

Edinburgh Health and Employability Training

Follow up Staff Survey September 2010



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Section 1 Introduction and Background

Introduction

The link between worklessness and poor physical and mental health is well established and there is strong recognition of the important role that health staff can play in supporting their 'out of work' clients to think about and access employability services. Within Edinburgh health and employability training has been available to health staff since September 2009. As well as raising awareness about the health benefits of employability, the training also encourages health staff to refer patients/clients to the Get On phone line, an employability project run by the City of Edinburgh Council.

This report summarises the findings of a survey undertaken with health staff to assess:

- Impact of the training
- Referrals to the Get On phonenumber
- Future support needs in relation to employability

Background

Health and Employability Overview

There is a strong relationship between work and health. An independent review carried out by Waddell & Burton (*Is work good for your health and well-being?* 2006) focused on working age adults and common health problems, particularly those that account for the majority of long term sickness absence from work and examined the evidence on the relationship between work, health and well-being. Their study found that:

- There is a strong link between unemployment and deterioration in physical and mental health and well-being.
- Unemployment also results in an increased use of medication, health services and higher hospital admission rates.
- Returning to employment after being out of work can result in significant health improvement and increase individuals' levels of self-esteem.
- For those with ongoing health conditions, remaining in work is shown to be beneficial to their health as it can help them recover from sickness and decrease the risk of long-term incapacity.
- 'Good' work is good for health

Dame Carol Black's review of the health of Britain's working age population (*Working for a Healthier Tomorrow*, 2008) identified factors that stand in the way of good health for the working age population and interventions, including

changes in attitudes, behaviours and practices – as well as services - that can help overcome them. The Scottish Governments review of their Healthy Working Lives Strategy – Health Works (2009) was carried out in the context of Dame Carol Black’s review. Health Works recommended that healthcare staff need to be *‘suitably empowered to include work-related outcomes as part of patient care plans’* and the document goes on to say *‘we will work with NHS Boards and healthcare professionals to develop programmes of training to provide healthcare staff with the tools to support patients towards work.’*

Edinburgh’s Joined up for Jobs

Joined Up For Jobs (JUFJ) is the jobs strategy for Edinburgh. It sets out how a partnership of key agencies, including the NHS, will help more people into employment and sustain employment. It develops and implements services and programmes where need is greatest in order to close employment gaps between the most deprived areas and the city average. The strategy focuses on seven main themes, one of which is health and employability.

A health and employability sub group of the strategy has been developed which is chaired by an Assistant General Manager of the Edinburgh Community Health Partnership and is serviced by a Public Health Practitioner seconded to the JUFJ strategy team at Capital City Partnership¹. The sub group’s activity focuses on four main areas:

- To support workless people with health problems to progress into employment
- To support workless people to progress into employment with NHS Lothian
- To promote the role of the workplace in promoting health and well-being.
- To develop early intentions to prevent short-term sickness absence from progressing to long term sickness absence.

JUFJ Health and Employability Training

In supporting ‘workless people with health problems to progress into employment’ a half day training course for health staff was developed – Get On into Training, Volunteering and Work . In addition, materials for shorter briefing sessions were also developed. The course content was based on the sessions delivered by Glasgow’s Equal Access project and adapted to suit an Edinburgh context. The aims of the course were to:

