

# The confidence to move forward: Unemployment, employability support and health inequalities in Fife

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“A job is freedom.” (Research participant)



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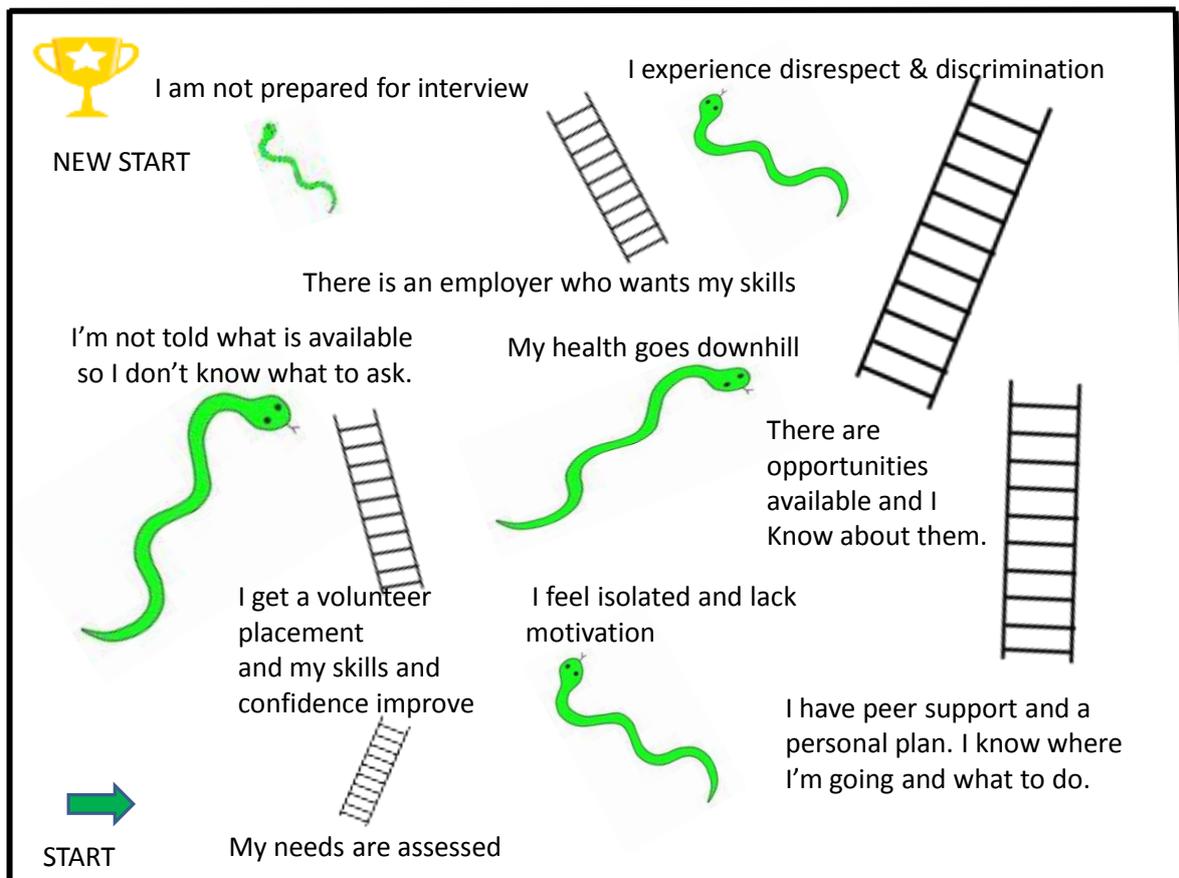
“You live the life of someone on benefits for 6 months and see how you get on!”

“It’s given me the tools and things I need. Now I’m probably just a wee bit angry at the way things are.”

“Sometimes employers just need to take a little risk.”

“You’re between a rock and a hard place.”

### A game of snakes and ladders



devised by PAR research group, May 2018

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## SUMMARY

### Purpose

The purpose of this research was to improve understanding of the impact of employability support on health inequalities by examining experiences of long-term unemployment and health inequalities in Fife.

### Background

The study was commissioned by the Fife Health and Wellbeing Alliance, Fife Voluntary Action and Fife Employability and Training Consortium (Fife-ETC). Fife's Health Inequalities Strategy recognises the importance of paid employment for reducing health inequalities.

### Methods

The research was conducted by a team of peer researchers who themselves had experience of unemployment and received training in research skills. In collaboration with Fife-ETC, the study focused on Kirkcaldy and Glenrothes as areas of high need.

In September 2017 six conversation cafés and 15 individual interviews were conducted with a total of 33 participants (15 men and 18 women aged from 17 to over 60) who faced multiple barriers to obtaining employment.

The conversations covered expectations of work, barriers to finding work, the benefits of employability support, health and wellbeing and what needs to change.

### Findings

Money and respect were the main reasons given for valuing paid employment.

#### Barriers to finding work

Barriers included:

- demeaning attitudes and processes at the job centre,
- inconsistent or insufficient advice and information,
- unrewarding job searching, and
- insufficient support for mental health.

#### Benefits of employability support

The aspects of employability support that had proved most beneficial were:

- the safe learning environment provided on courses,
- the support given by keyworkers,
- the confidence gained by interaction with peers, and

- volunteering opportunities.

### The health impacts of unemployment

These included social isolation, feeling stigmatised, anxiety and a loss of meaning and purpose. The biggest difference in improving people's wellbeing over the past six months had come from increased confidence and being given the tools and skills to manage mental health issues.

### Changes needed

The changes which participants identified as needed were:

- more inclusive values in society as a whole,
- information about the help available,
- attitudes and behaviours at Jobcentre Plus,
- volunteering and placement opportunities,
- changes in advice about disclosing mental health problems, and
- more in-work support.

## Recommendations

### **1. Inform people about entitlements**

The information about entitlements to rights, information and services should be easily available and reinforced at all stages of the employability journey.

### **2. Make the employability pathway more accessible**

The employability pathway should be made accessible to the people eligible for support and tools developed so that people who access that support can evaluate their own progress and take ownership of their journey.

### **3. Provide help with CVs and interviews**

Fife-ETC should liaise with Jobcentre Plus advisors and employers so that there is consistent and appropriate advice on what to include in CVs and applications. People must be able to find out how they can access interview skills training. Work with employers on mental health friendly workplaces should include how to respond to disclosures of mental illness in applications and at interviews.

### **4. Consider adopting a human rights based approach to cement shared values across all agencies in Fife**

A human rights based approach should be built explicitly into Fife's strategic approach across all agencies to address inequalities in health, poverty and unemployment. We recommend that the partners in Fife's equalities work engage in dialogue with Jobcentre Plus staff and other agencies and develop training, led by

people with lived experience, to improve the interactions and experiences of frontline assessments and interviews.

#### **5. More joined up working between Fife-ETC staff and organisations**

Increased opportunities should be developed for Fife-ETC staff to develop common practices and monitoring, for example through regular meetings/case conferences/ learning sets, in order to build understanding across the Consortium, leading to a smoother and more streamlined pathway.

#### **6. Target support to meet the needs of people with moderate mental health problems**

Specific assessment tools, resources and approaches should be developed and used throughout Fife-ETC to meet the needs of people with moderate mental health problems.

#### **7. Increase linkages with other sectors, especially health and social care, to address needs of disadvantaged families**

The expertise of Fife-ETC staff in responding to the multiple barriers faced by disadvantaged families should be enhanced by contact with other agencies including the Health and Social Care Partnership, NHS Fife and Fife Council so that best practice can be diffused across the organisations.

#### **8. Resource peer support and develop peer worker roles**

We recommend that peer support is recognised as a core aspect of the support that is provided by Fife-ETC organisations and others. Good practice in supporting peers should be identified and resourced and the impact of peer support on outcomes included in measurement. We also recommend that Fife-ETC and its partners trial the development of peer worker roles in employability support.

#### **9. Value volunteering and increase access to work placements**

Fife's Third Sector Strategy Group should ensure that their inequalities action plan includes concrete steps for partners to join up volunteering opportunities with employability support. Volunteers should have fair and equal chance to apply for paid jobs. Access to volunteering opportunities should be fully explored as part of the employability journey. Fife-ETC should consider more focus on access to work placements as part of the support they offer.

#### **10. More emphasis on in-work support**

There should be a more seamless transition to in-work support. Sustaining people in employment (stage 5 of the employability pathway) should be a bigger focus for Fife-ETC and other employability organisations. Getting a job is the start, rather than the end of a journey.

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# 1. INTRODUCTION

## 1.1 Context

This study is situated at the confluence of a number of connected policy streams:

- Health inequalities
- Employability
- Human rights.

It focuses on two local areas in Fife (Glenrothes and Kirkcaldy) because they are areas of high deprivation as measured by the Scottish Index of Multiple Deprivation. The study uses an approach known as peer research where the research is conducted by people with lived experience of the issue under consideration.

## 1.2 Health inequalities

Health inequalities are defined in Fife's Health Inequalities Strategy, 'Fairer Health for Fife, 2015-20' (Fife Health and Wellbeing Alliance, 2015) as follows:

"Health inequalities are the unjust differences in health experienced by different groups of people."

In order to reduce inequalities in health and wellbeing across Fife the strategy sets out three thematic areas for change:

- changing the way organisations work;
- creating healthier places and communities; and
- supporting healthier lives for individuals and families.

The strategy also identifies six key outcomes for reducing inequalities across Fife. This work is particularly relevant to outcomes 2 and 6:

People experiencing difficult life circumstances have more skills, strengths, opportunities and support to improve their health and wellbeing.

Organisations have an increased focus on creating equal opportunity for good health and provide services and support in ways most likely to reduce health inequalities.

Income (money, for example from wages) and wealth (assets such as savings, property and pensions) are key determinants of health inequalities (NHS Health Scotland 2017, p.4). There is evidence that policies to increase income, such as increasing employment in the most deprived areas, can significantly reduce health inequalities (ScotPHO 2014). Statistics brought together by the Fife Centre for Equalities (2017) demonstrate that living with a disability or a life-limiting condition is associated with increased disadvantage. The employment rate in Scotland for those defined as disabled under the Equality Act was 45.9% (November 2017) compared

with 82.2% for those not defined as disabled. People who live in the most deprived areas are twice as likely to have a limiting condition than those in the least deprived (28%:13%).

A study conducted for Scottish Government analysed profiles of people in poverty (Barnes et al 2017). For example, considering families with children, they confirm other research that young unemployed mothers are at high risk of social exclusion. The group they categorise as ‘workless families’ experience both unemployment and isolation. A third have a long-term illness or disability. Among working age adults without children those they term ‘insecure singles’ are among the most vulnerable and experience multiple disadvantages across health, education, housing and employment. Around half also suffer from health issues, probably including mental health. The researchers identify the importance of employment support for this group and suggest that better co-ordination is required.

1 in 5 people of all ages in Fife have some kind of limitation to their daily activities because of health or disability. 14% of those of working age have one or more long-term limiting condition. 4.1% report mental health conditions. According to the Scottish Index of Multiple Deprivation (SIMD) there was a higher proportion of out-of-work benefit claimants aged 18-21 in Fife (4.4%) compared to Scotland as a whole (3.7%).

The SIMD measures combine evidence of income, employment, health, education, access to services, crime and housing. The table below shows the dimensions of poverty and disadvantage that particularly characterise the study areas of Glenrothes and Kirkcaldy.

**Table 1: Selected SIMD statistics Glenrothes, Kirkcaldy, Fife and Scotland**

	Glenrothes	Kirkcaldy	Fife	Scotland
% children under 16 in poverty (2015)	20.9	21.1	17.9	16.5
% population SIMD employment deprived 2016	12.3	13	11	10.8
% population income deprived 2016	14.6	15.3	12.4	12.3
Estimated mean gross household income week (2014)	633	612	648	669
Estimated median gross household income week (2014)	547	521	538	550
% school leavers unemployed seeking employment or training (year 2013-14)	8	8.2	8.2	7.1
% school leavers unemployed not seeking employment or training (year 2013-14)	2.4	1.5	1.7	1.2

## 1.3 Employability

Fife Employability and Training Consortium (Fife-ETC) provides employability support to people whom are long-term unemployed or facing multiple barriers to obtaining employment. The research uses Fife-ETC's definition of employability.

