while maintaining appropriate programme transparency, and consistency, quality and efficiency of delivery for participants.

- A review of where compliance is best applied to support quality of delivery could also be undertaken – ensuring all customers receive regular support is perhaps more important than updating in-work action plans and requiring signatures when the vast majority of customers are reluctant to involve their employers directly and, moreover, feel that they have made a transition and 'moved on'. When customer contact drives desired outcomes, anything that reduces the time spent on this comes at a cost.

- A customer-side view of procedures needs to be considered. Appropriate induction procedures need to be considered, and while these may consume provider resources, the real issue is how they can effectively engage voluntary participants.

- For some customers with significant mental health needs, the support available is not sufficient and the ability to fund significant specialist support remains a challenge. Specialist support services to WAS customers have been provided but these were often relatively short interventions designed to help customers develop coping strategies to manage their conditions. Longer term and more intensive support relied on NHS services, particularly for the majority of people with a mental health condition (two-thirds of WAS customers), and was often described as a postcode lottery. Further thought needs to be given to:

    - A strategic discussion with NHS Scotland and Health Boards to explore more consistent access to mental health support services to customers who wish to return to work.

    - Consideration of how resources for specialist services can be directed more cost-effectively to a quality service. A number of frontline advisers felt that a ring-fenced budget could ensure greater investment. We would also recommend that Scottish Government consider the option of providing a centrally funded service for frequently used services where the likely volume means that core funding may support higher service standards and lower unit costs[29].

[29] The Human Resources Administration funded core support services for addiction and mental health centrally and required all employability service providers to draw on these services for their clients as a mechanism to ensure high quality specialist services were available to all providers and pooling resources led to lower unit costs.

- This research cannot fully establish whether the costs of weekly employability support, specialist support, vocational courses and job search etc. prevent further investment in specialist services. This requires that contracts with providers have open-book accounting clauses combined with a more deliberate approach to shared learning in employability services – what has been termed a 'learning contract'. This is now in place for FSS and should be used by Scottish Government to provide a more forensic analysis of the costs of employability service delivery in future.

- Regular meetings between Scottish Government and DWP and JCP stakeholders at senior and operational level have underpinned much closer working arrangements. However, Scottish Government should consider engaging providers more in practice development – part of the learning contract process – where good practice can be aired and discussed. These are probably best conducted in a separate forum away from the contractual and operational issues dealt within the Joint Operations Group meetings.

Appendices

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 Adviser
End to end provider	Employability services provider who delivers services to customers throughout their time on the programme
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
KPI	Key Performance Indicators
Lead Provider	Primary contractor for the delivery of the employability service
PRaP	Provider Referrals and Payments IT system used by DWP 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 programme in addition to Jobcentre plus
Supply chain	Organisations subcontract by the lead provider to deliver services to programme customers
WAS	Work Able Scotland
WC	Jobcentre Plus Work Coach
WCA	Work Capability Assessment
WFS	Work First Scotland

Appendix 2 – Review of employability literature

We have undertaken a brief literature review of what is a very large area of research interest. This has been undertaken to consider:

- The scale and nature of the target customer groups for WFS and WAS and their current level of participation in the labour market
- Evidence on what works in supporting disabled people and those with long-term health conditions back into work

Prevalence of disability and long-term health conditions

Establishing the prevalence of disability and long-term conditions is not straightforward due to differences in definitions and limited data on how individual conditions combine. People are classified as disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' (i.e. longer than 12 months) negative effect on their ability to do normal daily activities. The SG's definition is that "Long term conditions are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support".

Depending on the source data, estimates of the prevalence of long-term health conditions vary widely. There are 647,000 people in Scotland (working age, 16-64 years) who have declared themselves as Equality Act disabled, almost one fifth (19.0%) of the population in Scotland, similar to across the UK (18.0%)[30].

Other data sources report a slightly higher prevalence – the Family Resources Survey 2016/17 reports that 22% of the population (1.2m people of all ages) have a disability compared to 22% of the UK population[31]. The Scottish Health Survey 2016 reports that 33% of over 16s have at least one limiting long-term health condition. In 2007, Audit Scotland estimated that around a million people in Scotland had a long-term health condition[32]. Around 40% of people with a long-term health condition are not Equality Act disabled and this may explain the difference between the Equality Act estimate and those from other sources. This would suggest a population of around one million people in Scotland.