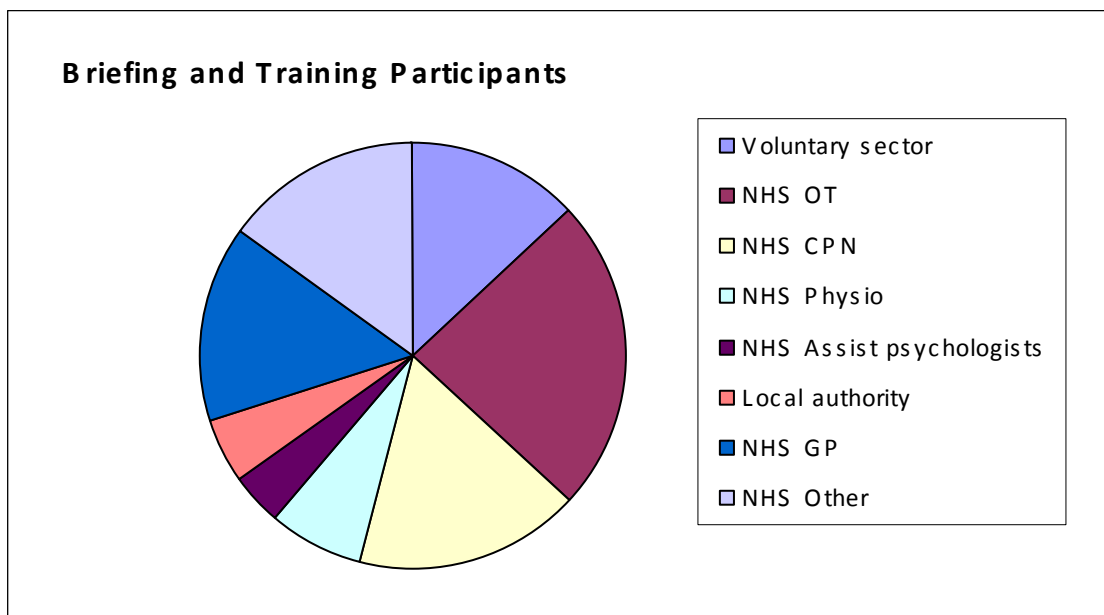
- Increase awareness and understanding of the relationship between employability and the health and well-being of individuals, their families and communities

¹ Capital City Partnership is a key strategic partnership within Edinburgh’s Community Planning Framework, leading on the delivery of the regeneration targets of the city’s Single Outcome Agreement

- Illustrate the employability pathway and services available to support patients/clients
- Help identify how and when to begin an employability discussion with your patients/clients

Prior to delivering the course, discussions with health staff confirmed the need to establish a single point of access to employability services because of the large number and vast range of employability services across the city. Subsequently through discussions with the Economic Development department at the City of Edinburgh Council it was agreed that the course could promote the use of their Get On projects' phone line. Monitoring the number of health referrals to the phone line would be achieved through Caselink, the client management information system developed for JUFJ.

Between September 2009 and May 2010, one hundred and forty four health professionals attended a health and employability training course, and two hundred and seventy nine attended a briefing session (some attended both).



However despite the number of participants attending a training course or briefing session there were no reported referrals to the Get On phone line although health referrals to other employability services within the city increased by 34% according to data collected via Caselink. It was therefore decided to undertake a small scale survey to investigate the issues and challenges health staff face in addressing the employability needs of their patients/clients and to gather an overview of the referral process to employability services and in particular the Get On phone line.

Section 2 Methodology

Introduction

The methodology replicates the model used for the 'enquiry' undertaken by Lanarkshire in 2009 as part of the Equally Well test site for health and employability (*Equally Well, report of the ministerial task force on health inequalities, 2008*). The survey was undertaken with a random sample of health staff who had participated in the training course. The sample broadly represented staff from across the various health services/displines. The survey was undertaken by researchers who had not been involved in developing or delivering the training course.