Employability is defined as:

“the combination of factors and processes which enable people to progress towards or get into employment, to stay in employment and to move on in the workplace”.

NHS Health Scotland makes a strong case for the importance of employment to health inequalities.

Paid work has the potential to improve health and reduce health inequalities by providing higher incomes and by meeting social and psychological needs. Moving from unemployment into work reduces premature mortality rates by 63%, and vice versa. Being unemployed can increase the risk of poor mental health and hospitalisation. (NHS Health Scotland 2018<sup>1</sup>)

Amongst those not in paid employment, mental health problems are much more common amongst people living in circumstances of deprivation than those in the least deprived areas (Taulbut and McCartney 2013). However the quality as well as the quantity of work is important because low quality and poorly paid jobs can be bad for health and leave people in poverty.

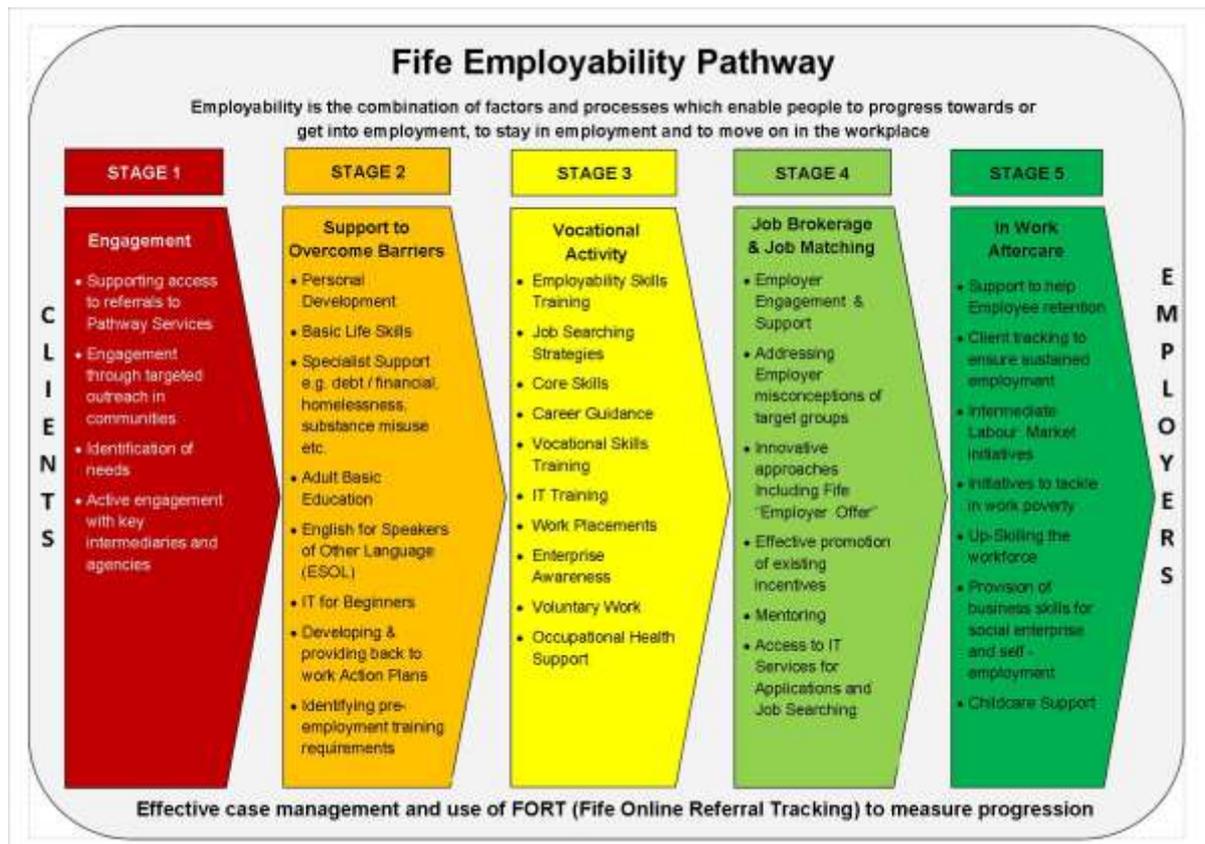
These authors support approaches that build basic skills (including confidence), offer practical support for personal circumstances (e.g. childcare, money advice) and match people to employer opportunities. They further recommend that all employability programmes should also support the health and wellbeing of benefit claimants on their journey to work, by taking a holistic approach, looking at issues of poverty, housing, support from family and friends and the quality of work on offer (p.12). They also emphasise the importance of economic regeneration and of providing routes through education and training programme to occupations that are in demand for claimants with work histories in low skilled jobs.

The Fife Employability Pathway provides the framework for employability work in Fife. It identifies five stages of the journey to sustained employment, although individuals can move in and out of the pathway.

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<sup>1</sup> <http://www.healthscotland.scot/health-inequalities/fundamental-causes/employment-inequality>

**Figure 1: The Fife Employability Pathway**



The third sector partner organisations which make up Fife-ETC provide support, mainly across stages 1-4, to reduce the number of people in long-term unemployment by tackling barriers to employment and increase the number of people accessing employability support. The supports they offer are targeted at areas and groups in greatest need and range from specialist support for initial engagement, training and employability skills to moving into work and job brokerage. Keyworkers support people one-to-one across the four stages (Riddell 2017, p.5).

Riddell (2107) analysed registration data from Fife-ETC clients and found that 60% of Fife-ETC clients have cited attainment levels which are considered a barrier to employment. 90% of Fife-ETC clients are not Job-Ready as measured by the Employment Readiness Scale. Negative perceptions of self, lack of affordable housing and lack of access to childcare were identified as key issues for many Fife-ETC clients.

Riddell's study found evidence that Fife-ETC are reducing the impact of barriers and life circumstances, and that people are developing a wide range of soft skills. 57% of clients achieved employability outcomes with 39% accessing full-time employment, and 44.4% accessing full-time, part-time or self-employment.

A new strategic review, led by Fife Voluntary Action, 'Delivering Differently for mental health and employment in Fife'<sup>2</sup> is supporting the Fife Economic Strategy aim to more than double the number of people with mental health problems supported into healthy, sustainable, employment. Working with strategic partners, particularly Opportunities Fife Partnership and Fife Health and Social Care Partnership, the review is working with others to make appropriate support accessible to people with mental health problems as and when they are ready to make the journey (back) into work by taking a joined-up approach that puts people at the centre.

There is therefore a strong and coherent strategic framework for tackling employment-related health inequalities in Fife.

## 1.4 Human rights

This study is part of a range of activity under the umbrella of the Scottish National Action Plan for Human Rights (SNAP). A partnership of organisations (Centre for Health Policy, University of Strathclyde, Health and Social Care Alliance Scotland and NHS Health Scotland) have promoted peer research as part of the SNAP Health and Social Care Action Plan. Previous work, which has been widely disseminated to policymakers and practitioners in Scotland, focused on the right to health for people who have experienced homelessness and refugee and asylum seeker women in Glasgow<sup>3</sup>. The partners are committed to understanding human rights based approaches from the perspectives of people whose human rights are challenged and to ensuring that opportunities are developed for peer researchers to have an impact on policy in this area. Training for peer researchers in the current study was co-facilitated by a peer researcher from Glasgow Homelessness Network who had been part of the previous work. According to Webster and Flanigan (2018), rights claims made by activists and people with lived experience can expand understanding of the meaning of human rights and push the boundaries of what these rights may cover.

A human rights perspective is guided by the values that underpin human rights including dignity, respect and non-discrimination. Human rights based approaches (hrba) that translate human rights standards into practice are informed by the PANEL principles<sup>4</sup>: **P**articipation, **A**ccountability, **N**on-discrimination, **E**mpowerment and **L**egality.

Whether the right to work as such is a human right is contested, but some labour rights are included in the Universal Declaration of Human Rights (UDHR) which prohibits slavery (article 4); provides that everyone has the right to work and that everyone should work in a job freely chosen (article 23); states that everyone should receive equal pay for equal work and receive decent remuneration for work

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<sup>2</sup> <https://www.fivevoluntaryaction.org.uk/news.asp?id=9687>

<sup>3</sup> Resources on the study are available at <http://www.healthandsocialcare-snap.com/peer-research-project-the-right-to-health>

<sup>4</sup> [http://www.scottishhumanrights.com/media/1409/shrc\\_hrba\\_leaflet.pdf](http://www.scottishhumanrights.com/media/1409/shrc_hrba_leaflet.pdf)

performed, which should guarantee a dignified life for the worker and their family; and that everyone has a right to form and join trade unions; article 24 guarantees a right to rest and leisure, including reasonable limitations of working hours, as well as holidays with pay (Mantouvalou 2012). Elsewhere Virginia Mantouvalou has argued that the right to work includes a right to employability which imposes duties to educate and train individuals in order to pursue work. On the other hand, people do not have a duty to work, but just to be able to pursue work. She argues that individuals must have opportunities for meaningful work and to work for an employer that respects human rights as working terms and conditions that undermine human capabilities are “incompatible with the right to work”.

The right for people with disabilities (including mental health problems) to be free from discrimination in access to work is set out in the United Nations Convention on the Rights of People with Disabilities (UNCRPD). Article 27 of the UNCRPD asserts the rights of people with disabilities to work on an equal basis with others and prohibits all forms of discrimination on the basis of disability. It includes the duties to:

Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;

Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment<sup>5</sup>.

Article 19 of the UNCRPD concerns the right to live independently and be included in the community and article 28, the right to an adequate standard of living and social participation.

The new Social Security (Scotland) Bill transfers powers over the eleven entitlements related to disability, ill health and caring that are being devolved to Scotland and which represent 15% of total welfare spending in Scotland<sup>6</sup>. MSPs have approved the principles which include that “social security is itself a human right” and that “respect for the dignity of individuals is to be at the heart of the social security system”. The Social Security Committee has also supported the inclusion of an additional principle that “social security has a role to play in the eradication of poverty in Scotland” (Social Security Committee 2017).

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<sup>5</sup> <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-27-work-and-employment.html>

<sup>6</sup> <https://www.alliance-scotland.org.uk/blog/news/social-security-bill-progresses/>

## 2. THE STUDY

### 2.1 Aim

The aim of this study was to improve understanding of the impact of employability support on health inequalities by examining experiences of long-term unemployment and health inequalities in unemployment 'hotspots' in Fife.

### 2.2 Methodology

The study was conducted by a team of peer researchers in Fife who had been trained by two facilitators from the Craighead Institute and Glasgow Homelessness Network. Peer research is a community-based approach in which people with lived experience of an issue conduct an inquiry with others with similar experience. In this study our methodology was that of participatory action research (PAR) where reflection on action is used to create change (Baum, McDougall and Smith 2006).

### 2.3 The peer researchers

Peer researchers were recruited through personal contact by Fife-ETC key workers. The criteria were that they were interested in taking part, had relevant experience (of unemployment) and were likely to benefit from the opportunity. A core group of nine was established, although there was some movement in and out of the group over time and not everyone was able to attend every meeting. Individuals had not been part of an established group before the training. All volunteered their time for the project.



From March to August 2017 the group met 12 times for a programme of research training in which there was also an opportunity to share experiences, to form as a team and to plan the research. Further preparation sessions took place just before some of the research sessions and a further four sessions after the fieldwork for analysis and dissemination and to consider

the draft report and recommendations. One of the principles of the approach was that the research should be both participative and of a high standard. The group had support and advice from an experienced researcher and a peer researcher and at least two members of the group had prior research experience, one of them significantly so. Members were involved at all stages including deciding the methods to be used, developing the ethics materials, designing questions, conducting the

research, reviewing transcript summaries and identifying themes for analysis, commenting on reports and presenting the findings. Some of the group would have liked the opportunity to be more involved in the analysis and report writing, had time and capacity allowed.

The peer research training covered the principles of peer research, the stage of research and the skills and practicalities of conducting a study. Details can be found in Appendix 2.

Some peer researchers deployed their existing skills, for example in designing materials, others refreshed research skills and some were learning new skills. In the course of the work people often moved on from their initial roles to take on further responsibilities, for example in noting sessions or presenting the findings.