The Scottish Health Survey asks people about their long-term health conditions. Data based on health professionals' records tend to report lower prevalence because they exclude any condition that does not last 12 months or more. An analysis of the two sources in 2008[33] found that SHS suggested 37% of people had one or more long-term health condition, whereas the same data restricted to conditions lasting 12 months was 28%. The exclusion of short-term conditions, such as back pain, may be a question of degree when considering an individual's ability to participate in the labour market.

[30] ONS Annual Population Survey 2016.

[31] Family Resources Survey 2016/17 Disability Tables available at www.gov.uk/government/statistics/family-resources-survey-financial-year-201617.

[32] Audit Scotland (2007) Managing long-term health conditions, August 2007.

[33] NHS Scotland (2008) Measuring Long-Term Conditions in Scotland, Information Services Division, NHS Nations Services Scotland, June 2008.

The prevalence among working age adults (16-64) of a limiting long-term health condition is higher for females (35%) compared to 25% of males. Females represent 58% of all EA 2010 disabled people in 2016. Older age groups have much higher prevalence of long-term health conditions 45% of 65-74s and 60% of the over 75s. Females have higher prevalence rates in every age group from 16-24s to 65-74s[34]. In 2016, this amounted to some 600,000 females and 470,000 males in Scotland aged 16-64, a total of just over one million or 27% of the working age population. A further 280,000 females (14%) and 230,000 males (12%) reported non-limiting long-term health conditions.

Depth of need

The costs of long-term health conditions for individuals and society is very large. Long term health conditions are the primary driver of demand for health services (80% of GP appointments and 60% of bed stays in hospitals and the major cause of mortality[35]). Expectations are that these conditions will continue to increase following recent trends.

After housing costs, the proportion of working age disabled people living in poverty (28%) is higher than the proportion of working age non-disabled people (18%)[36]. Living costs are frequently higher because of their health condition and there is evidence that even those in work suffer from lower pay rates with pay gaps between 15% to 28% depending on their disability[37].

According to ONS data, the employment rate for disabled people was 42.8% in 2016 while the employment rate for not Equality Act disabled was 80.2%, a gap of 37.4%. Equality Act disabled are less likely to be in full-time employment[38].

In 2016, around 287,000 disabled people were in employment aged 16 years and above, which was 11.1% of the total number of people 16 years and above employed in Scotland. Older workers in the 50 to 64 age group have the largest employment gap with 36.2% in employment compared to 80.3% of their non-disabled counterparts. Female disabled have a slightly higher employment rate (43.3%) and a lower non-disabled employment rate, so their employment gap is lower (33.2%)[39].

A recent report[40] highlights significant sub-regional variations, with areas that enjoy high employment rates also having higher disability employment rates even when controlling for other factors (education, etc). Ex-industrial areas, therefore, tend to have lower employment rates and even lower disabled employment rates. Scotland, outside of Strathclyde, has above average

[34] The Scottish Health Survey: 2016 Edition, volume 1 main report, Table 7.3 p191.

[35] Audit Scotland (2007).

[36] Scope (2017), Disability facts and figures, (Online), Available at: https://www.scope.org.uk/media/disability-facts-figures.

[37] Equality and Human Rights Commission (2017) The disability pay gap, (Online), Available at: https://www.equalityhumanrights.com/sites/default/files/research-report-107-the-disability-pay-gap.pdf.

[38] ONS, Annual Population Survey Jan-Dec 2016.

[39] ONS, Annual Population Survey Jan-Dec 2016.

[40] Gardinar and Gaffney (2016) Retention Deficit: A new approach to employment for people with health problems and disabilities, Resolution Foundation, June 2016.

employment rates for both disabled and non-disabled people, but Strathclyde is the third worse performing area in the UK.

Lifestyle behaviours have a major impact on long-term health conditions – smoking, alcohol consumption, limited exercise and poor diet – all contribute (but are not the only cause of such conditions). Almost twice as many people aged over 16 report limiting long-term conditions (21% cf 40%) when they have two or more risk factors from their lifestyle compared to those who have none. These risk factors vary considerably by income with the lowest income groups having double the proportion with two or more risk factors (40%) than the highest income group (20%)[41].

The link between limiting long-term health conditions and disadvantage has been known for some time. Barnett (2012) using Scottish health records data found that people living in the most deprived areas faced an onset of multimorbidity 10-15 years earlier when compared to the most affluent. Socioeconomic deprivation was particularly associated with multiple health conditions that included mental health disorders.