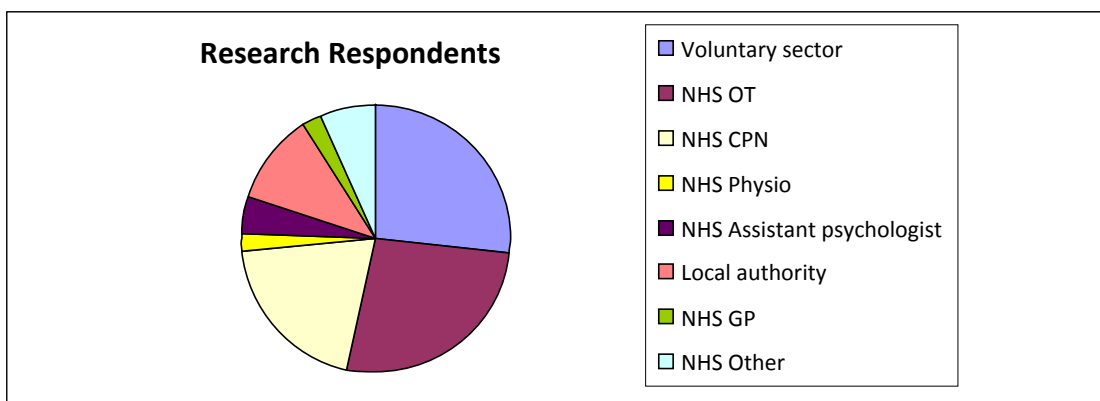
Interview Respondents

The researchers obtained 72 phone numbers of clients who had attended the training and contacted all of these seeking a short telephone interview. In total 45 participants completed the phone interviews. The breakdown is as follows:

- 45 completed phone interviews
- 8 could not be contacted
- 7 did not attend the training
- 7 did not respond
- 5 on leave

The respondents had attended training at different dates from September 2009 to May 2010. Therefore, some respondents had a more immediate recall of the content of the training.

The table below shows the breakdown of respondents.



Section 3 Key Findings

The semi-structured phone interviews explored 3 areas with the course participants. See appendix 1 for the questionnaire used. The areas discussed were:

- participants' awareness of the benefits of work or meaningful activity to health
- referrals to the Get On phone line
- participants' future support needs in working with their clients.

1. Participants' awareness of the benefits of work or meaningful activity to health

Participants were asked about the impact that the training had on their awareness of the health benefits of work/meaningful activity for their clients. While most participants were aware of this before the training, their feedback shows a general appreciation of the training session. This feedback covers:

- awareness of the benefits of work or meaningful activity to health
- the facilitator's approach
- networking
- relevance of training
- content of training
- resources provided.

1.1 Awareness of the benefits of work or meaningful activity to health

Participants were asked if, prior to the training, they were aware of the benefits 'meaningful activity' can have to an individual's health and quality of life as they recover from a health condition/illness.

Response	Nos of respondents
Yes	44
No	1

Participants were also asked if they felt they now had sufficient knowledge and understanding about the health benefits of 'meaningful activity' to support their clients who were interested in returning to work.

Response	Nos of respondents
Yes	39
No	6

Almost all those attending the training were aware of the benefits of work or meaningful activity to health prior to this session. Some were already working in positions where they were actively promoting meaningful activity to their clients: E.g. occupational therapists, community psychiatric nurses. However, many of those who said they were aware of the health benefits also said that the training provided a useful refresher course and consolidation of existing knowledge.

- *It inspired me to encourage the people we work with back to work.*
- *It gave me local information of what's available in Edinburgh.*
- *For me the statistics relating to employability were an eye-opener.*
- *It affirmed that I was doing the rights thing and proved that I need to be proactive and creative when working with our clients.*

1.2 Facilitator's approach

Participants appreciated the facilitation skills of the trainer, the pace of the training, the quizzes and exercises, and the resources. One respondent noted the trainer had given participants her phone number for follow up which this respondent had used and found useful. A number mentioned receiving postcards a few weeks after the training – these contained action points which they had pledged during the training.

- *Activities and exercises were very good and made people think.*
- *They had a really good trainer – very knowledgeable – such expertise.*
- *The lady was fantastic, especially good at getting everyone in the group to speak. As OT's it can be very difficult getting us to shut up – we speak too often. I think there were some women in the group who in a normal day to day situation would not say anything but she got everyone involved.*

Participants also commented positively on the half day length and the suitability of the venue.

1.3 Networking

The majority of participants on the training worked within the NHS, however there were also participants from the voluntary sector and local authority. Many participants noted the positive aspect of networking at the training session. They appreciated meeting others with different perspectives from a range of settings.