Of the nine peer researchers three were men and six were women. There was a wide range of ages. All had experience of unemployment or looking for work. Many were volunteering and/or caring. All but two had no current paid employment. Life and educational experiences varied greatly and this contributed to the strength of the group. The reason they supported the research was because they wanted to influence policy and use their experience and skills to make a positive difference to the lives of those out of work. Most of the peer researchers provided descriptions of themselves which give a sense of their motivation and commitment to the work.

## **Figure 2: The peer researchers in their own words**

### Adam

“I started volunteering four months ago. I was tired with being treated like another number, never being valued or respected. I am here to start the path for other people who don't know where the path starts.”

### Becky

“I believe that those who are unemployed are judged unfairly by those who should be helping them. I'm known for my shyness, but volunteering has helped me gain confidence and believe in myself.”

### Jaqui

“Some of my personal experiences have been terrifying, some have been amazing. I want to find out what will help others and what needs to change.”

### Lauren

“I volunteered to take part in this research to experience something new and to find out more about unemployment and people's opinions and experiences.”

### Liz

“I am a volunteer at Adult Basic Education. I have gained Qualifications. I enjoy helping others. I have come to realise that it is never too late to learn, no matter what age you are. Anything is possible.”

### Martin

“I am a long-term member of the Gallatown area who has had to battle long-term unemployment, being a carer and never feeling welcome in a service I needed to access. I hated it! So I try to change that every day.”

Mary

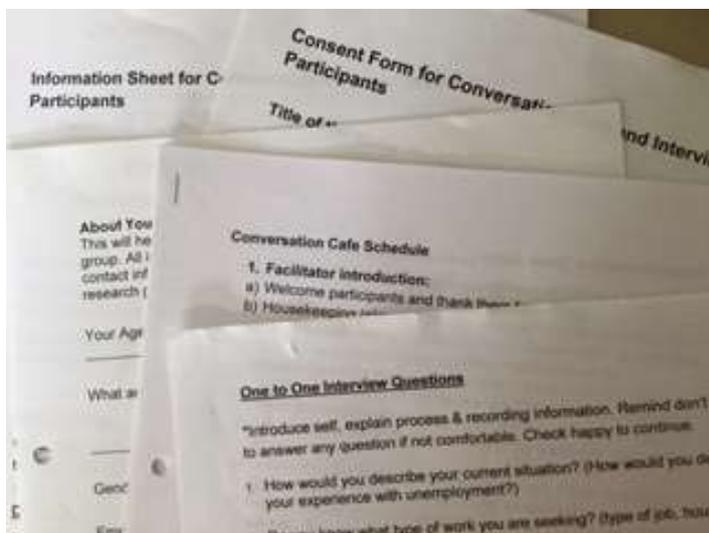
“In the past I have experienced unemployment and bullying in the workplace and thoroughly believe in the power of conversation and just having your voice heard. With the help of participants I believe we can better the support for those seeking work in the future.”

Sandra

“I learned about this Research Project whilst following my own, so far lonely, dispiriting and seemingly impossible journey from long-term family care responsibilities to “jobseeking” success story. I volunteered for this project to learn through the opportunity to contribute towards changing systems which, certainly in my own experience, have posed as many problems in their implementation as solved any.”

## 2.4 Methods

Group discussions in the form of conversation cafés (informal focus groups) and individual interviews were the two principal methods of data collection. Group discussions were chosen because the conversation amongst participants was felt likely to provide the richest insight into experiences. Also members of the peer research group thought that it would be a good experience for participants to meet together. Individual interviews were also used where possible to make sure that everyone could have their voice included and to get a clearer picture of individual experiences. A short form was also completed by all participants (with support if required) to record basic demographic information.



All participants were supported to review an information form before signing a form to consent to participation, to being audio recorded and to having their data used anonymously for the research. It was carefully explained to them that their participation was voluntary, that they could withdraw if they chose and that they did not have to answer any question that made them uncomfortable.

Information was also provided to them about how the data would be kept safe and how they could access the final report.

The research participants face multiple barriers and therefore could be considered as vulnerable within the research process. The research sessions all took place in familiar locations with staff on hand and in addition a qualified researcher and a keyworker was present.

Every effort was made at the beginning of each session to remind participants about confidentiality and to create a welcoming environment. They were advised not to disclose anything that would make them feel vulnerable in the group environment. A separate room was provided in case anyone became upset, although the need for this did not arise.

The conversation covered experiences of unemployment, the support that would help and what needs to change to improve the experience.

All the conversation cafés were digitally recorded and notes were also taken. To organise the material the approach of framework analysis was used (Ritchie et al 2013). In the first instance each group and interview was summarised according to key themes with key quotes included. The peer researchers then met and reviewed the tabulated material and drew out common themes which were then coded. These also formed the basis of a number of scenarios which were developed to disseminate the findings. One of the support staff and two of the peer researchers analysed the individual interviews. A meeting of peer researchers was held to review the draft report and recommendations before these were finalised and changes made to the recommendations as a result.

### 3. FINDINGS

#### 3.1 The research settings

The peer researchers refined the original brief of targeting people with experience of long-term unemployment to include people employed for 10 hours or less and looking for work. Following discussion about those whose employment prospects were most fragile, the entry criteria for the study were defined as follows:

- men and women;
- living in or near Kirkcaldy or Glenrothes;
- unemployed or job searching or
- with previous experience of unemployment.

With the support of the Fife-ETC keyworker the peer researchers then identified a number of community projects and locations where they might be able to reach a diverse range of participants with these experiences. As there was a tight timeframe for the fieldwork and a target of six groups, places where a group could not be organised in time were not pursued. Three groups were held in Glenrothes and three in Kirkcaldy, although one of these was open to any Fife-ETC clients. Three of the groups were based on Fife-ETC services; in a further Fife-ETC service, only one person expressed interest, so a one-to-one interview was conducted with that person at the project. The three remaining groups were in community based projects (2) and a learning centre (1). Peer researchers were involved in making contacts with some of the groups which in some case they already had connections with.

**Table 2: Attendance at groups**

Group <sup>7</sup>	Male	Female	All	1:1 interviews	Peers
1 "SupportToGrow"	4	5	9	4	5 <sup>8</sup>
2 "Be Smart"	1	0	1	1	2
3 "New Ways"	0	8	8	3	3
4 "EMPOWER"	3	1	4	2	3
5 "Local Learning Centre"	3	1	4	3	3
6 "Our Community" group	2	2	4	1	3 <sup>9</sup>
7 "EMPLOY"	2	1	3	1	3
All	15	18	33	15	

The average attendance at the groups was 5 (range 3 to 9). The biggest attendances were in a community employability project and a residential project. Expected attendances were higher at the other locations but various challenges

<sup>7</sup> Not actual group names; 1, 2, 6 and 7 were held in Kirkcaldy and 3, 4 and 5 in Glenrothes

<sup>8</sup>1 further peer researcher took part in the group on this occasion as they were a member of the project

<sup>9</sup> ditto

prevented people attending on the day. Those who came reported enjoying the conversation with others and having their views heard.

At least one member of the support team attended each group and most groups were attended by several peer researchers who obtained consent, facilitated the group between them, conducted individual interviews and, in some cases, took notes.

### 3.2 The research participants<sup>10</sup>

33 people participated in the study: 15 men and 18 women. All but one took part in a conversation café. 15 of the 33 also took part in a one-to-one interview. The ages of participants ranged from 17 to over 60.

**Table 3: Age**

Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
5	11	1	0	1	3	5	1	1	2

N = 30, Age unknown for 3

**Table 4: Length of time unemployed/looking for work**

Unempl 1 year or less	Unempl 13-23 months	Unempl 2-4 yrs	Unempl 5-9 yrs	Unempl 10 yrs or more	Student	Employed signed off sick	Employed other
4	3	6	3	4	2	4	4

N = 30, Employment status unknown for 3

20 were currently unemployed and, of these, seven had been unemployed for five years or more. One person had been out of work for over 20 years. Of the two students, one also described themselves as unemployed. 'Employed other' includes people on placements, apprenticeships and short-term contracts.

Participants reported a range of other challenges that they faced in their lives including mental health problems, long-term conditions, histories of addiction, other disabilities, homelessness and poverty. Many faced multiple barriers, corresponding to the circumstances targeted by Fife-ETC.

### 3.3 Expectations of work

“My days are nothing without structure – the days simply melt into each other.” (individual interview)

The conversation cafés sought to find out what importance participants placed upon work. Participants were asked to select and discuss a picture card that represented the value of work to them and they were asked also about their expectations of work

<sup>10</sup> The names given to research participants in the report are not their actual names.

and how it would improve their life. In the one-to-one interviews they were also asked about the benefits of employment.

Across all the groups 25 different images were selected to represent the value of work. The EMPOWER group illustrates how these created discussion about what mattered about work.



(images courtesy of NHS Health Scotland Envision cards)

- Supporting your family.  
It's important to you, is it?  
Well it would be if I had a family to support or when I did have a family to support. Well you need a job to look after... to buy your children the things they need to keep them warm and keep them sheltered and that's... cos you work for love, don't you?
- Well I chose 'Welcome' because I think it's important that you feel comfortable within yourself and that gives you the confidence to move forward with things in your life.
- I've picked that one [sad and happy mask] because both of them affect me. When I was working when I first started I was happy, but then when I started getting bullied that face, unhappy face and [the person] bullying me actually brought my mental health to its peak.
- I've just done the one with the geese, cos that means freedom and at the moment I don't feel that I've got any time at all, that I'm constantly just stretched with all the things I have to do that's supposed to be helping get a job... and I don't really feels it's been helping in any way.
- I've been unemployed for a while. I've been able to have conversations with my children about mental health problems on my terms... they understand that I don't work and sometimes I struggle but I'm very conscious that by working it allows me to be a more positive role model for my kids.

Comments about the value of work were made in five of the six conversation cafés (none in group 3), with the most (14 out of 26 comments) coming from group 1. The comments were almost equally distributed between men and women and were made by 13 individuals.

Money and respect were the most common reasons for valuing work (13), with a close connection between the two. Social aspects (5), having a structure and something to do (5) were also important and others mentioned the freedom (2) and challenge (1) work would bring.

**Table 5: The value and meaning of work**

Money	Independence, own money, pay bills Money and peace of mind
Respect	I can't wait to get a job to make myself proud and do something I enjoy
Money and respect	Make the kids proud, pay bills
Structure	Structure, routine, dignity, purpose
Social	Meeting new people, common goal
Freedom	Live my life in any way
Challenge	Out of comfort zone

### 3.4 Barriers to finding work

In the conversation cafés, participants were asked about barriers they had encountered in trying to get into work. In order to focus the discussion on concrete experiences, a set of cards indicating a range of support services was set out and participants invited to select some to talk about their experiences of barriers and enablers (see below). Prompts available to the facilitator for both were: access, information, choice, opportunities, rights and non-discrimination.



62 comments were recorded on barriers across all six groups, more from men than from women.

Experiences at the job centre were identified in all the groups as a barrier to engagement (15 comments in total). The experience was described as demeaning and this impacted mental health, causing stress and anxiety. Participants did not understand why Jobcentre Plus staff did not point them in the right direction for information. Inconsistent information from advisors was a further issue (4). Job searching was also described as not helping because the hours that people on Universal Credit were expected to spend were felt to be highly demanding and excessive for the number of jobs available (5). This made it seem like a cruel game.

Six comments concerned costs, including being worse off when a partner was working, accumulating rent arrears through being in and out of work, and not having money for retraining courses and the cost of holding on the phone to DWP. Other barriers were transport and the cost of travel to interview or work (5), insufficient resources for mental health support (5), lack of motivation (3), health problems (3), interview and application processes (2), not being valued (2), not being able to access required documentation including references (2) and not being able to plan ahead if homeless (1).

