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CONNECTIONS

Fife ETC and Fife Health Inequalities Strategy

Contents

1   Introduction

1.1   Fife Employment and Training Consortium (Fife-ETC)

Created in 2014, Fife-ETC brings together a range of third sector partners to provide employment support services across Fife. The Consortium offers person-centred client support with access to a range of specialisms including housing advice, mental health and emotional resilience, drugs and alcohol support and volunteering. The core employability provision is provided by a team of specialists with input from BRAG, Fife Works and West Fife Enterprise Ltd. With a joint staff team of 45, including frontline staff and keyworkers, Fife-ETC aims to:

- Increase the number of people accessing employability services through community-based engagement
- Focus on areas of greatest need (targeted geographies and target themed groups)
- Reduce the number of people in long-term unemployment
- Reduce identified barriers to employment.

Fife Employment and Training Consortium Members are:

- BRAG Enterprise Ltd
- Fife Voluntary Action
- Clued Up Project
- West Fife Enterprise
- Fife Works (Kingdom Housing Association Ltd)
- Fife Employment Access Trust
- Ore Valley Community Initiatives (non-delivery)
- The Gilven Project (Scottish Christian Alliance)

1.2   Context: Fife Employability Pathway

The Fife Employability Pathway sets out a structure which underpins all enabling activity within employability across Fife. All agencies who engage in employability services in Fife can identify and align their activity to these stages. The process is not always linear, clients may need a combination of interventions across the pathway and these may change over time.

Diagram 1.2.1. Fife Employability Pathway

Fife Employability Pathway

Employability is 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

CLIENTS

STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5
Engagement	**Support to Overcome Barriers**	**Vocational Activity**	**Job Brokerage & Job Matching**	**In Work Aftercare**
• Supporting access to referrals to Pathway Services • Engagement through targeted outreach in communities • Identification of needs • Active engagement with key intermediaries and agencies	• Personal Development • Basic Life Skills • Specialist Support e.g. debt / financial, homelessness, substance misuse etc. • Adult Basic Education • English for Speakers of Other Language (ESOL) • IT for Beginners • Developing & providing back to work Action Plans • Identifying pre-employment training	• Employability Skills Training • Job Searching Strategies • Core Skills • Career Guidance • Vocational Skills Training • IT Training • Work Placements • Enterprise Awareness • Voluntary Work • Occupational Health Support	• Employer Engagement & Support • Addressing Employer misconceptions of target groups • Innovative approaches Including Fife "Employer Offer" • Effective promotion of existing incentives • Mentoring • Access to IT Services for Applications and Job Searching	• Support to help Employee retention • Review progress to ensure unsupported sustainment • Intermediate Labour Market initiatives • Initiatives to tackle in work poverty • Up-Skilling the workforce • Provision of business skills for social enterprise and self-employment • Childcare Support

EMPLOYERS

Effective Case Management and use of FORT (Fife Online referral Tracking) to measure progression

Table 1.2.2. Fife-ETC Partners and Pathway Stages – Main Focus

Partner	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Clued Up Project	■	■			
The Gilven Project	■	■			
FEAT		■	■		
Fife Voluntary Action		■	■		
BRAG Enterprises Ltd	■	■	■	■	■
West Fife Enterprise		■	■	■	
Fife Works		■	■	■	■
Fife-ETC Keyworkers	■	■	■	■	

Fife-ETC Partners deliver a range of interventions which primarily span the first four stages of the Pipeline. Some partners focus on engagement and specialist support at early pipeline stages, while others focus on training and employability skills, and moving into work and job brokerage. Fife-ETC keyworkers support people across the first four stages. Some partners veer into Stage 5 to a small extent, mainly to support people to retain jobs, or to promote self-employment.

1.3   Purpose of Study

Fife-ETC, in partnership with, and funded by, Fife Health and Wellbeing Alliance, commissioned a study in September 2016 to examine connections between its work, its clients and the Health Inequalities Strategy. The overall purpose of this study was to:

- Understand and improve the measurement and capture of health and wellbeing indicators for Fife-ETC clients.
- Improve the understanding of the connections between employability services and improving health and wellbeing outcomes.

In the long-term it is anticipated that this will lead to improved evidence around the connections between health and employment as well as developing a better understanding of which interventions are most effective at tackling both.