- *Good to network with the voluntary sector and find out about the problems people were having with the benefits system.*
- *It was nice to meet people from other areas and learn that they are all experiencing similar problems on behalf of their clients – a disheartening experience in some respect but good to share.*

1.4. Relevance of training to participants

The relevance of the training to participants depended on their level of engagement with employability issues before attending. While participants were on the whole positive about the mix of those attending and the content and delivery of the training, a minority noted that there was little that was new for them. This was particularly the case for some OTs and for others for whom employability was an integral part of their job. Some felt that specific needs of their client group had not been sufficiently included and/or discussed. They commented that more time may have been useful to discuss issues in more depth.

- *It focussed a little too much on the mental health side and not enough on the physical side of health.*
- *Very good mix of people on the training which was a very positive part of the course.*

1.5. Content

Participants felt the content was in general relevant and particularly commented on the usefulness of the 5 stages in assessing where their clients were in terms of the employability pathway.

- *I learnt about the process of getting someone back to work from the very start. For me it was the process which was most interesting and the resources which are available. There is a fantastic guide produced by Edinburgh and Lothians.*
- *The training was a very balanced programme – great facilitator. Good information about other resources and services available.*

1.6 Resources

Most participants appreciated the resources provided, particularly the information on services available in the Edinburgh/Lothians area.

- *The cards are really good – the Joined up for Jobs directory is excellent in pointing me to things I didn't know existed. The training was very useful, it was nice meeting other people and the trainer was nice too.*

2. Referrals to the Get On phoneline

The evaluation explored how well the training covered the referral process to the Get On phone line and whether or not participants subsequently referred any clients to the phone line. Discussion aimed to capture any feedback from clients on using the phone line and to explore the reasons for non-referral where this was noted.

2.1 The referral process

Participants who attended the training were asked to refer suitable clients/patients to the Get On phone line. They were asked if the session offered sufficient information on the referral process.

Response	Nos of respondents
Yes	36
No	7

Most participants 36 out of 42 respondents said that the training had given them sufficient information on the referral process. One commented:

- *There was no way we could miss that information*

A small number did not remember this part of the training clearly:

- *I remember it being discussed but ... not really aware of it.*

2.2 Referrals to the phone line

Participants were also asked if they had subsequently referred any clients/patients to the Get On Phone' Line?

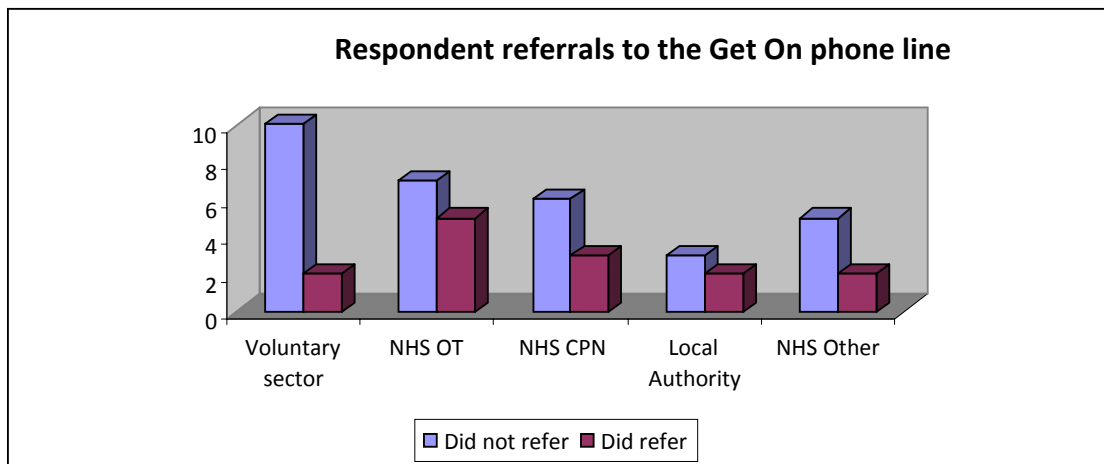
Response	No. of respondents
Yes	14
No	31

Fourteen out of 45 (31%) of participants had subsequently referred clients to the Get On phone line. This included

- staff who phoned the line on behalf of clients
- staff who referred clients and had feedback that the client had phoned the line
- staff who referred clients but who had not been able to get any feedback on whether or not the client had actually phoned the line.