If you have one long-term health condition then you are more likely to have another, particularly among older age groups. APS 2016 data suggests that 41.3% of working age disabled people in Scotland have three or more conditions, somewhat above the level in the UK as a whole (38.7%)[42].

Multimorbidity is a concern because as a more recent study found, patients with multi-morbid diabetes, arthritis, neurological, or long-term mental health problems have considerably lower quality of life than other people and demand more complex care. The same study found that, with the exception of neurological conditions, the presence of a comorbid mental health problem had a more adverse effect on Health Related Quality of Life measure than any single comorbid physical condition[43].

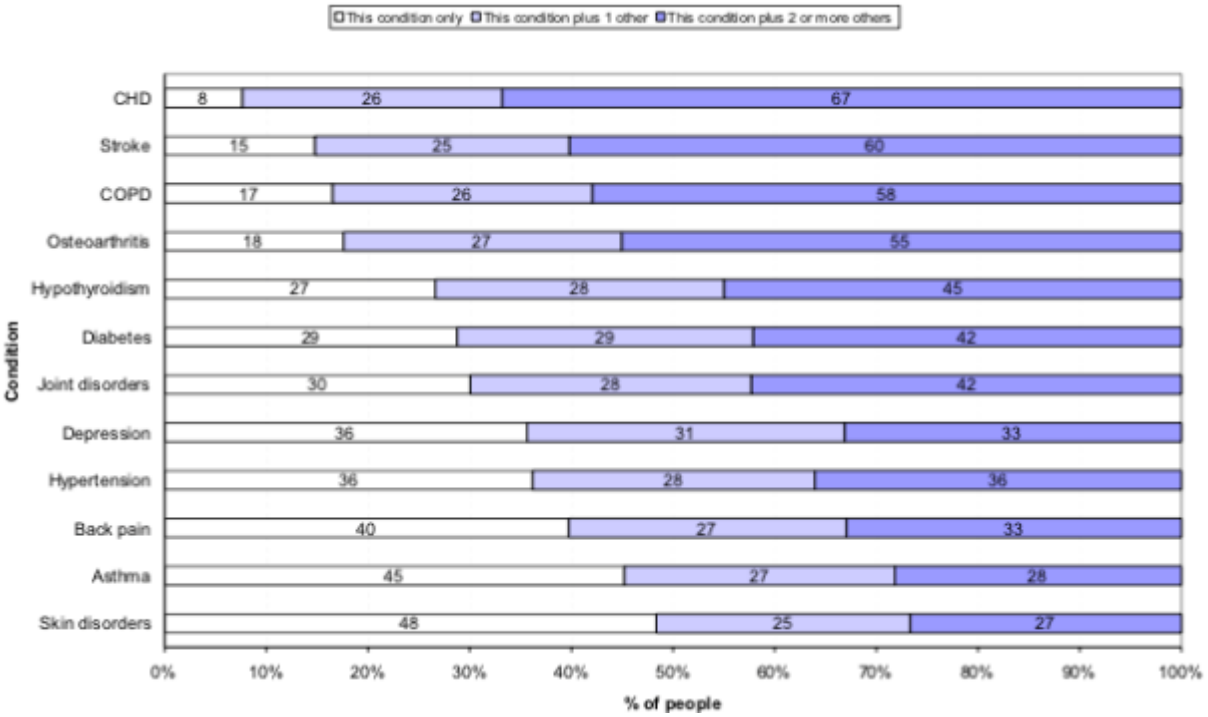
Other analyses suggest that different health conditions are more or less associated with multimorbidity.

[41] Scottish Health Survey 2016, Table 6.3, p75.

[42] ONS, Annual Population Survey Jan-Dec 2016.

[43] Mujica-Mota et al. (2015). Common patterns of morbidity and multi-morbidity and their impact on health-related quality of life: evidence from a national survey, Quality of Life Research, 2015, Vol.24(4), pp.909-918.

Figure A2 Multimorbidity: Number of co-existing long-term health conditions



Source: Measuring Long-Term Conditions in Scotland (June 2008): Information Services Division, NHS Nations Services Scotland: Practice team information year ending March 2006, using conditions lasting more than one year.

A number of factors have been identified as being associated with higher or lower employment rates for people with disabilities:

- Limited social connections and income disadvantage
- Lower qualifications (something which is seen as a distinct feature of the UK's situation in the international literature) and the type of condition and comorbidity
- Mental health conditions (which are higher in Scotland) have the lowest employment rates
- Multiple conditions (again, Scotland has a higher proportion with 3+ conditions than UK (41.3% cf 38.7%). An aging population over the next decade will only serve to increase the proportion of people with multiple conditions.