Timeframe

The study timeframe selected was the year from 1 November 2015 to 31st October 2016.

Registrations

All Fife-ETC client statistics presented are based on registrations or referrals during this timeframe. There were 1231 Fife-ETC client registrations or referrals.

Method

The study included **interviews with partners**

Eight discussion sessions with keyworkers and individual partners on connections between Fife-ETC Employability Services and improving Health and Well-Being. A discussion framework was developed, covering

- how partners identified with outcomes,
- what Information was gathered locally in relation to Health Inequalities,
- what tools were used to identify impact or change over time.

The Health Inequalities checklist was used to prompt discussion on improvements: How Fife-ETC works, its role in creating healthier places and communities, its role in supporting healthier lives for individuals and families. (8 meetings, 22 participants)

Desk-based reviews of

- Information gathered which connects to life circumstances cited in the Health Inequalities Strategy;
- How well Fife-ETC partners are targetting key groups / life circumstances – results of statistics gathered
- Key employability barrier(s) within Fife-ETC clients and connection to life circumstances in the Health Inequalities strategy
- Evidence of change provided by partners
- Evidence which currently exists of outcomes achieved by Fife-ETC clients

Developing Potential Improvement Areas, Indicators and Measures

- Identifying from this study a set of indicators and measures which Fife-ETC might develop across all partners to further improve information capture and evidence of its contribution to Health Inequalities Outcomes.

1.4   Summary of Findings

Aligned Outcomes and Aims

- Fife-ETC Business Plan Objectives and Practice align **with Health Inequalities Strategy Outcomes, particularly Outcomes 2 and 6**; and all Partner agencies interviewed identified strongly with Outcomes 2, 6 and at least one other**.** Three partners cited Outcome 3, relating to older people, as many have experienced growing numbers in this group. The results of discussions with Fife-ETC partners is set out in **Section 2.**

Target Groups/Life Circumstances

- There are strong similarities between what Fife-ETC gather systematically as part of the Registration process around **barriers to employment** and **Life Circumstances and Key Groups** identified in the Health Inequalities Strategy. Significant information is gathered by Fife-ETC which accords with these. Information gathered by Fife-ETC has been compared with Health Inequalities Strategy Life Circumstances and Key Groups in **Section 3.**

- The Health Inequalities Strategy specifically cites those with protected characteristics under the Equalities Act 2010 as a key group. Fife-ETC systematically record some but not all characteristics. Some characteristics absent from systematic registration are recorded by some partners where required by external funders. Fife-ETC do not systematically gather and report on incidences of gender-based violence or abuse, however specialist partners seek disclosure of this and will gather and hold information in secure case files.

- Fife-ETC targets some distinct groups not cited as key groups in the Health Inequalities Strategy: Armed Forces Veterans and Older People. Older people are considered to be a growing cohort within Fife-ETC' s client base. Older people are the focus of Health Inequalities Outcome 3, but are not identified specifically in the Key Groups section in the Health Inequalities Strategy.

- The Health Inequalities Strategy cites individuals Not in Employment, Education or Training (NEET) as a Key Group. As an employability initiative, Fife-ETC gather substantial levels of information relating to this group. This information is used to plan resources, identify gaps and develop joint initiatives in target areas.

- A key aspect likely to impact on this NEET Group's ability to access employment is Attainment, and frontline staff capture the Highest level of Attainment achieved by clients at the start of engagement.

How Well Are Fife-ETC Targetting Key Groups identified in the Health Inequalities Strategy?

- Where information was readily available, prevalence rates for key groups within the Fife-ETC client population were compared to the general population, to allow consideration of how well the consortium are accessing hard-to-reach groups. (Section 4). This analysis strongly indicates that the partners are **targetting and engaging with most Health Inequalities Key Groups in substantially higher concentrations** than that prevalent within the general working population in Fife.
- These results are detailed at **Section 4.**
- No asylum seekers or refugees accessed Fife-ETC employability services in the study timeframe – this is typical across all Opportunities Fife Partnership employability providers reported through FORT.