Many other staff also mentioned that they had distributed the cards publicising the phone line.

The table below shows the numbers of referrals from the various job roles.



2.3 Feedback on using the Get On Phone Line

A number of participants said they had referred clients but they had no feedback on the clients's experience of using the service. In some cases they pointed out that unless the client volunteered feedback it would be inappropriate for them to ask.

Several participants commented on difficulties in using the line. These included: getting a response, messages not being returned promptly, phone line not taking a message, emails not being responded to promptly.

- *I phoned up on a number of occasions and got no-one. It wouldn't take a message – something about entering a client ID number. My client also gave up because of these problems. However, it's now working. The person apologised and said they had been having problems. I have now advised my client to try again.*

- *Mixed results – the process got stuck a bit. I know one person wanted to volunteer to drive prison visitors but they were very slow getting back to him.*

Some commented that the response was helpful and positive but that still didn't seem to meet their clients' needs.

- *I have referred a couple of clients and have used the phone line to enquire about signposting opportunities. Not sure I found it met my needs. Staff were very helpful and positive but overall the issue seems to be it is a signposting service which then signposts you to other signposting organisations. They did not provide very specific information about pathways. "Well you could try this ...or maybe this?". It was all a bit disjointed and lacking in clarity.*

2.4 Reasons for non-referral

I. Inappropriate to their client group

- Those working with clients with physical disabilities (including acquired brain/head injury and strokes) commented that their clients required very specific support and they tended to use services which specialised in working with this group.
 - Those working with clients with severe and enduring mental health issues commented that 'employability' as such was unlikely to ever be an option, including volunteering options.
 - Some OTs commented that they are working to support clients back into work into their existing jobs.
 - People with mental health issues may not have the confidence to use a phone line.
 - People with speech and language issues would not be able to use the phone line.
- *The group of individuals I work with have been out of work for a long time. They do volunteering work first.*
 - *Most people I see are too ill to start thinking about work: "great you've recovered from brain surgery – how about a job?" Its not appropriate for my client group.*
 - *The people I meet are very chaotic and that's it really – consistency is the important factor in thinking about work/voluntary work and I haven't had anyone who has been ready.*

II. Someone else refers

Some participants, particularly those from voluntary organisations indicated that it was someone else's job to deal with employability issues. In some organisations, people had been employed to encourage return to work for the organisation's client group.

- *That's not directly my role. We have dedicated workers who do that. I would pass onto them.*

III. Workload issues

Some NHS participants said they simply had no time to deal with employability issues as their whole focus needed to be on dealing with clinical issues.

- *Frustratingly I can't put it into practice because I have to focus on in-patients – we have long term staff shortages.*
- *The training provided good understanding of the process ... really useful in helping decide how to initiate discussions , just no time to do so.*

IV. Participant did not remember receiving the information

A few participants, particularly those who had undertaken the course some time ago, did not remember receiving information about the Get On phone line and therefore had not used it.

- *I guess I've forgot about it till you mentioned it. There are so many things out there/so much information that stuff gets forgotten*

V. Signposting overload

Some mentioned the proliferation of services and organisations and commented that it was a confusing picture.

- *At the moment seems like there are lots of organisations doing similar things. A roundabout of signposting.*

VI. Using existing services

Some participants indicated that they tended to stick to using the services they already knew and used.

- *I refer to CHAI in Wester Hailes, direct to the Job Centre, to CAB's, to Work Directions, to Wester Hailes Health Agency, and the people who used to be Disability Employment Advisors I suppose I stick to what I know.*

VII. Perception of the Get On Phone line

Many participants seemed to identify the Get On Phone line with return to paid work and 'employability' and did not see it as a means of signposting clients to a range of services including voluntary and community options.