An Opinium survey of 2,000 disabled people commissioned by Scope to launch the campaign found that when applying for jobs only half of applications result in an interview, compared with 69% for non-disabled applicants. Disabled people also, on average, apply for 60% more jobs than non-disabled people in their job search (on average 8 applications compared with 5). Despite equalities legislation, disabled people face significant barriers in employer perceptions of their potential contribution and the perceived additional costs of employing someone with a disability or health condition. One in five employers reported that they were less likely to employ a disabled person.[44]

[44] Leonard Cheshire, December 2017, One in five employers say they would be less likely to employ a disabled person, (Online), Available at: <https://www.leonardcheshire.org/support-and-information/latest-news/press-releases/one-five-employers-say-they-would-be-less-likely>.

As a result, just under half of employed disabled people and those with long-term health conditions do not feel confident about sharing information about their impairment or condition with their employer.[45] The situation is likely to be less encouraging in these circumstances for those seeking work.

The evidence base provides no definitive statement on what works for whom[46]. However, summaries of the literature do point to key features that are associated with better employment outcomes for people with disabilities seeking work:

- Actions that are most effective in terms of entry into jobs on the open labour market include supported employment programmes, characterised by intensive personalised support to help individuals into and when they first move into work.

- Key elements of success include having specialist 'job coaches' or employment advisers, ensuring close links with employers and the availability of structured long-term support whilst in work.

- Initiatives that are most successful: take an integrated approach to skills development, training and job placement, include individualised plans, ensure that training is employment focused – sometimes in relation to specific jobs, and have close links with employers.

- The Individual Placement and Support (IPS) model was often identified as most effective in securing employment for more days, for more hours and with higher retention rates for longer periods than those assigned to vocational services. However, these were recognised as high-quality, high-cost delivery that should be made available only to those with significant needs.

- General employment programmes (e.g. focused on job search and support) can be effective in improving disabled people's employment chances, but more successful programmes often include a supporting/trusting adviser relationship, a balance between specialist and mainstream provision and access to other types of support where appropriate.

- General training programmes prior to work are less successful in securing employment, with limited evidence of the effectiveness of vocational training or voluntary work.

- Evidence of the effectiveness of incentives to enter employment was limited, with some positive impacts found for in-work payment schemes and work trials allowing claimants to retain their eligibility for benefits. Some positive evidence was found for health-based interventions such as CBT to help manage conditions, but a focus on both health and employment is key.

OECD research found that the combination of benefit regime, varied investment in ALMPs and 'narrow' policy designed for one specific group being applied to a more heterogeneous client group was a cause of the limited outcomes to date. Key findings are:

[45] Scope, November 2017, Let's Talk: Improving conversations about disability at work, (Online), Available at: <https://www.scope.org.uk/Get-Involved/Campaigns/Employment/Let-s-Talk>.

[46] Scottish Government Closing the Disability Employment Gap: Options Appraisal, February 2018, included a review of evidence on the impact of different interventions to support disabled employment.

- Trusting relationships between claimants and case managers is key to success in overcoming claimants' concerns and building confidence about going back to work[47].

- Guidance and counselling alone are not enough to help people into sustained employment. This support needs to be enhanced by other elements of intervention[48].

- There needs to be a balance between mainstream services and the provision of specialist knowledge and support for particular groups. In particular, it is important that disabled people are able to access mainstream services. Some countries have tried to address this balance. Denmark, for instance, has one expert for disability employment in each employment office, as well as one dedicated, central office focusing on the needs of disabled people. New Zealand provides special funds to develop innovative services that can be more finely customised to the varying needs of persons with disabilities[49].

- A key element of the process should be a systematic profiling of clients' work capacity, as in Australia and Norway, combined with the facility for a swift referral to the most appropriate service, if required.

- According to the OECD[50], for people with mental health conditions, identification of conditions is important. The report states that public employment services in OECD countries generally have no particular tools for identifying mental ill-health and no corresponding statistics either. This is particularly problematic, given that many people with common mental disorders are claiming mainstream out-of-work benefits (as opposed to sickness/disability benefits).