**Table 6: Barriers to employment**

Attitudes and processes at job centre intimidating, degrading and off-putting	Looked at 'like a piece of dirt' Anxiety 'puts you off looking for work'
Inconsistent advice/information from advisors	More confused than before phoning them
Lack of information	Sign paperwork and send you away – nothing changes
Job searching unrewarding	Morally it is impossible to achieve 35 hours. Limited access to computers in library
Insufficient resources for mental health support	Have to meet criteria
Work won't pay enough (debt)	Worse off when wife working
Health problems	Memory problems – miss appointments
Transport	Travel not taken into account
Lack documentation	Could not get copy of rent agreement in time.
Lack motivation	Too much time to dwell, reinforces negatives

### 3.5 The benefits of employability support

“I am building confidence and pushing myself to be more sociable to help find a job” (individual interview).

A parallel set of questions focused on what support had helped with employability.

Every group had comments to make on their experiences of employability support. 66 comments were identified.

The largest number of comments (19) was about courses and group work, although these sometimes also included the associated employability support from keyworkers and others. There was limited experience of work trials and placements, although more of volunteering (8 comments in all).



Peer support was also important in building confidence and self-esteem (7).

Assistance with CVs and application forms came through courses (BRAG) and Fife-ETC key workers and was also provided by the learning centre and a community project (5).

Other agencies such as CARF were important for the practical support help they had provided (6).

**Table 7: What works – employability support**

Courses and safe learning environment for employability support	Moved us forward.
Keyworkers	Come across so clearly that they want to help you, not just doing a job. 'Everything about them is different.'
Peer support to raise confidence	Meet other people [here], make friends, get support through that. Not professional people. Find out. 'Have you heard about this?'
Opportunities – work placements, trials, volunteering	Proud of job. Proper placement – getting paid.
Support with CVs and other paperwork	Help with writing a letter which is emotionally too hard.

Conversations in groups suggested how the different forms of employability support worked together to enable people to move closer to being able to take up work. For example, attending courses and groups led on to other things, such as getting out more, which in turn was good for mental health (5). The tools gained were skills for life as well as employment:

“Living Life to the Full (course). When I first came in, I was terrified, couldn’t travel myself. I can now travel on the bus myself.”

This person is also walking more and has a Fitbit. For others, the chance to feel comfortable in a group setting was important, especially if they had experienced mental health problems:

“All really nice. Felt at first like a prison, going to be kept in. Now we have such a laugh.”

The speaker had just started a new course and was excited to be meeting new people. Another person said:

“Six months ago didn’t know all these courses. Likes of BRAG brand new. Helped us a wee bit even though not got a job. [Name of keyworker] helped us a good bit, put us on the right courses. I feel like I’m starting to pick myself up again.”

Confidence and self-esteem were important stepping stones to feeling able to take on more challenges. Peer support was not only of benefit emotionally, but led to information-sharing. A paid placement in a completely different setting from the one he had previously worked in widened the range of jobs that Donald in the EMPLOY group felt able to consider:

“When I’m doing job search I think, well I cannae do that. Just lately I applied for a job in a garden centre, outside. I’ve got to adapt... to try and go to a different niche. I’m actually looking at other avenues.”

### 3.6 The relationship between employability and health inequalities

The ways in which participants felt that their health and wellbeing had been affected by unemployment and being in the position of looking for work was explored in a number of different ways. We asked about causes of stress, what people did to de-stress and what would help them take more control of their life. Also participants talked about issues relevant to health inequalities in other parts of the discussions.

The people in this study all experienced multiple barriers and disadvantages and many had experience of mental ill health.

The relationship between health disadvantage and unemployment was multi-layered and interactive. Participants themselves were aware of this. Nonetheless some very clear themes emerged.

**Table 8: Health impacts**

Social isolation	Lost contact with family through not having work. "When working I had respect from my family."
Awareness of stigma	Being unemployed, friends class you as a scrounger. Job centre folk who've got a job, class you as scum.
Anxiety	It's scary they can suddenly pull the plug on your money.
Loss of meaning and purpose	Can't be bothered doing anything/facing anybody.
Mental health not taken seriously	You think that because it's not physical, it's not real?
Poverty and debt	If you can't eat, you can't afford the bus [problem of getting food home from foodbank].
Homelessness	What would help you get back on your feet? I just want my house.

### 3.6.1 Social isolation

The experience and the risk of social isolation was increased by lack of work and this could reduce self-confidence and be a barrier to being able to move into work (see 'barriers' below). On the other hand, the impact of certain kinds of employability support could be to reduce the impact of isolation. More is said about this in the section on 'enablers' below.

The importance of family and friends to wellbeing and resilience was often acknowledged. For example, Sarah in the SupportToGrow project said:

"If it wasn't for family and friends and [name of partner] I wouldn't get back on my feet. I'm not strong enough. People really help."

Work was associated with respect and being able to earn enough money to meet your family's needs. Conversely losing work could lead to break up of relationships. Being unemployed created shame and pain because of not being able to meet your children's expectations of a decent life. Social media could exacerbate feelings of unfairness and frustration:

"It's the children when they come and ask can I go to the ice rink or go to the dancing. Most painful thing in the world to say no..."

"I get resentful when I see on Facebook all your pictures of holidays and that's what you want for your family. Want to be the same as friends and go on holiday." (Les, EMPLOY group)

### 3.6.2 Stigma

Social anxiety and loss of self-confidence were exacerbated by not having a paid work role. Some people described how they avoided others because they did not have a valued social role and were afraid of being stereotyped as a scrounger, “an automatic judgement”, as one person said.



The following exchange from the EMPOWER group is typical of the situations people sought to avoid:

John: When you can't say where you work it drives social anxiety.

Peter: I don't want to have that conversation.

David: I met my old boss. "What are you doing with yourself?" I'm not doing anything.

### 3.6.3 Anxiety

For people already vulnerable, the impact of their engagement with the social security system was greater anxiety and stress. The comments about this were consistent across all the groups and included:

- degrading treatment;
- being made to feel like a liar;
- fear of being sanctioned/powerlessness;
- pressure of (unproductive) job searching; and,
- lack of help.

The following comments are typical:

SupportToGrow Group:

Doesn't want to sign on any more, worry that "they'll come up with something you've done wrong" and stop your money. Universal Credit, sanctioned for not phoning (but did) and money stopped, "is that the right thing to do?" (Rory)

New Ways Group:



Job centre – quite intimidating. Like an appointment. Behind desk. They decide whether you get money to eat that month. No back up. (Jane)

They have the ball in their court. (Mary)

EMPOWER Group:

Job centre – looked at like a piece of dirt. “So demeaning. For sake of £140, better off raiding the bins.” Sanctions demeaning. (David)

Local Learning Centre Group:

Phoned twice and told them (re tax credits) now called a liar (housing benefit). Then broke down and cried in front of advisor. Like a tornado in head because of learning difficulties. Couldn't think straight. Just wanted to walk in front of double decker. (Vicky)

Staff in job centre don't treat you as a human being, just like bit of dirt. Can't give information. (Frank)

Our Community Group:

Ben: You can't explain what's wrong [mental health problem]. ATOS 'no, no, no'. Just out to stop your benefit

Margaret: If doctor says you have it, how can they get away with someone less qualified can come over the actual doctor. Feel insulted on doctor's behalf.

Ben: They're saying you're at it.

Margaret: And that your Doctor's at it.

EMPLOY Group:

Do you get anxious when you go down to see them? 'Cos I do, I get anxious. (Donald)

I feel like every minute of the day is looking at the computer. (Rhiannon)

### 3.6.4 Loss of meaning and purpose

A number of older men took part in the research and they in particular expressed the impact of not having a role and structure in their life, their experience of depression and the difficulty of expressing how they felt. Peter spoke of the “soul destroying” effect of second and third generational poverty and unemployment in Fife. Another in the EMPLOY Group responded as follows:

*Has being unemployed affected your health? And if so, how?*

“In a really bad way. I actually got to the stage where some days I feel worthless. You wake up in the morning and you think to yourself, who cares? There’s no money to do things. It just kills you sometimes.”

The same person explained how he could not admit to his fellow workers in the past that he was not coping because he was not expected to show vulnerability, even though he was “falling to bits inside” and what society expected of him was “destroying me as a person”.

### 3.6.5 Poverty and debt

Not having enough money impacted all aspects of living a healthy life. Specific examples given were: not having money for journeys to stay in touch with family, not being able to go out and do things or even keep up activities that had been started as part of recovery and not being able to maintain a healthy diet. All these impacted adversely on mental health. For example, Jen commented in the SupportToGrow group:

“Good, decent food is expensive. Junk food is cheap, but bad for the diet. You feel ill if you don’t eat well for 3 or 4 days and your mood goes down if you don’t eat well.”

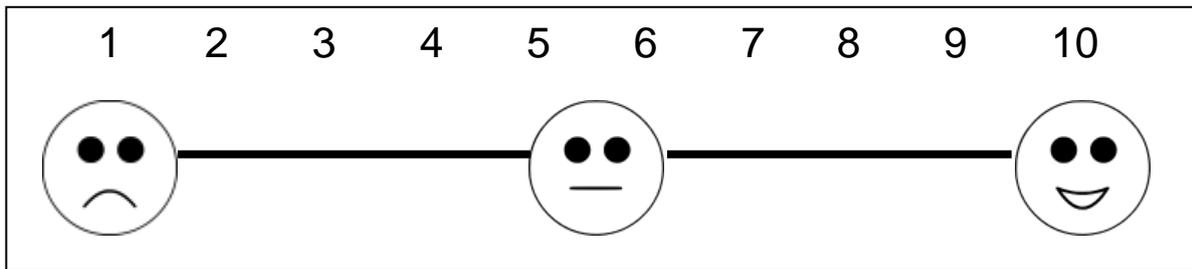
A woman described not being able to visit her mother and her daughter being unable to visit the family also. A family day ticket on the bus would have cost £16-£19. One man who had recently joined a walking group, was not sure how he would be able to keep it up when his bus pass ran out.

### 3.6.6 Homelessness

We spoke to some young women who were being supported out of homelessness. Specific health impacts included: stress, feeling ‘hopeless’ and powerless as they had been moved to accommodation without any choice, being housed in a ‘bad’ area, having to go somewhere where they knew no one, not being able to plan ahead and being far from family, as Anne explained:

“Living far from family [causes stress]. If something goes on, I feel too far away to help.”

### 3.6.7 Changes in wellbeing



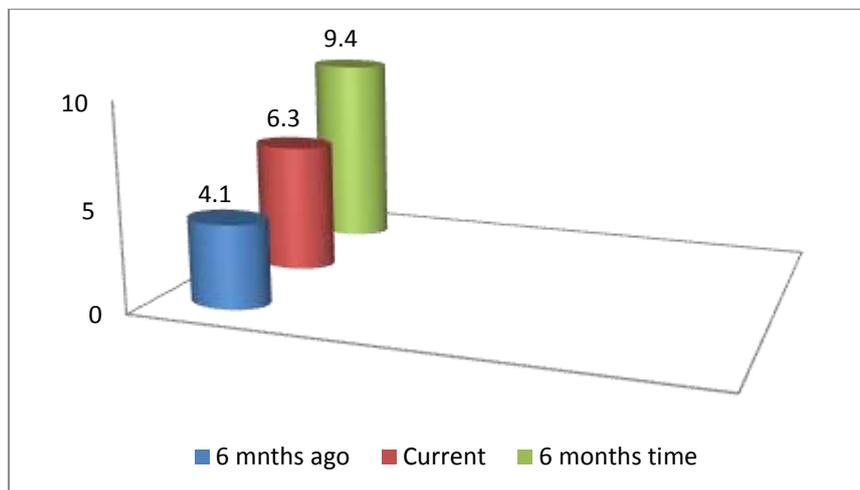
At the end of the group sessions participants were invited to complete a 10 point scale (as above) to show:

- where they felt they were in their lives 'just now';
- where they would have placed themselves six months ago;
- what made the difference/ explained why it had stayed the same?;
- where they wanted to be in six months' time; and,
- what it would take to get them to that number.

Time was given for them to complete this individually, with support if required, and in some groups there was discussion about the exercise. The scale was made accessible with large number and sad/neutral/happy faces at the two ends and central point. See Appendix 1.

23 participants completed the scale.

**Figure 3: Average wellbeing scores**



*What has made the difference between six months ago and now?*

The average score for current wellbeing was 6.3 with a range from 3-8.

The average score for six months previously was 4.1 with a range from 1-8. Two people recorded a higher score than for their present state, three the same and for the rest (19) the difference between then and now was positive.