- *It has not come up. Clients are often more focused on going to college/learning IT skills. Clients are not ready for a return to work.*

3. Future Support Needs

Participants were asked about their support needs in relation to health and employability; the main areas identified were:

- issues around Disability Living Allowance and benefits
- finding suitable work and volunteering opportunities
- understanding the pathways to employability
- networking and exchanging information.

3.1 Disability Living Allowance (DLA) issues

Some participants expressed concerns about the current budgetary constraints which is having an impact on their clients, particularly with the Disability Living Allowance and Employment Support Allowance. They also noted the need to understand the benefits system and how this relates to clients taking up volunteering opportunities and/or paid work.

- *There is an issue around the Disability Living Allowance as clients are losing this. They may be assessed as medically fit but as therapists they know that they are not capable of a return to work. I spend a lot of time writing letters of support for clients who are going to appeal and know that these are not always succeeding. So we have people who are not getting benefits and cannot earn money. I wonder if I am missing something. Should I be doing something else? Are there advocacy services out there? Everyone feels isolated both clients and professionals.*

3.2 Suitable Work/volunteering opportunities

Some participants noted the absence of appropriate 'meaningful' activity and highlighted the fact that a 'meaningful activity' has to support people in their recovery. Access to paid work is not necessarily a 'meaningful activity' and volunteering is not necessarily a supported option.

- *I would question whether work is meaningful activity especially in the current economic climate. It could affect people's mental health getting up at 4 in the morning to do a crappy cleaning job that no-one else wants to do because these are the only jobs available for many people. If it was a 'real' job things would be different, but crappy jobs like stacking shelves in ASDA through the night is not going to improve anyone's mental health.*
- *There are very few supported employment opportunities out there. Volunteers often work in very busy and demanding environments with very little support and so it is not a feasible stepping stone for many.*
- *We need to talk about small steps – little steps for people – rather than a leap into work. The goal of paid employment is not necessarily the right goal for many people.*

3.3 Understanding the pathways through 'employability'

Some participants mentioned the complexity of the pathways and services available and the need for more clarity as to who to contact. They noted that even for professionals it can be difficult to work out which service is relevant for an individual.

- *Employability services are quite confusing. There are a lot of services and even for professionals it can be difficult to work out which service is relevant for which person. Why choose one over another? Hard for professionals so even harder for clients.*

A number of the OT participants mentioned that links were not clearly made to the work that they already do in employability and would like these links more clearly drawn in future training or awareness raising.

- *The training was very good, offered consolidation for people like OTs. It seemed it would be really useful for in-patient staff, particularly acute services. OTs have covered quite a lot so nothing new. I found it quite geared to those who work with people with mental health issues and was expecting a bit more about how to go about work rehab as opposed to the services available. Didn't mention the Voc Rehab service at Astley Ainslie.*

3.4 Networking – exchange of information

Participants appreciated the networking aspect of the training and highlighted it as an area where more support could be provided in the future. When prompted a number of suggestions were offered:

Networking events

- *Networking events are always great e.g. networking breakfasts. Good for sharing resources and case studies.*
- *The networking attached to training is very good. At the training session many people put up 'post it's about their work. I would be really interested to get more information from this. What are others doing? How can we share the group knowledge*
- *Ongoing networking would be really important across the whole employability field. Keep people updated with the most up to date relevant information. Keep it fresh and on the agenda for all professionals who should be working on employability.*

Printed information

- *Cards/leaflets are very useful because as a physio it is something you can just hand out to client. Some sort of leaflet with an overview of all the opportunities would be good. Don't think web information that great for the public.*
- *We need constant reminders – there is masses of info out there – I would like a Perspex card holder on my desk with credit card size cards to hand out to people – the cards they produced are very colourful but they could be smaller.*

Email/web based information

- *We know the information is there and how to use it. We get information overload. I probably have over 100 emails today which I'm dealing with – one of which related to you speaking to me just now – so sometimes more information isn't helpful. As long as I can find it on the Internet -that's the important thing -needs to appear high up in the search engine.*

Case studies

- *Case studies which illustrate how the Get On Phone line might be used would be very useful. Quite useful to illustrate how it would all work with case study scenarios. Often some of the clients find the whole process*

difficult. Can feel they are being fobbed off with a leaflet and a phone number.