- Early intervention (pre-benefit if possible) is important for cases of sickness absence at risk of becoming long-term, and in particular for mental health conditions. This report notes that the start of a benefit claim can often be a long time after the individual has become sick and left work. At this late stage, return-to-work programmes are less likely to succeed. According to the report, the evidence shows that such programmes are likely to be more effective at a much earlier stage, ideally at the very first longer-term sick leave for reasons of mental ill-health and at a time when work motivation is high. Some countries have introduced ways of intervening before a benefit claim is made. In Australia, after a certain period of prolonged sickness absence, the person is called in for an assessment of both work capability and support needs. Other countries, such as Finland and Denmark, have introduced a categorisation so as to better identify cases at risk of developing into long-term absence.

[47] PHRC (2009). Helping chronically ill and disabled people into work: what can we learn from international comparative analyses? Final report, April 2009.

[48] Greve, B. (2009). The Labour Market Situation of Disabled People in European Countries and Implementation of Employment Policies: a summary of evidence from country reports and research studies. Academic Network of European Disability experts (ANED).

[49] OECD (2010). Sickness, disability and work: breaking the barriers. A synthesis of findings across OECD countries. OECD.

[50] OECD (2011). Sick on the job? Myths and Realities about Mental Health and Work. OECD.

Similar findings were reported from a review of employment interventions for people with long-term conditions[51]:

- Health and social care interventions generally have a positive effect on employment for those with mental health problems, although no evidence currently exists in this area for physical conditions. Anti-depressant medication, CBT and combinations of treatments were all found to improve employment outcomes.

- There is limited robust evidence on the sustained impact of interventions with very few studies considering employment outcomes over an extended period but some evidence (identified elsewhere) that outcomes depend on growth in the wider economy.

- Employment was not found to be a universal benefit to people with long-term conditions, especially in low-quality employment with limited control and flexibility. In these cases, employment will not be sufficient to raise their quality of life and additional support may be required to enable them to remain in employment while managing their health condition.

- Those who acquired long-term conditions were found to be more likely to lead to an individual leaving the labour market[52]. This was particularly the case for older people and those with lower educational qualifications. However, the magnitude of this relationship is influenced by a number of other factors, some of which can be altered by government policy, such as employment rehabilitation measures and the benefits system.

Early intervention is key to prevent falling out of work. This is particularly important as most disabled people and those with long-term health conditions acquire their impairment later in life (some 17% are born with their impairment)[53].

There is strong evidence that early intervention is central to retaining employees who are on sick leave for extended periods. By the time they move to sickness benefits it can be too late. The Resolution Foundation[54] reported that a disabled person's chances of re-entering employment were 6.5 times lower after a year than in the first 12 months.

Key findings

This brief review suggests a number of key issues:

- The customer group is significant and growing, particularly so in deprived areas

- Needs are becoming more complex, especially for older age groups who more often have multiple health conditions

[51] CFE (2015) Employment outcomes for people with long-term conditions – A rapid evidence assessment, Department of Health Policy Research Programme.

[52] Roberts et al. (2010). Sick of work or too sick to work? Evidence on self- reported health shocks and early retirement from the BHPS. Economic Modelling, 27(4), pp. 866–880.

[53] DLF, 2017, Key facts, (Online), Available at: <http://www.dlf.org.uk/content/key-facts>.

[54] Gardinar and Gaffney (2016) Retention Deficit: A new approach to employment for people with health problems and disabilities, Resolution Foundation, June 2016.

- Those over 55-64 may see the onset of these conditions as reason to retire from the labour market, especially if they have fewer educational qualifications
- Trusted, intensive support employability linked to specialist services do make a difference to employment outcomes
- Evidence is more mixed but suggest longer-term support may be required to help sustain participation in employment
- The quality of employment may also play a role in supporting improved quality of life for people living with conditions
- Early intervention is key to supporting those who do acquire health conditions while they are in work to prevent them leaving the labour force

Appendix 3 – Approach to the evaluation

The approach undertaken for the phase 1 process evaluation comprised:

- **A review of Monitoring Information** to allow us to take an overview of the nature of WFS's and WAS's respective client groups; the types of assistance taken up by clients; and their destinations and outcomes by any observable differences in characteristics
- **Partner interviews** (8) with Scottish Government, Skills Development Scotland, Jobcentre Plus and the Department for Work and Pensions
- **Lead providers management interviews** with 10 representatives of WFS and WAS providers
- **Two focus groups** with 21 Jobcentre Plus Work Coaches and Disability Employment advisers
- **Provider frontline adviser focus groups** (five groups involving 16 advisers) to review the delivery issues in WFS and WAS and their perspective on what works with different types of customer
- **Telephone interviews with supply-chain providers** (25) exploring their perspective on WFS and WAS delivery. We also interviewed three Statutory Referral Organisations (SROs) on their perspectives on referral of potential customers.
- Focus groups and telephone interviews with SG WFS Performance Managers and SDS Skills Investment Advisers on compliance and quality control procedures and programme performance
- **The first wave of a two-wave customer survey** undertaken January to February 2018 comprising customers starting the programme April-October 2017. The telephone survey completed 700 interviews (499 WFS and 201 WAS customers).
- **A range of health condition support networks** were contacted to explore whether this may offer a route to engage with people with long-term health conditions about their attitudes to and barriers to employment, perceptions of the programme and any reasons for not participating. Initial discussions with 10 networks provided a mixed response especially to involving their members, but we were able to interview two Occupational Therapists on their views on non-participants' perspective on employment.
- **Case study interviews with employers** (17) focusing on their reasons for participating; perceptions of the programme and their expectations of potential clients' capacity and skills; job design, support and coping with problems (when things go wrong for the client) and future plans; will they recruit from this client group again in future and if not why not.

Appendix 4 – Demographic profile of sample WFS clients

Table A4 Demographic profile of sample WFS clients April – Oct 2017

Gender	WFS Customer Sample (499) %	Combined Provider MIS Apr-Oct 2017 (3,208) %
Male	65%	65%
Female	35%	35%
Age		
16-24	16%	16%
25 to 34	22%	22%
35 to 44	19%	20%
45 to 54	25%	25%
55 to 64	17%	17%
65 plus	1%	0%
Ethnicity		
White British	92%	86%*
Other	7%	6%
Refused/Prefer not to say	1%	8%
Level of Education		
National 1 or 2	2%	n/a
National 3	13%	n/a
National 4 or 5	24%	n/a
Highers/SVQ3	9%	n/a
Advanced higher or equivalent	10%	n/a
Degree or above	14%	n/a
Other professional, technical or management qualification	3%	n/a
Other	5%	n/a
None of the above	14%	n/a
Don't know/Prefer not to say	7%	n/a
Health conditions and disabilities	**Total/ Primary**	**Primary**
Mental health condition	41% / 27%	34%
Long-term illness, disease or condition**	43% / 23%	26%
Physical disability**	30% / 14%	17%
Learning difficulty	23% / 9%	7%
Deafness or partial hearing loss	9% / 3%	4%
Learning disability	8% / 3%	5%
Blindness or partial sight loss	7% / 3%	3%
Developmental disorder	5% / 2%	2%
No condition	11% / 11%	0%

Source: IFF Research telephone survey of 499 WFS customers and combined WFS provider MIS for April to October 2017.

*Ethnicity data for one provider was not available and so these percentages are based on two providers only.

**Primary conditions in the combined provider MIS do not match precisely those from the survey so these categories combine long-term conditions and other health conditions and physical disability and restricted mobility, respectively.

Appendix 5 – Demographic profile of sample WAS customers

Table A5 Demographic profile of sample WAS customers April – October 2017

Gender	WAS Customer Sample (201) %	SDS CTS MIS Apr-Oct 2017 (777) %
Male	57%	57%
Female	43%	43%
Age		
16-24	10%	10%
25 to 34	24%	25%
35 to 44	21%	21%
45 to 54	27%	27%
55 to 64	18%	18%
65 plus	0%	0%
Ethnicity		
White British	97%	n/a
Other	3%	n/a
Refused/Prefer not to say	0%	n/a
Level of Education		
National 1 or 2	2%	n/a
National 3	11%	n/a
National 4 or 5	26%	n/a
Highers/SVQ3	8%	n/a
Advanced higher or equivalent	11%	n/a
Degree or above	12%	n/a
Other professional, technical or management qualification	1%	n/a
Other	8%	n/a
None of the above	16%	n/a
Don't know/Prefer not to say	5%	n/a
Health conditions and disabilities	**Total/ Primary**	**All reported**
Mental health condition	71% / 43%	66%
Long-term illness, disease or condition	48% / 20%	21%
Physical disability	32% / 11%	18%
Learning difficulty	17% / 5%	12%
Deafness or partial hearing loss	7% / 0%	4%
Learning disability	5% / 1%	-
Blindness or partial sight loss	6% / 1%	3%
Developmental disorder	5% / 2%	9%
No condition	3% / 3%	-

Source: IFF Research telephone survey of 201 WFS customers and SDS CTS MIS for April to October 2017.
SDS CTS multiple disabilities are included but 96 customers had no input and are excluded

social research

The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

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