Attainment as a Determinant of Health and Employment

A range of studies in UK and Europe indicate a relationship between health and attainment, attainment and employment prospects, work and well-being. These are provided in brief to illustrate evidence of a connection. 60% of Fife-ETC clients have cited attainment levels which are considered a barrier to employment. Evidence gathered from clients indicates that:

- Those at lowest levels of attainment face multiple barriers and challenging life circumstances, an average of 4.4 barriers recorded at initial registration. At the next attainment level, still considered low, clients face an average of 3.8 barriers.
- Fife-ETC clients with low attainment make up the highest proportion of client in age ranges 25-40, 41-50 and 55 plus. They are four times more likely to be living in a jobless household (61%), and almost twice as likely to have a mental health issue (24%), compared to all those of working age in Fife. At least one in five disclosed a criminal conviction at their registration meeting, with a similar number citing no work experience. They are six times more likely to be homeless or affected by housing exclusion. They are more likely to be living in the bottom 25% 0f SIMD Datazones in Fife.
- Attainment levels across Fife-ETC clients is detailed at **Section 4.**
- Key circumstance affecting adults with low attainment in Fife are detailed in **Section 5.**

Interventions

- Fife-ETC service delivery approach and components are summarised in this section. Service delivery and programming provides clients with **a keyworker approach coupled with a range of specialist interventions and course choices** at each Employability Pathway Stage. There may be an opportunity to review programming and supports in the light of issues highlighted around low attainment. (**Section 6**)

Tools Used

- Fife-ETC use a range of outcome measurement **tools, all of which consider health and well-being**.
- Different tools and measures are used for different interventions, all of which measure impact or effectiveness to some degree, all of which gather some information relating to individual well-being.
- Some tools in the timeframe were used specifically for licensed programmes or sponsored projects such as Live Life to The Full, Goals and WEMWBS for 7 Habits.
- Others are used at various points during client engagement with specific partners. Partners Clued Up and West Fife Enterprise (WFE) have developed bespoke tools. BRAG FEAT and WFE use the Employment Readiness Scale.
- Fife-ETC do not apply one consistent tool across all partners, and so cannot compare the effectiveness of individual programmes or interventions.
- A table of tools used, and health and well-being elements, are provided at **Section 7**.

Meeting Three Health Inequalities Themes

- As a consortium, Fife-ETC **ethos and approaches** to effect change are **consistent with the Health Inequalities Checklist.** Partners **identified examples of good practice and identified joint actions to further increase their impact**. A Summary of the Health Inequalities Checklist discussion, areas for development and Illustrations are set out in **Section 8.**

Distance Travelled, Impacts and Employability Outcomes

- Until now, Outcomes measured have focussed on employability – a requirement of funding.
- 57% of clients **achieved employability outcomes** with 39% accessing full-time employment, and 44.4% accessing full-time, part-time or self-employment.
- Where tools measure a consistent before and after picture, there is evidence that Fife-ETC are reducing the impact of barriers and life circumstances, and that people are developing a wide range of soft skills.
- Partners recognise that it would be a useful next step to consider how a client's progress might be measured consistently across their full engagement with Fife-ETC – as they move towards employment, where they move from one partner to the next, or indeed where all support is from the one agency. Partners agree that a simple set of questions could be developed and applied to all client engagement with Fife-ETC. There are strong foundations in place to do this. Fife-ETC could then monitor positive change in motivation, social supports and other soft skills more systematically and consistently across the partnership.

- In addition to this, there is an opportunity to incorporate new outcomes and performance measures into Fife-ETC Business Plan, based on most prevalent life circumstances and target groups. Outcomes might include specific reference to people living in workless households, people with low attainment and other target groups. A series of outcomes, indicators and measures which include well-being explicitly are suggested.
- Fife-ETC might then continue to monitor overall employability outcomes, further broken down by key target groups.
- A consistently-applied set of client questions to capture softer skills is proposed, alongside Business Plan Outcomes, Indicators and measures, in **Section 9.**

Data Gathering and Reporting

Information on Health Inequalities (and equivalent Barriers, in Employability Parlance) might be improved or updated in Fife-ETCs processes. Recommendations, mainly tweaking, relating to Registration and other systems information, are provided in Section 9.