According to participants, increased confidence and the tools and skills to manage mental health issues and anxiety were what had made the biggest difference (8 people mentioned this), together with courses and employability support (6). Other reasons were meeting more people (4), more activities to get out of the house (3), opportunities including volunteering (4) and having a voice (2). Some people mentioned more than one reason. For example one person whose score had increased from a 4.5 to a 6 wrote "Support from an employability project has allowed me to unlock more of my potential. I

am more confident than I used to be. I am able to work with groups and other people despite previous anxieties".

The reasons given for a lower score now than six months ago were being closer to unemployment on a temporary contract and being mistreated at work. Of the three people who said they felt the same as six months ago, one wanted to progress more on their career path, one had had ups and downs in their mental health over that time and one had lost the voluntary work they had been doing.

#### *What would help to move to a higher score?*

The average score that people hoped for in six months' time was 9.4 with a range from 7 to 10. The average improvement was 3 points with a range from 1 to 5.5

Getting a job was the difference that they thought most likely by far to bring about an improvement (12 people said this). As one person wrote, "Being in work where I am valued and feel like I am making a contribution to society". The reasons that having a job would make the biggest difference unsurprisingly echoed the points made earlier about the value of work. For example, an older man who envisaged a 5 point change in his score wrote, "having a job can get more options for the family" and a woman wrote "finding work, a change of scenery". A job was not just something for its own sake, rather it was the means to a better life all round and to self-actualisation, for example "having a decent job and being where I want to be".

Another important factor was more confidence and support with mental health issues (8) as in “help to build my confidence and self-esteem”. Others were support and help in general (5), being able to improve social skills (3), being realistic and training and going to college (2). Having a home was significant for two people. Some answers indicated an awareness of self-management skills, for example, “just taking each day as it comes, not being so hard on myself and having confidence in my own abilities. Taking and accepting the small things”. Hopes could be modest and not necessarily goal oriented, as in “more happiness in my life”.

### 3.7 What needs to change?

An area of discussion in the conversation cafés was what should change to improve people’s journey, including what should stop or be avoided. Much of this discussion focused on what should happen within employment, since this was the future that people hoped for themselves. There was often not much time in the groups for this part of the conversation, but many ideas about changes that were seen to be needed had already been raised earlier in the session.

The areas where change was seen as needed included:

- values in society as a whole;
- information about the help available;
- attitudes and behaviours at Jobcentre Plus;
- opportunities, especially volunteering and placements;
- changes in the advice about disclosing mental health problems; and,
- support in work.

A few voices diagnosed a need for social attitudes to change by greater valuing of people and what they could offer. It was felt that this would help to address the situation many people had described of being treated as worthless when they were unemployed, sometimes by family and friends, but primarily by a depersonalising benefits system, amplified by the media. Shona, a volunteer commented in the Our Community group,

“We need to get back to valuing people.”

In the EMPLOY group Les wanted to see people judged less for their past and more for what they could do. He said,

“Sometimes if people know your background that’s the only thing they are taking in, not what you’re able or willing to do.”

Many of the comments about Jobcentre Plus represent a call for a change in attitudes and behaviours. Hand in hand with the strong statements about the need for people to be treated with the basic respect due to them as human beings was a wish for mutual understanding and for advisors to be empowered actually to help

people. This was stated sympathetically in the conversation at the Local Learning Centre:

“See what it’s like to live in their shoes. We don’t know what they’ve been told. People don’t understand. We’re doing everything we’ve been told to do. They should see it from our point of view. A tab beside our name. How would they like it? They may be trying their best. How could they be able to give support?”

Just as participants had reported that they were not given enough information about the support available, so they recommended that more and better information was an important area for improvement. Examples given in the EMPLOY group were whether help was available for the costs of clothes and transport to go to interviews:

“If they just told us things that would help us to push it forward.” (Donald)

The conversation café at the Local Learning Centre mirrored this conversation. Margaret wanted Jobcentre Plus advisors to let people know about the classes available at the Learning Centre. The groups generally reacted with astonishment at the number of cards we set out with the names of organisations that they might have gone to for support including Fife-ETC. A good conversation sometimes ensued in the groups as people shared information with each other, suggesting how useful peer support can be. Mo exclaimed,

“I don’t know about half these services. We should be told what’s available.”

People wanted a chance to try out work and gain experience and so a range of more volunteering and placement opportunities that could lead to work was wanted. Volunteering helped overcome the barrier that employers were looking for experience that it might not otherwise be possible to demonstrate. Work placements could also enable someone who had not been in work before to get used to expectations in the workplace. This went beyond learning the skills for a particular job to knowing how to interact with a manager, colleague or client. Volunteering and work placements also created social connections which could lead to employment because, as some participants commented, most jobs are found through personal networks. As a young woman, Zara, explained,



“It’s really easy when you’re unemployed to be isolated, not go out and speaking to people, not being involved in stuff. When you do go out and speak to people the more opportunities come your way. When you’re isolated and unemployed, opportunities are limited. But if you join a football club and get chatting to the coach he might say, ‘there’s a job coming up’. Sometimes it’s the people you know.”

As participants applied for work they were anxious about the advice they were receiving from advisors not to disclose mental health issues. They wanted to be able to be honest and upfront, not least so they could be sure of help they might need and to prevent stress or greater failure. One young woman, Jen, who had just taken up a role in a community project (SupportToGrow) said what a relief it had been to be honest on her application form and in her interview which had put her at her ease. It would also relieve the stress of not having suddenly to admit to a problem later or to reach a crisis point. Knowing that support might be required in particular situations would make it possible to put a plan in place to allow the person the flexibility to do what was needed (for example sometimes to take a short time out) and for managers to be aware of trigger points and how to respond.

However it did not follow that participants wanted guaranteed interviews for people with disabilities, as this was seen by some as singling people out, as Zara, put it

“not chosen for who you are as a person, but what’s wrong with you”.

Instead, what was being called for was a change in workplace and recruitment practice towards a more inclusive culture. It was argued that employers, by becoming informed about how to respond to the individual challenges that their employees might encounter, would be in a position to create the conditions for all the individuals in the workforce to flourish. The outcome would be that their business would benefit from the range of skills and gifts that a diverse workforce could bring. In fact, the journey of recovery from mental health or addiction challenges could lead to resilience and bring valuable experience to support of others facing tough issues in their lives.



In-work support was a big priority, particularly amongst those who had experienced mental health problems. For example, Mo advocated that:

“support should be there for you so that someone you know is there for you within employment.”

And in an individual interview one person commented:

“I want to be able to explain my issues in my workplace, without fear of being stigmatised.”

This would be helped if more people with mental health problems were recruited into the workforce. Others suggested that in-work support could involve mentorship until you settled into your job. The conversation at the Our

Community group included a discussion about the need for training in how to do a job to be offered rather than left to the person to work out.

In the one-to-one interviews there was no explicit question on future hopes or desirable changes. Nonetheless some of the 15 people who took part in a one-to-one did talk about what they thought should change. Several respondents suggested that venues are not realising their potential. According to respondents (and notwithstanding the negative connotations the same informants reported about this statutory service), these venues could be transformed to become vibrant activity multi-agency activity hubs, resourced by staff from and partner agencies, as well as peer volunteers with lived experience (of unemployment and associated issues).

16 participants suggest that key gaps in service provision need to be tackled head on including clearer information on benefits and official processes (before entering the system), personal ethics, organisational values and interpersonal skills training for all staff; specialist training for Job Coaches to help them better manage people with mental ill health, disability, complex needs etc.; new financial habits and budgeting skills (which could be remedied in the form of a tailored/bespoke course); an optional modular training programme for employers and prospective employers to help them better understand, support and retain their new employee (this would encourage employees to be open and honest regarding their needs); and 'in-work support'.

Experiences of employability support led to suggestions of what needed to be continued, expanded or added to the mix, for example:

"I want help to put a CV together, to complete job applications and to practise for interviews", "better information is needed" and "I want to be able to explain my issues in my workplace, without fear of being stigmatised".

There was a suggestion that Fife-ETC should deploy more keyworkers. Specific workers to support those with health-related barriers was another recommendation.

Participants felt that Fife-ETC should lead from the front by involving peers in the delivery and development of their work; building upon this peer led research. It is felt, in turn, that this will help succession planning in a sector which sometimes struggles to retain staff. Adopting this model may also help improve the reputation of Fife-ETC amongst its customers and funders. Several informants emphasised the importance of having their voices heard. They have enjoyed being involved in the participatory action research and hoped that their contribution will make a positive difference to themselves, others and the services in Fife including Fife-ETC. As one said,

"I'm glad I came along to the PAR meeting to express my voice and for someone to listen".

## 4. CONCLUSIONS

### 4.1 Health inequalities and employability

The research participants demonstrated a real interest in health and wellbeing. They expressed a wish for more opportunities such as those provided by cooking classes and walking clubs to overcome barriers to healthy eating and to inactivity. They were aware of the health benefits of becoming less socially isolated and lived with the limitations that poverty and low income placed on their chances to get out and about, have holidays and be part of social networks. We were particularly struck by the difficulties facing families where care for children compounded the stress and anxiety of trying to provide the resources and be a role model for a better life.

Where support is available to address practical barriers, this can make the difference between someone being able to take up a potential work opportunity or not.

Concerns about the cost of transport to interviews, for example, was mentioned as a barrier in several groups and this could disempower people from taking steps themselves. There were a number of stories of people not being made aware of entitlements at the right time. It seemed that it was not clear whose responsibility it was to tell people what they were entitled to and that some people were falling through the cracks, for example people signed off sick. Job centres were particularly identified as not providing information and people did not understand why this was the case.

Research participants called for more signposting and a clearer map of the journey they were on. There were reports of people finishing a short-term course and wondering 'what's next?'. This suggests that an individually tailored approach needs to be balanced by enabling people to have an overall sense of direction and a way of understanding where they are in the process, despite the differences there will be in individual journeys. This is particularly challenging for people facing multiple barriers which was the situation of many research participants as it is for Fife-ETC clients.

Conversations in the groups made clear that people who had been receiving support from one service or project did not necessarily know what other sources of support might be available. There was no awareness of Fife-ETC as a whole, even though research participants were calling for more partnership working. When the findings were presented to Fife-ETC staff, they acknowledged that it would be constructive for them to collaborate more across the organisations within Fife-ETC to share information and to align practices in order to provide a more seamless service.

The numbers in this study were insufficient to make it possible to analyse the inequality experiences of sub-groups, although we were aware of differences in the life experiences of conversation café participants. These are apparent in our findings, for example the particular challenges of young homeless women, the changes in the labour market that rendered the skills of older men hard to match to

employment and concerns about social anxiety among young people. Given that we targeted such different groups across the areas, differences between experiences in Kirkcaldy and Glenrothes could not be analysed. However other research shows the critical importance of targeting strategies to the most at risk sub-groups and being aware of the possibility that gaps in services may occur if there is not an awareness of the challenges faced by particular groups.

Both research participants and Fife-ETC staff identified that there might be a gap in targeting support specifically to people whose mental health needs were not classified as 'severe and enduring' but which nonetheless had a significant impact on their work histories and their support needs in returning to work.

For those who had experienced it, volunteering could provide an opportunity to think of different employment options, make people feel valued, provide meaningful activity and open up social connections, including connections that might lead to a job offer. In the course of this study we experienced the commitment that peer researchers were willing to give as volunteers and the benefits that they gained from being part of a group that could work to make a difference for others. The opportunity to volunteer can combat some of the negative effects of unemployment that are deleterious for health including social isolation, a loss of meaning and purpose and inactivity. It is therefore important that volunteering is valued in its own right to improve the quality of life of people who are unemployed and to prevent unemployment further reinforcing health inequalities. However there were also strong feelings that volunteering should lead to paid work. Moreover communities and society as a whole can benefit from the contribution of volunteers. Few people had experience of work placements, but more wanted to access them and those who had done so reported considerable benefits, including being able to find out more about expectations in the workplace that helped them feel more confident about moving into work.