- *Would have liked more case study discussion at the training as this is helpful – brainstorming difficult cases for example or information on how others have dealt with complex cases. Examples of work and opportunities*
 - *The networking value of the day was important for me – the case studies were also good. It was good to meet people from different disciplines.*
-

Section 4 Conclusion and Recommendations

Training

The survey has shown that the training has worked well as 'employability' training and participants appreciated the opportunity to network, learn about employability issues and share resources.

There is the potential to offer 'employability' training at different levels. Participants who are more more involved in employability would benefit from more in-depth discussion of the challenges and opportunities which they encounter. These may include OTs and CPNs particularly and those from the voluntary sector with a specific role in employability. The training could be delivered in two sessions – one as an introductory general course and the second for people for whom employability is already an integral part of their work . There is clearly a demand for future training and/or sharing of information and networking.

Recommendations

- Health and employability training sessions should continue to be offered to NHS staff, as well as voluntary organisations who have a 'health' remit.
- The training materials should be updated to include specific reference to the work of OT's and vocational rehabilitation services within NHS Lothian
- Networking events should be established to provide health staff involved in employability to come together to have more in-depth discussion of the challenges and opportunities they face.
- The sharing of employability information, case studies, events and resources should be developed through the production and dissemination of a Lothian wide electronic newsletter.

Referrals to Employability Services

In relation to referring clients to employability services, there were clearly various issues raised, in particular that 'employability' was inappropriate for many client groups. Through further training/networking it should be possible to develop case studies which illustrate the positive impact of employability on health to address concerns expressed by staff.

During the training, the use of the Get On phone line as single point of access to employability services is well promoted, however the survey showed that some staff prefer to refer clients onto 'employability' services with whom they are already familiar. Given the concerns expressed about the phone line there is the need to establish whether or not the service offered by the Get On is 'fit for purpose'. It appears from this piece of research, which has looked at the effectiveness of the training, that there are issues for Get On which include:

- the low proportion of recorded referrals from those interviewed
- the ability of the phone line to meet the complex needs of the various client groups
- the issue of the phone line being seen simply as another signposting service which does not help to make pathways clearer
- the need for clarity about the breadth of activity covered by the Get On phone line
- the issue of the phone line being seen as dealing with 'back to work' signposting only as opposed to including training and volunteering opportunities as well

Recommendation

- Discussions with the City of Edinburgh Council about the Get On phone line need to be initiated and the continued use of the phonenumber reviewed.

The findings of this survey will be discussed at the JUFJ Health and Employability sub-group and plans to take forward the recommendations will be identified. The report will be circulated for information to Scotland's Health and Employability Delivery Group. The report will be available via the internet on Edinburgh's JUFJ website and Scotland's Employability Learning Network.

Appendix 1

NHS Lothian 'Get On into training, volunteering and work' Questionnaire

Name: _____

Interview No: _____

Date: _____

1. The training session outlined some of the benefits 'meaningful activity' can have to an individual's health and quality of life as they recover from a health condition/illness. Were you aware of any of the benefits of work or meaningful activity to health prior to this session?

Please circle

Yes

No

Additional comments

2. Do you feel you now have sufficient knowledge /understanding about the health benefits of work/meaningful activity to support your clients/patients who are interested in returning to work?

Please circle

Yes

No

Additional comments

3. Front line staff who attended the training sessions were asked refer suitable clients/patients to the Get On phone line. Did the session offer sufficient information on the referral process?

Please circle

Yes

No (If no, please say what additional information/guidance you would have wanted)

Additional comments

4. Have you referred any clients/patients to the 'Get On Phone' Line?

Please circle

Yes

No

Additional comments

5. What would you find helpful to support you in your role of referring clients/patients and to the Get On Phone Line?

Additional comments