2   Aligning Health Inequalities Outcomes with Fife-ETC Aims

2.1   Fairer Health for Fife – Fife's Health Inequalities Strategy 2015-20

Fife Health and Wellbeing Alliance set out key outcomes for reducing health inequalities across Fife[1]. These are:

1. Vulnerable pregnant women, children, young people and families have reduced risk of poor health outcomes.
2. People experiencing difficult life circumstances have more skills, strengths, opportunities and support to improve their health and wellbeing.
3. Older people have more opportunities and support to maintain their health and wellbeing and to take an active part in community life.
4. Communities develop local initiatives which create supportive social networks, increase participation in community activity and improve health and wellbeing.
5. Neighbourhoods have safe, accessible outdoor and community spaces which are used more by communities to enhance their health and wellbeing.
6. 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.

2.2   Fife-ETC Business Plan Aims

Fife-ETC aims to improve the quality of life for people in Fife through improving their ability to gain and sustain well-paid employment. Fife-ETC aims to achieve this by:

- Increasing the number of people accessing employability services through community-based engagement
- Focussing on areas of greatest need (targeted geographies and target themed groups)
- Reducing the number of people in long-term unemployment
- Identifying and reducing barriers to employment [2]

The overall aim of Fife-ETC, whilst specifically relating to gaining employment, is underpinned by objectives which align closely with Health Inequalities outcomes. Engaging with communities, effective targeting on need, and understanding and reducing barriers (life circumstances) are central to Fife-ETC's practice and meeting these aims.

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[1] Fairer Health for Fife – Fife's Health Inequalities Strategy 2015-2020. Online at www.healthyfife.net.
[2] Fife-ETC Draft Business Plan. 2017.

2.3   Fife-ETC Partner Perspective

Partners were asked how well they identified with the six outcomes within the Health Inequalities Strategy. Partners agreed that Fife-ETC aims align closely with Outcome 2 in the Health Inequalities Strategy. All further agreed that, given life circumstances cited in the strategy equated to a large extent to employability barriers, Fife-ETC contributes to Outcome 6.   Table 2.3.1 below summarises the extent to which Fife-ETC partners identify with outcomes.

Table 2.3.1 Health Inequalities Outcomes: Fife-ETC Partner Perspective Summary

Outcome	Partner Perspective
Outcomes 2 and 6	All partner managers could strongly align outcomes 2 and 6 with Fife-ETC's overall aim, and viewed these as having clear parallels with the core objectives of Fife-ETC. Fife-ETC's values and principles, delivery ethos, delivery components and outcomes contribute significantly to both of these outcomes.
Outcome 1	Specialist partners Gilven and Clued Up identified with this outcome, with their core specialisms in supporting homeless young people (Gilven) and those with substance misuse issues (Clued Up).
Outcome 3	Some partners cited an increase in demand for employability support from people aged 50 to 65 – notably BRAG, West Fife Enterprise and Fife Voluntary Action. BRAG is engaged in early discussions with external partners to explore the potential for developing a specific employability programme targetting the needs of older people.
Outcome 4	Some partners, notably those delivering mental health programmes or core employability skills in group settings, identified strongly with this outcome – these include FEAT, BRAG and West Fife Enterprise. Partners measure elements of social support or improved relationships as a gauge of the effectiveness of their interventions. In addition, Fife-ETC's recent work includes engaging with key communities to develop joint approaches – this is a key feature of new work in Cowdenbeath and Levenmouth to encourage more people furthest away from the jobs market to engage in employability services. In partnership with the Health & Wellbeing Alliance, and the University of Strathclyde, Fife-ETC are developing a programme of peer research which aims to both develop the skills of clients using the services whilst also using their experience to help capture valuable information on the connections between employability and health and well-being. Partners across Fife-ETC agree that training and employment programmes intend explicitly (in the case of FEAT and Clued Up) and implicitly (all other partners) to bring about improved health and well-being. Partners recognise this is an area where greater joint working with Fife Health and Well-being Alliance members on programme design and delivery could lead to a greater emphasis on improving health and well-being as part of the journey towards employment.
Outcome 5	Partners who offer programming or services in bespoke space cited how that space contributed to the overall opportunities available within local communities. The Gilven Project, for example, provide homeless accommodation with onsite learning, support to reduce barriers to employment and social enterprise development activity.