On the basis of the accounts of both peer researchers and research participants we would also place a high value on participation and on positively harnessing the strengths, energies and resilience of those who, whilst not in paid employment, still have much to offer to their families, peer and communities. An 'assets based approach' such as this depends on developing good relationships and supporting these with collaborative working (McLean, McNeice and Mitchell 2017). Fife has a strong track record in this respect which can underpin further developments in tackling health inequalities and barriers to employment.

Fife's health inequalities strategy identifies a range of evidence-based interventions most likely to reduce health inequalities in the area of income, employment and skills.

## Figure 4: Income, employment and skills

### Evidence-based interventions most likely to reduce health inequalities include:

- improving work conditions – e.g. tackling low wages and job insecurity; increasing in-work development opportunities, flexibility and job control
- targeted support for those returning to work and to enhance job retention
- work-based learning and increased availability of non-vocational lifelong learning
- high quality volunteering opportunities for vulnerable groups
- access to internet and practical support with IT
- collaborating across agencies to target money advice and income maximisation services
- reduce or eradicate price barriers for healthy products (e.g. healthy foods), essential services and preventative services (e.g. free eye tests, schools meals, stop smoking support). (Fife Health and Wellbeing Alliance, 2015)

All these have relevance to the present study. In particular a multifaceted and holistic approach that addresses barriers at different levels and across sectors is called for by the multiple barriers experienced by those who took part in the study. Our findings suggest a number of priorities for tackling health inequalities among those who face multiple barriers to obtaining or returning to work:

- social isolation leading to poorer mental health is a risk for those losing confidence and experiencing poverty while out of work;
- social stigma is a major barrier to participation and self-esteem; and
- lack of clear information and advice reduces the possibilities of people taking ownership of their own journey and be proactive in tackling barriers.

Our conclusions therefore are also that a multilevel response is required including:

- greater joint working across all agencies to maximise people's access to resources and opportunities to improve their life circumstances;
- approaches to cultural change that lead to practice based on the values of dignity and respect; and
- continuing improvement to make the pathway to employment accessible and smoother by consistent practice and measurement across employability providers.

## 4.2 Human rights and welfare reform

Many of the concerns of participants in this study related, not to the employability support they were receiving from organisations such as those in Fife-ETC, but to their experience of the social security system which they felt did not treat them with respect as citizens. Our findings support those of the Welfare Reform Tracking Study conducted by the Employment Research Institute at Edinburgh Napier University and the University of Stirling on behalf of the Scottish Government which tracked 30 people in receipt of working-age tax benefits or tax credits from 2013 to 2016 (Graham et al 2016). They found that people felt “stigmatised, stressed and

distrustful of the benefits system”, that the process of applying could be burdensome and that the stresses of challenging lives could make these harder to deal with. A lack of resources to fall back on left people vulnerable to small changes and those with fluctuating conditions found these poorly reflected in assessments. They conclude that stronger conditionality is unlikely to get people into work and note that lack of opportunities in the labour market means that people deemed ‘fit for work’ may not be able to find it.

The types of intervention that these authors consider effective in addressing barriers to work are in the areas of education, skills, employability services, childcare and health. Their research underlines the value of the types of employability support being provided by Fife-ETC. We would further argue that the new devolved welfare powers that affect benefits related to health, disability and caring represent an opportunity to co-develop a system in Scotland which is explicitly right-based. Based on consultation with their members across Scotland the ALLIANCE in their submission on the Social Security Bill emphasise the part that this could play in changing culture:

There has been substantial discussion about the need to fundamentally change the culture of social security in Scotland at the national level and within the system itself. The Bill has a crucial role to play in changing this culture so that people accessing social security are viewed as equal citizens entitled to the human right of social security rather than ‘scroungers’ or recipients of charity. The language and terminology in the Bill and supporting documents needs to underpin this cultural shift and we therefore recommend words like ‘needs’, ‘benefits’ and ‘assistance’ be updated and replaced by, for example, ‘rights’, ‘payments’ and ‘entitlements’. Redressing the current imbalance in the Bill between the obligations of individuals vs. those of the State will also support culture change<sup>11</sup>.

The experiences of both the peer researchers and the research participants in this study made clear that a culture of blame and a sense of being unfairly treated affect people’s mental wellbeing. One of the most consistent findings across the study was that people felt stigmatised by the wider society and devalued by their encounters with the social security system. Given the focus of this study on the relationship between seeking employment and reducing health inequalities, this important cultural and social aspect of their journey, which they experienced as a painful injustice, cannot be ignored.

Therefore strategies to address employability and health inequalities need to address the cultural issues that impact on people’s sense of themselves and their

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[http://www.parliament.scot/S5\\_Social\\_Security/Inquiries/038\\_Health\\_and\\_Social\\_Care\\_Alliance\\_Scotland\\_the\\_ALLIANCE.pdf](http://www.parliament.scot/S5_Social_Security/Inquiries/038_Health_and_Social_Care_Alliance_Scotland_the_ALLIANCE.pdf)

capacity for recovery. Human rights have a direct relevance to the circumstances of people who are unemployed and experiencing multiple challenges to their wellbeing.

### 4.3 The peer model

Participation and empowerment were key values underpinning the research approach adopted in this study. The team that was created shared experience and expertise, illustrating an exchange that is summarised by the term, 'co-production' which indicates a non-hierarchical form of working in which lived experience is valued equally alongside other expertise in order to develop good solutions. Critical to co-production is a change in the balance of power. Co-production is defined by the Scottish Community Development Centre as follows:

Co-production essentially describes a relationship between service provider and service user that draws on the knowledge, ability and resources of both to develop solutions to issues that are claimed to be successful, sustainable and cost effective, changing the balance of power from the professional towards the service user. The approach is used in work with both individuals and communities<sup>12</sup>.

There is increasing interest in participatory methods of producing knowledge that are appropriate to participatory ways of developing policy and practice improvement (Carnegie UK Trust 2018). In this study the experience of the peer researchers was used as equivalent to a traditional literature review in setting out the context for the enquiry. From the beginning of the training the group developed an understanding that one person's experience did not reflect everyone's story and the researchers were very keen to speak to a range of people and open to hearing diverse experiences. Information and evidence were being added and analysed throughout the process to challenge assumptions including hearing the reactions of other stakeholders and staff when the findings were presented to them. The peers would like to engage with Jobcentre Plus staff also as they are aware that they must be operating under considerable pressure and might welcome opportunities to know how to make their interactions more effective.

The research also illustrated the more common use of the peer model in research which is to elicit contributions from research participants through engagement with peer researchers from the same community/area of experience. This had proved effective in a previous study on the Right to Health where people with experience of homelessness and asylum seeking had interviewed their peers (Abdulkadir et al 2016). Similarly the peer researchers in this study put research participants at their ease, were able to respond to what they heard with empathy and insight and to add value to interpretation of the findings. This research therefore confirmed the value of a well supported peer model of research.

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<sup>12</sup> <http://www.coproductionscotland.org.uk/about/what-is-co-production/>

This study provided a number of strands of evidence of the value of peer support. The peer researchers themselves demonstrated this. Over the course of the year they have encouraged each other, shared information and developed skills together so that each has been able to put their own story into a broader context and apply their energy to try to improve the situation of other people. Having a common goal and task undoubtedly contributed to the success of this process, but equally important was the space and time to have conversations over several months and to work through and challenge assumptions. During the conversation cafés themselves we had a glimpse of this process at work, albeit only over the course of a few hours. People appreciated both sharing their own experiences, but equally listening to others. They were open and shared information to assist others. All reported enjoying the opportunity to talk together and to consider the questions asked. Finally, people who had been part of group settings told us how much they valued the peer support in addition to the more formal learning content of courses. It was this social aspect that enabled people to build trust and come out of their shell, in some cases becoming active against where once they had not felt like leaving the house.

The methodology for this study was that of participatory action research in which the objective is to bring about change. Three factors contributed to the potential for this to happen. Firstly, the research was commissioned and well supported by strategic partners who valued the approach and were committed to acting on the findings. Fife-ETC propose to run tests for change to implement practice changes on the basis of the findings. Secondly, the peer researchers were committed to achieving justice for the people they spoke to and to using their own experience to make a difference (see Appendix 2). Their clarity ensured that the study remained true to its purpose and ethical stance. Thirdly, the research team was committed to conducting credible research that could contribute to the evidence base for change.

It is hoped that developments in Fife will continue to promote a peer research model. A challenge for all those involved in this work is to ensure good outcomes and progression for the peers that take part and to develop models of engagement that will lead to qualifications and employment.

## 5 RECOMMENDATIONS

### 5.1 Inform people about entitlements

“If they just told us things that would help us push it forward.” (research participant)

“No, I don’t know my rights or where to find these out.” (individual interview)

The information about entitlements to rights, information and services should be easily available and reinforced at all stages of the employability journey.

It should not be left to luck whether a person finds out what help is available. There should be a user friendly site where people can find out what support is available. A simple card with contact details could be provided to them from the start. The important role of the third sector in providing information, advocacy and support should be recognised and resourced.

Action on this recommendation has the potential to improve relationships, reduce anxiety and make people feel more in control. When people feel that information that could benefit them is being withheld, this contributes to distrust.

### 5.2 Make the employability pathway more accessible



“People need to know the path is there.”  
(Adam, peer researcher)

The employability pathway should be made accessible to the people eligible for support. It would be

good to have a map that is developed by people with lived experience, like the ‘snakes and ladders’ diagram produced as an output of this study.

Presently the ‘employability pathway’ is something that has been developed primarily for strategic purposes. As this study has shown, people on that journey can powerfully express what the various stages feel like to them.

As tools are developed by employability organisations to measure the distance travelled by clients, thought should also be given to how people who access that support can evaluate their own progress and take ownership of their journey. A greater emphasis on self-management and self-assessment could be used to reinforce positive encouragement.

The recommendation to make the pathway accessible fits well with the aspiration of 'Delivering Differently' for mental health and employment in Fife and could be developed as part of that project.

Access is also about the relationships that help information to be understood. Keyworking to provide one-to-one support across the pathway was acknowledged by both research participants and staff as a successful approach and one-to-one work should be extended across Fife-ETC.

### 5.3 Provide help with CVs and interviews

"I want help to put a CV together, to complete job applications and to practise for interviews" (research participant).



Fife-ETC should liaise with Jobcentre Plus advisors and employers so that there is consistent and appropriate advice on what to include in CVs and applications. Third sector employability services should support people to know what to expect and how to present themselves to future employers. People must be able to find out how they can access interview skills training.

Work with employers on mental health friendly workplaces should include how to respond to disclosures of mental illness in applications and at interviews.

### 5.4 Consider adopting a human rights based approach to cement shared values across all agencies in Fife

"I believe that those who are unemployed are judged unfairly by those who should be helping them." (Becky, peer researcher)

"I feel as if I'm stigmatised and judged by the job centre and society itself. I'm judged that I am lazy, don't want to work and will be on benefits for the rest of my life."  
(individual interview)

A human rights based approach should be built explicitly into Fife's strategic approach across all agencies to address inequalities in health, poverty and unemployment.

We recommend that the partners in Fife's equalities work engage in dialogue with Jobcentre Plus staff and other agencies and develop training, led by people with lived experience, to improve the interactions and experiences of frontline assessments and interviews.

Dignity, respect and non-discrimination are the core values that underpin human rights. Human rights are built into Scotland's new social security system and the promotion of human rights is a core value of Fife's third sector (Fife Voluntary Action 2017). The introduction of the new devolved benefits powers in Scotland provides an opportunity for partnership work and training across agencies.

A human rights based approach emphasises the accountability of public authorities to promote and uphold rights and also the participation and empowerment of all those affected. Its emphasis on dignity, respect and non-discrimination provides a basis for developing a shared understanding of values. Human rights could provide a framework for agreeing acceptable attitudes and behaviours in interactions with people experiencing disadvantage, particularly at those points where they are accessing their entitlements.

## 5.5 More joined up working between Fife-ETC staff and organisations

Increased opportunities should be developed for Fife-ETC staff to develop common practices and monitoring. This would also fulfil recommendations of the 'Connections' report (Riddell 2017) for more systematic recording and monitoring. For example, the assessment tool being developed by FEAT provides an opportunity for common action across the Consortium. Learning sets would enable staff to share practice issues, gain understanding of each other's roles and approaches and develop shared tools.

Specific areas for development which we endorse include:

- regular meetings/case conferences to build understanding of different contributions, opportunities for referral leading to a smoother and more streamlined pathway;
- shared training and attendance at courses run by partners to understand what is on offer and so improve the targeting of referrals;
- attempt to demonstrate the outcomes of long-term support by measuring distance travelled across the whole pathway; and,
- more proactive use of the website to convey what Fife-ETC as a whole offers.

## 5.6 Target support to meet the needs of people with moderate mental health problems

"A job would be good in the long run for my mental health and provide financial independence." (individual interview)

We recommend that there is now a focus on the needs of people with mild to moderate mental health problems. Drawing on the experience of organisations such as FEAT, specific assessment tools, resources and approaches should be developed and used throughout Fife-ETC and with partners. Feedback and outcomes measures should be used to identify which approaches work best.

## 5.7 Increase linkages with other sectors, especially health and social care, to address needs of disadvantaged families

“It would make me proud to talk about my work to my children.” (individual interview)

The expertise of Fife-ETC staff in responding to the multiple barriers faced by disadvantaged families should be enhanced by contact with other agencies, including the Health and Social Care Partnership, NHS Fife and Fife Council, so that best practice can be diffused across the organisations.

Fife partners should review their contribution to supporting, sustaining and expanding the successful work of many third sector and community projects in providing holistic support and healthy living opportunities for families under pressure, so that people who are unemployed can access support locally in a way that contributes to their journey to paid employment.

Fife Council should take into account the profile of unemployment in Fife in deciding eligibility for subsidised leisure and transport, as these are significant in determining the opportunities for people on low income.

## 5.8 Resource peer support and develop peer worker roles

“My mental health actually made me better at my job because my mind works differently to quite a lot of people but that uniqueness allows me to make connections with people with shared experiences.” (research participant)

We recommend that peer support is recognised as a core aspect of the support that is provided by Fife-ETC organisations and others. Good practice in supporting peers should be identified and resourced and the impact of peer support on outcomes included in measurement. Consideration should be given to how to sustain safe peer support once short-term courses end, for example by introducing people to other community projects or providing safe spaces for people to meet.

There is an untapped resource in the people journeying through the employability pathway and this could be harnessed more to assist others taking the same road. For example, those who are further on in their journey could contribute to the delivery of employability courses by sharing their experiences. In this study a peer researcher from the previous Right to Health peer research co-facilitated the course.

We also recommend that Fife-ETC and its partners trial the development of peer worker roles. There is experience in Scotland of peer workers in mental health, social care and housing and Fife could lead the way in pioneering this for employability. Developing routes for volunteers to bridge into mainstream employment through peer roles which offer support, experience and qualifications would be an exciting development. As part of this development we expect to see opportunities for the cohort of peer researchers who have contributed their time and skills to this study.

## 5.9 Value volunteering and increase access to work placements

“It’s really easy when you’re unemployed to be isolated, not go out and speaking to people, not being involved in stuff. When you do go out and speak to people the more opportunities come your way.” (research participant)

Volunteers should have fair and equal chance to apply for paid jobs that come up in the place where they are volunteering and the recruitment process must be fully transparent. Access to volunteering opportunities should be fully explored as part of the employability journey and barriers to volunteering among those receiving benefits addressed. More joined up working with other sectors, as proposed in ‘Delivering Differently’ will enhance the accessibility of volunteering for people not in work.

An aim of Fife’s Third Sector strategic approach to tackling inequality and promoting fairness in Fife (Fife Voluntary Action 2017) is to “enhance the way we recruit, train, support and respect our volunteers” and one of the possible actions is to “develop clear pathways for volunteers to progress into employment within the sector.” We recommend that Fife’s Third Sector Strategy Group consider the findings of this report and ensure that the action plan includes concrete steps for partners to join up volunteering opportunities with employability support so that individuals can more easily access volunteering that will open up new possibilities, enable them to demonstrate skills to potential employers and find paid employment. We further recommend that Fife-ETC consider more focus on access to work placements as part of the support they offer.

The contribution that those not in paid employment make to their communities as volunteers should be publicised in order to tackle the stigma surrounding unemployment. One way this could be done is through the websites of Fife Voluntary Action and its partners.

## 5.10 More emphasis on in-work support

“Support should be there for you so that someone you know is there for you within employment.” (research participant)

There should be a more seamless transition to in-work support. Sustaining people in employment (stage 5 of the employability pathway) should be a bigger focus for Fife-

ETC and other employability organisations. Getting a job is the start, rather than the end of a journey.

Specific proposals made by research participants included:

- having a named person or mentor that you could go to for support;
- access to independent support on health issues;
- flexibility and understanding from managers that would enable people to deploy the self-management strategies that they had learnt (for example taking a short time out if they felt under pressure); and,
- being offered, rather than having to ask for, specific training on expectations and job tasks.

Given the high value that all participants placed on being in work, supporting them to make a valued contribution and to bring to the workplace the resilience and empathy they have gained during their journey would be a good investment.

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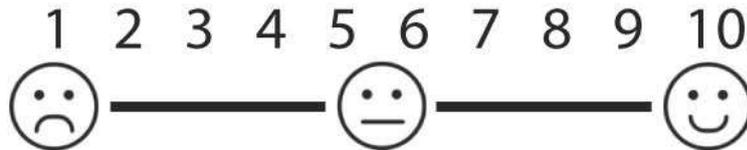
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## APPENDIX 1: THE WELLBEING SCALE

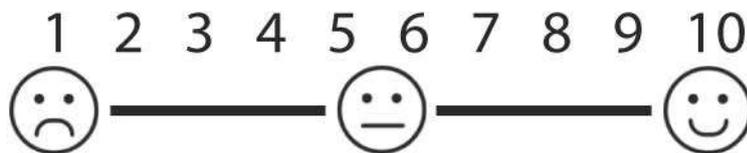
Please fill in this sheet and if you need any help just ask one of the research facilitators or a person of support. Thank you!

If one is Rock Bottom and 10 is Excellent please mark on the scale how you feel in each question.

Where would you say you are in your life just now?

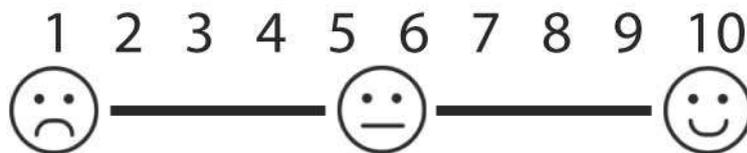


Where were you 6 months ago?



What made that difference? Or why do you think it has stayed the same?

Where do you want to be in 6 months time?



What would it take to get you to that number?

Based on a scale compiled by Ron Wilgosh from the Association of Solution Focused Therapy and cited in Tania Guha 'How to change your life in 24 hours', Options Magazine, Jan. 1994, pp.44-5.

## APPENDIX 2: REFLECTIONS ON THE PEER RESEARCH PROCESS

Commissioners for this study also had objectives for the way that the research was conducted. These were:

- to support the practitioners to develop skills and confidence to support participatory research;
- to train community members and practitioners to carry out an action research project;
- to provide support and materials to build a sustainable foundation for participatory approaches; and
- to raise the profile of participatory research in Fife.

Intended outcomes were:

- at least two practitioners skilled and confident to support participatory approaches;
- a record of useful learning for the eight agencies supporting people into work;
- a cohort of six community members who have developed new skills/consolidated existing skills and with increased confidence to conduct community inquiries; and,
- a report on the relationship between support into work and health and wellbeing.

The training and capacity building of community members has been successful and six have sustained engagement with the group. The peers have continued to take part in dissemination to encourage action on the findings and it remains to be seen what future pathways they will take. The profile of peer research has been raised to date with two major presentations to employability stakeholders and further activity is anticipated.

There were changes in some of the staff supporting the project, although the two staff who moved on did actively participate in the training and activities of the group. The staff member who supported the group throughout was able to experience the whole life of a research project and took an active part in setting up the fieldwork. Nonetheless the research advisor was probably only partially successful in equipping a local team and more of the handling of the research materials and output was done by her than had been anticipated. The training course and the project as a whole has resulted in learning and produced materials. The Fife group has now met with other peer researchers in Glasgow and a conference is planned to profile good practice in peer research and to share the lessons learned.

The life of the peer research group extended from the first information session in March 2017 through 12 training sessions, research planning meetings, the conduct of the conversation cafés and interviews up to and including dissemination events in the spring of 2018. In February 2018 the peer researchers took part in a networking

event with other peer researchers from a range of different communities in Glasgow including homelessness and asylum seeking.

The peer research sessions covered:

- the topic of the research, understanding peer research and participatory action research the employability journeys (peers invited to think about different experiences in the form of a story);
- personal development goals of peer researchers themselves;
- developing the research question, selecting methods (benefits and limitations of different approaches including creative methods) and participants;
- ethics and creating a welcoming and safe environment for participants;
- planning the research;
- sharing experiences in a group and using reflective approaches including a reflective journal;
- devising the topic guide and one to one interview schedule;
- learning and practising skills (listening, interviewing, facilitating the group, asking for consent, asking questions, recording);
- analysis frameworks; and,
- preparing dissemination presentation/play.

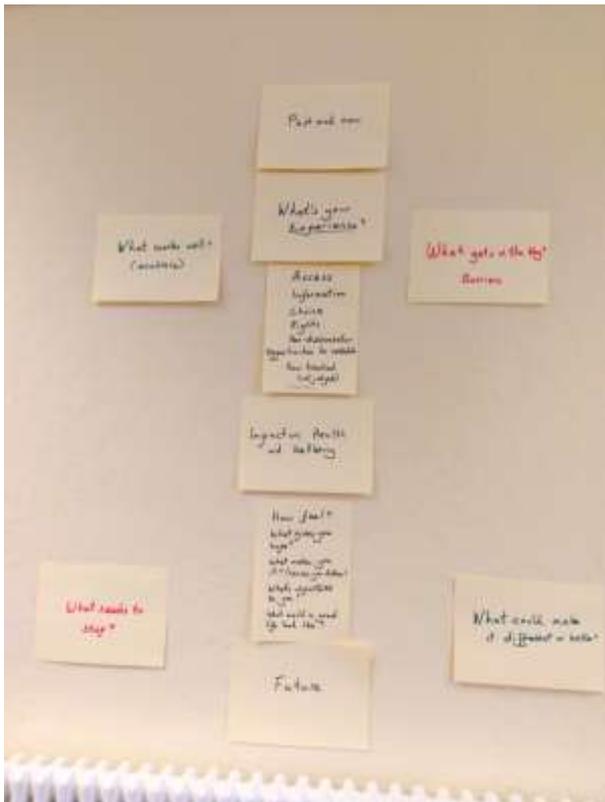


The group was not constant over the year; for example one person left the area and could take no further part. This entailed having to cover topics again for new members. Nonetheless there was a core of very committed individuals and the number of volunteers hours contributed to the project was considerable, amounting to over 180 per person if all sessions had

been attended. All the peer researchers were able to play some role in the conduct of the research itself, taking a turn at facilitating or interviewing and in some cases note taking. Peer researchers came together to review the materials from the conversation cafés, identify key themes and comment on the draft report and recommendations. They developed the scenarios used to disseminate the findings and acted out these scenes in two major presentations of the results to Fife Employability Forum and the Fife-ETC Staff Day.

The challenges that peers faced in remaining part of the group largely resulted from outside challenges. One person was sent on a placement and had to miss some of

the earlier sessions; she subsequently became a very reliable group participant. Two male participants gradually withdrew, one largely due to caring and other volunteering commitments, the other the victim of a criminal attack. Towards the end of the study one member who was bringing significant previous research experience to the group was placed on mandatory training and was unable to take part in the dissemination events. Nonetheless group members kept going, despite heavy demands on their time for job searching and other commitments and negotiated the sessions and work in between attending appointments, limited access to computers and other challenges.



A feature of this peer collaboration was that its members were not part of an existing group, but were brought together specifically for the research, though some did have existing connections. The group was diverse in terms of age, life experience and educational background. However members had a common commitment to make things better for others, whilst recognising that experiences of unemployment could be very different according to circumstances. The quality of discussion during the sessions was often extremely high with members using their own experiences to comment on issues being brought to them. It was on the basis of these discussions that research questions

were identified and questions for the topic guide refined. Over the course of the work, despite comings and goings, they visibly became a team, working flexibly together, arguing out the best approaches to use and standing in for each other as needed. This was very apparent in the later stages of the research where sometimes people had to swap planned roles at the conversation cafés or in presenting the findings.