3 Health Inequalities Life Circumstances and Employment Barriers

3.1 Life Circumstances and Key Groups

The Equality Act 2010 requires public authorities to 'Advance equality of opportunity between people who share a protected characteristic and those who do not'. The protected characteristics are also known as equality groups and cover age; disability; gender reassignment; race; religion or belief; sex; sexual orientation; marriage and civil partnership; pregnancy and maternity. Fairer Health for Fife[3] emphasises the need to consider the needs of all these equality groups when we develop and deliver services. There are other life circumstances which make people more likely to experience poor health and wellbeing, including:

- homelessness or risk of homelessness
- caring responsibilities
- geographic or social isolation
- not being in education, training or employment
- claiming out of work benefits or experiencing in-work poverty
- being a lone parent
- living in areas of social and economic disadvantage
- gender-based violence or abuse
- being a 'looked after' young person or care leaver
- experience of mental health problems
- substance misuse and addiction issues

The strategy states that these factors can be interrelated and may affect income, employment opportunities, social networks, community links and access to services and support; the document urges services to consider the needs of equality groups and other key groups when targeting work and providing services and support to reduce health inequalities.

This section sets out

- Barrier/Life Circumstances Information gathered by Fife-ETC
- Other relevant information gathered
- Areas where there may be scope for development

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[3] Fairer Health for Fife – Fife's Health Inequalities Strategy 2015-2020. Online at www.healthyfife.net.

3.2 Life Circumstances Information Gathered by Fife-ETC

Fife-ETC partners systematically gather a minimum range of information as standard from every service user when they start to engage. Table 3.2.1 below sets out Health Inequalities Life Circumstances and parallel Fife-ETC client information.

Table 3.2.1 Health Inequalities Key Groups vs Information gathered by Fife-ETC

Key Group in Health Inequalities Strategy	Information Gathered by Fife-ETC Partners	Method of Capture	
		Registration	Where
Protected Characteristics (Equalities Act)	Ethnic Origin	✓	*Ethnic Origin*
	Disability (Self-Disclosed)	✓	*Barriers*
	Refugee	✓	*Barriers*
	Asylum Seeker	✓	*Barriers*
	Migrants, People with A Foreign Background, Minorities	✓	*Barriers*
	Age and Gender	✓	*Reg Form*
Homelessness / Risk	Homeless or Affected by Housing Exclusion	✓	*Barriers*
Caring Responsibilities	Primary Carer of a Child/Children (Under 18) Or Adult	✓	*Barriers*
	Primary Carer of Older Person	✓	*Barriers*
Geographic / Social Isolation	Address, Postcode	✓	*Address*
	Rural Area	✓	*Barriers*
Not Being in Education, Training or Employment	Employment Status (*Employed, Unemployed, Inactive, In Education or Training*) & Timeframe	✓	*Employment Status*
	Low Skilled ISCED 1 Or 2	✓	*Barriers*
	No Work Experience	✓	*Barriers*
	Qualifications (Highest recorded, ISCED Scales 1-2, 3-4,5-8)	✓	*Part One-Educational Attainment*
Claiming Out of Work Benefits	Jobseekers Allowance/Carers Allowance/Income Support/Housing Benefit/Child Tax Credit/Incapacity Benefit or ESA/ Working Tax Credit/Council Tax Benefit/Child Benefit/Childcare element of WTC/EMA/DLA/Universal Credit/Other.	✓	*Part One – Details of Benefits*
Experiencing In-Work Poverty	Low Income Employed	✓	*Barriers*
Being A Lone Parent	Living in A Single Adult Household with Dependent Children	✓	*Barriers*
Living in Areas of Social and Economic Disadvantage	SIMD Datazones 1-20	✓	*Enquiry Form*
	Employment Deprived Area	✓	*Barriers*
	Living in A Jobless Household	✓	*Barriers*
	Living in A Jobless Household with Dependent Children	✓	*Barriers*
	Postcode – translated to SIMD vigintile – See Isolation	✓	*Part One Details*
Gender-Based Violence or Abuse	Not Gathered		
Being A 'Looked After' Young Person or Care Leaver	Looked After Young Person	✓	*Barriers*
Experience of Mental Health Problems	Mental Health Issues	✓	*Barriers*
Substance Misuse and Addiction Issues	Substance Misuse Issues	✓	*Barriers*

Accuracy/Availability of information

Some observations during discussions with partners include:

- Staff may interpret definitions of barriers differently. Clear, agreed guidance on barrier/life circumstances definitions may improve accuracy of barrier reporting;
- Claiming Out of Work benefits – information gathering and format issues include keeping pace with change as the landscape has changed significantly over recent times. What is being recorded by Fife-ETC differs slightly from FORT, and was therefore not readily accessible for this study;
- Disabilities – self-declared: while there are two opportunities on the registration form to capture disability (Barriers and part 3) and on a self-declaration form required for evidence of stated barriers, information on this was not readily available.
- Rural Areas: There is an opportunity to record this as part of barriers information on the registration form, but again this information was not reported as part of barriers/life circumstances. This can however be worked out by postcode. This information was not readily available for this study.

3.3   Life Circumstance Information Not Captured for all Fife-ETC Clients

Protected Characteristics: Fife-ETC do not systematically gather information about religion, sexual orientation, marital or civil partnership status, pregnancy or maternity at registration for all clients. Some partners do gather aspects where it is relevant to their support, or where it is requested by external funding agencies such as the Lottery. This includes gathering **religion** and **sexual orientation** information for those participating in Employability Academies, and information on **pregnancy** by Clued Up where they work with young women with substance misuse issues. Where it is gathered by individual partners the information is held on secure local systems or case files and not shared.

Fife-ETC do not capture **Gender-Based Violence or Abuse** as part of the registration process across all partners. This information is not requested by Fife-ETC and not collated for statistical purposes to date. There is however good awareness of this issue and clients do voluntarily disclose such issues over time. Some organisations – particularly Gilven and Clued Up – encounter gender based violence or abuse amongst their service users on a regular basis and record issues in confidential case files. These partners equip staff to support people who disclose to access specialist services. Incidences of disclosure were also cited by other partners – during training programmes as clients build a relationship with tutors. In these cases, tutors are aware of where to signpost. Gender-Based Violence might form part of future front-line training: to continue to raise awareness, to build on consistency and existing practice, to ensure an appropriate and balanced approach.

3.4   Other Information Captured by Fife-ETC which differs from Key Groups in Health Inequalities Strategy

Two further groups whose circumstances may have health inequalities implications or impact on employability, and where Fife-ETC gather statistics, are **older people aged 54 and above,** and **Armed Forces Veterans**.

There is a growing cohort of older people who are unemployed and approaching Fife-ETC for services. This is likely to continue to increase as retirement ages increase to 67-68 for people currently in their forties and fifties.

There is also greater recognition that increasing numbers of people in the armed forces are seeking specialist mental health support, and that they can find it difficult to transition during major life changes, with Adjustment Disorder being the most prevalent mental health condition for serving personnel. [4] Transitioning to life after the forces is recognised as a key issue and has been subject to national policy upheaval in recent years.[5] Armed Forces veterans may require additional supports while transitioning, and may be affected by disability associated with their service, including mental health issues including PTSD. In view of this, the Scottish Government have developed a number of

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[4]   UK MOD. UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 - 2015/16. P12. Online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529407/20160616_Annual_Report_15-16_O.pdf
[5] Ashcroft, Lord. 2013. The Veterans Transition Review. Online at http://www.veteranstransition.co.uk/vtrreport.pdf

initiatives under a veterans' covenant including specific supports including a National Specialist Prosthetics Centre, mental healthcare provision and the creation of regional Veterans First Point hubs. [6] There are 241,000 Armed Forces Veterans of working age in Scotland[7], and Fife is cited as one of the top five areas in Scotland in terms of Armed Forces Veteran resident population[8]. Armed Forces veterans in Scotland are more likely to live in deprived areas compared to civilians.[9]

Fife-ETC also gather individual self-reported **long-term physical illness** at Registration. At registration and over time, FIFE-ETC gather information on **criminal convictions.**

3.5   Key Determinant of Employment Chances – Attainment

Both Fife-ETC and the Health Inequalities Strategy cite 'Not in Employment, Education or Training' as a barrier. Fife-ETC gather information systematically on a range of factors around Employment, Education and Training – much of which is required for reporting to funders. The information includes employment status, length of time unemployed, work experience and skills/qualification levels. Fife-ETC also use this information to determine aspects of future service design and planning. Fife-ETC gather each client's highest level of attainment. Studies detailed in Section 5 suggest **this one factor impacts on life chances and circumstances in significant ways.** The impact of poverty and health on attainment, and the impact of low attainment on life chances, and life circumstances, tightly connects Health Inequalities and Employability Agendas. This is explored in depth later in this report: Section 5 sets out attainment levels and associated life circumstances, creating a case for **people with lower attainment** being considered as a distinct Health Inequalities 'Key Group'.