In this project the peer researchers contributed at every stage of the process from defining the target group, choosing the methods, developing the questions and the consent materials and identifying key findings. They did not do this in isolation, but as time went on they became increasingly in control of decisions. Individuals contributed particular skills and took responsibility for tasks on behalf of the group. For example one member of the group who had considerable research experience provided assistance throughout the project. Another member with graphic design skills produced the research leaflet for which members had written the text and

developed a number of logo options for the group to choose between. Two of the peer researchers met to finalise the consent materials and make the language accessible. Another two with support from one of the staff analysed and wrote up the individual interviews. One person in particular assisted with transport when the venue for meetings changed. Several of the peer researchers developed and rehearsed the dissemination scenarios in their own time.

Not all the peer researchers' expectations of participation in the study were met. Some would have liked greater involvement in the analysis and writing up and one had hoped to have opportunities to refresh her skills in producing graphs to present numerical data, something which there was less scope for in a qualitative study. Several admitted to having been sceptical about presenting the findings through drama, but said they had been convinced by the very positive feedback they had received on their presentations. There were some surprises registered by the peer researchers during the research, including the openness of the research participants and the emotional impact of listening to their stories.

The peers willingly took part in reflective exercises on how the group was going, usually completing a post-it at the end of sessions to express how they felt and how the work seemed to be progressing at that time. These show satisfaction as the outline of the study became clearer. Examples are given below.

**Table 9: Reflections at the end of sessions - examples**

Session 4, May 2017	<ul style="list-style-type: none"> <li>• Amazed 😊</li> <li>• Buzz</li> <li>• Progressing</li> <li>• Positive ✦</li> </ul>
Session 5, May 17	<ul style="list-style-type: none"> <li>• Classic</li> <li>• Good and positive, happy</li> <li>• Reflective!</li> <li>• Falling into place</li> <li>• Curious</li> </ul>
Session 10/11, August 2017	<ul style="list-style-type: none"> <li>• Encouraging</li> <li>• Relaxed, encouraged, confident</li> <li>• Hoarse/achievement</li> </ul>
Session on report, May2018	<ul style="list-style-type: none"> <li>• Calm, peaceful, relaxed</li> <li>• Communications and information is the basis of change</li> <li>• Confidence-building, eye opening, pioneering new methodologies</li> <li>• Battle not yet won – need employer buy-in.</li> </ul>

Discussion on the content of what had been heard in the conversation cafés was extremely rich and contributed significantly to shaping the analysis, the write up and recommendations. Throughout the peer research group itself generated interesting

material on the process as illustrated below by reflections from session 7 in July 2017 on what success would mean for members of the group.

**Figure 5: What would success be for us?**



Images courtesy of NHS Education for Scotland Envision Cards

- Collaboration
- Make the full jigsaw from our individual pieces
- Learn from each other
- Branch out like the branch of a tree
- Everyone to feel joyful at the end because we have got lots done
- Part of collective change, support just happens
- Illuminating – lights going on
- Part of something local
- Fresh ideas, organic growth
- Need simple, approachable responses (not ping pong)
- Freedom from stresses
- Draw the good towards you

There were certain clear features of the process that can be identified as contributing to its success as shown on the following table.

**Table 10: Peer research - what works**

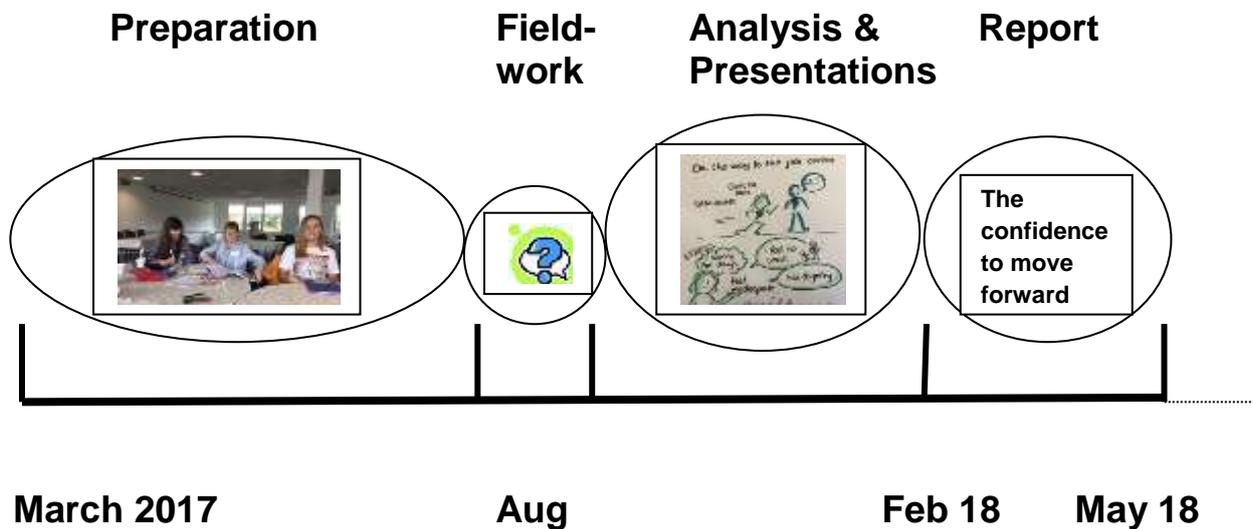
<b>Success factor</b>	<b>Impact</b>
Flexible commissioning willing to support an open process	Freedom for the group to develop and build capacity
Targeted recruitment of peers	Range of lived experience and skills to feed the project. Group of enthusiastic and dedicated volunteers committed to making a difference.
Committed peer group given space and time to contribute	Enhances participation as people have opportunity to draw on their

	experience and skills, engage in discussion and develop their contributions
On the ground support to encourage peer participation	Peers receive emotional and practical support to enable them to sustain their participation
Accessible research advice	Provides a map for the whole process, identifies tasks, offers templates and ensures quality; most of all transfers skills
Peer input to training	Having a role model who offered encouragement was vital in motivating the group and building its self-belief and solidarity
Shared values and team work to see project through	In an environment where there are none of the formal structures that would be present in a project being managed within an organisation, a common commitment to the outcome was essential to enable the group to weather the inevitable ups and downs
Strong links with community projects	The links of the support staff and the peers themselves with other groups made possible the identification of projects for the conversation cafés and the recruitment to these
Clear policy framework and commitment of stakeholders to action	The commissioners of the research were committed to making changes based on the findings, so fulfilling the principle of participatory action research that the research should lead to change.

The challenges encountered in the process were firstly that the training took longer than originally envisaged and the timescale and funding for the study had to be extended. Support from BRAG was greatly appreciated in providing meeting space and refreshments for the later phase of sessions. There were some changes in the support staff for the project which meant that one staff member in particular had to give a lot of energy to arrangements to ensuring attendance, arranging transport and the like. In future this role needs to be resourced perhaps in terms of administrative support. The research facilitators were operating at a distance (Glasgow-Fife) and this made it more difficult to be flexible in terms of supporting the process. Most of

the transcriptions and writing up was done by the research advisor; if this had occurred within the study timescale, greater involvement from the group might have been possible. Full involvement of peers in the analysis and report writing would require a further three to six months of project funding and access to secure means of data sharing.

**Figure 6: Project timeline**



The other main challenge was ensuring that group members benefitted from the process in terms of their own work journey. It did not prove possible for all the members to have their commitment to the project recognised as legitimate volunteering time. This was disappointing as within the project they demonstrated considerable transferable skills. An opportunity was introduced for group members to complete the Community Achievement Award with Kelvin College but it proved difficult to find the time to support them with this. At the time of writing it is hoped that one or two may be able to complete it. Fife-ETC has committed to supporting the peer research cohort on their employability journey and the outcomes of this are awaited but will be tracked.

We conclude with the full descriptions which the peer researchers gave of themselves and their reasons for volunteering to take part in the study.

**The peer researchers in their own words**

“We are Peer Researchers, a group of people who all have experience of being out of work and looking for the right support. We believe that everyone has a right to be respected and have their opinion valued. We are all volunteers who have been asked to find out what changes would improve support in this area for people not in work. We want to make a difference and change things so that we all get the help and support that we need to get back to work and find the work that’s right for us.”

### Adam

I started volunteering four months ago. I did this to regain my confidence and keep my sanity whilst trying to survive long-term unemployment and periods of unemployment.

I was tired with being treated like another number, never being valued or respected. This really made my days heavy and hard and this destroyed my confidence and self-esteem.

This made no sense to me, as I was meant to be built up for employment, not broken down.

I am here to start the path for other people who don't know where the path starts.

I volunteered to take part in this research because I want to make the community grow. People need to know the path is there.

### Becky

I volunteered to take part to help solve issues in the system. I believe that those who are unemployed are judged unfairly by those who should be helping them.

I volunteer at LinkLiving in Kirkcaldy where I completed youth work training and also took part in Steps to Resilience. I'm known for my shyness, but volunteering has helped me gain confidence and believe in myself.

I enjoy photography and am aiming to do more studying in counselling and psychology.

### Jaqui

I volunteered to take part in this research because I want to change the way that unemployed people are treated by all of the people who are supported to help us.

Some of my personal experiences have been terrifying, some have been amazing. I want to find out what will help others and what needs to change.

### Lauren

I volunteered to take part in this research to experience something new and to find out more about unemployment and people's opinions and experiences.

I've been in part-time work for about two and a half years now. I am a college student studying social sciences.

### Liz

Hi, my name is Elizabeth (Liz). I am a volunteer at Adult Basic Education. I have gained Qualifications. I enjoy helping others.

I have come to realise that it is never too late to learn, no matter what age you are.

Anything is possible. (Please think positive.)

### Martin

I am a long-term member of the Gallatown area who has had to battle long-term unemployment, being a carer and never feeling welcome in a service I needed to access.

I am a keen volunteer, who loves supporting vital services within the community that provide invaluable support to the young, the old and everyone in between. I am lucky to have supported so many. I am especially proud of being part of a 500 bike giveaway to those who don't have.

I enjoy being an easy access community supporter for those who can't access, are scared to access or don't feel the services are for them. I have personally experienced this and I hated it! So I try to change that every day.

### Mary

I am a peer researcher currently in part-time work with Gilven Services, a homeless unit for young women making art and crafts to sell to raise money and delivering creative workshops in the local community raising confidence and developing skills.

In the past I have experienced unemployment and bullying in the workplace and thoroughly believe in the power of conversation and just having your voice heard.

I'm glad to be part of this research project and with the help of participants I believe we can better the support for those seeking work in the future.

### Sandra

I learned about this Research Project whilst following my own, so far lonely, dispiriting and seemingly impossible journey from long-term family care responsibilities.... to "jobseeking" success story..., encountering a system which had altered so much through time and Legislature. The "market" now demanded levels of documentation, verification, qualification and identification I just didn't possess!

I followed every avenue of enquiry into what to do about myself, which, until meeting up with an Advisor from "Fife Employment Training Consortium", had resulted in discovering I was legally entitled to receive Unemployment Welfare, but not considered legal enough to employ – and during our discussion, the project was mentioned.

*Why did you volunteer for this project?*

To learn through the opportunity to contribute towards changing systems which, certainly in my own experience, have posed as many problems in their implementation as solved any. Of course I volunteered! The results of this Research will influence the decision and policy-makers of this country, and in order for them to do their jobs properly, they NEED the real-life experiences and opinions of those whose lives their decisions affect... that means US folks!

My life had been dedicated to the care of others, beginning with raising, single-handedly, three infant daughters to maturity... and continuing with looking after the older generation of family members til singing in the celestial choir or Nursing Home admission and returning to the care of the first of my grandchildren, whilst simultaneously "jobseeking". Along the way, I have learned to see through many eyes, the "gaps" in our doorstep social, health and lifetime well-being provisions and the positive contributions I have thus been encouraged to make in areas affecting ALL of us comes from the broad education I've gleaned throughout.