3.6   Areas for Development

- Accuracy of information gathered by Fife-ETC frontline teams may be improved by developing agreed definitions of barriers.
- Protected Characteristics: Fife-ETC may consider which areas of protected characteristics may impact of employment and therefore whether there is a need to ensure they are engaging with these groups and gathering information on engagement levels. In addition, statistical evidence indicates that Refugees and Asylum Seekers did not use Fife-ETC's services during the study timeframe.
- Fife-ETC may consider how they might capture prevalence of domestic or gender-based violence or abuse and whether an appropriate sensitive approach may be designed to do this.
- The Health and Well-Being Alliance might wish to consider adding key groups/barriers identified in employability – armed forces veterans, older people, people with few or no qualifications.
- Fife-ETC statistical information is significant and accessible and might provide new insights for future Fife Health and Wellbeing Alliance ongoing Health Inequalities strategy development.
- Client Long-term Physical illness and Disability is gathered as a tick-box; Given that disabilities are a protected characteristic under the Equalities Act, and as such feature strongly in the Fairer Health for Fife Strategy, there may be an opportunity to explore capturing more detailed information on client disabilities through FORT.

[6] Scottish Government. 2016. Renewing our Commitments. Online at http://www.gov.scot/Publications/2016/02/1650/6
[7] UK Government statistics. Online at https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2015
[8] Annual Report on Scottish Government Support for our Armed Forces and Veterans Community. Online at http://www.gov.scot/Publications/2009/11/05103740/1
[9] Murphy D. Palmer E. Ashwick R. Multiple Deprivation in Help-Seeking UK Veterans. Ch 6 Scotland. Pub: Combat Stress. Online at http://www.combatstress.org.uk/media/366857/Multiple%20Deprivation%20Report%20pdf.pdf

4 Life Circumstances and Prevalence at Fife-ETC

The previous section captured connections between Health Inequalities Life Circumstances and Barriers information gathered by Fife-ETC. This section looks at the frequency and prevalence of these in Fife, and compares them where possible to prevalence in the wider Fife population.

Limitations

In order to compare the Fife-ETC client base with the general Fife population, a number of sources were used to identify or develop estimate prevalence levels in Fife. Limitations are set out below:

Not all comparator sources cover the same timeframe as this study (Nov 2015-Oct 2016):

- The Fife Carers Strategy 2012-15 was used to identify Fife-wide prevalence of those with caring responsibilities.
- Fife Voluntary Action Survey 2015 was used to identify prevalence levels of minorities, asylum seekers and refugees. This Survey used the Census Scotland 2011 to estimate prevalence.
- NOMIS Labour Market Report spans the period from October 2015-September 2016, which is one month out from the study timeframe.
- NOMIS Lone Parent Benefits statistic relates to all claimants at May 2016, Mid-point of the study.
- Fife Council Homelessness applications was a snapshot provided in October 2016.
- Scottish Government Social Work Children Statistics relate to the period 2011-12, the latest at the time of the study.
- SCOTPHO Mental Health profiles relate to a four-year aggregate at 2014.
- SCOTPHO Drug profiles relate to the year 2012.
- SCOTPHO Alcohol profiles relate to the year 2014.

Not all information was gathered and presented in a comparable form, and prevalence rates are therefore estimated from these:

- KnowFife Quick Brief SIMD 2016 report sets out average populations rather than absolutes per datazone, at 31 August 2016. Overall Fife SIMD population figures are therefore estimated from these averages.
- NOMIS present qualification levels on NVQ scale, whereas the scale used by Fife-ETC and FORT for reporting purposes.is ISCED. NVQ levels via NOMIS are reported from highest to lowest with the corresponding population total. This was converted to estimates for each level, and migrated to the ISCED Scale.
- SCOTPHO provide a range of statistical information relating to Mental Health, Alcohol and Drug issues. The Mental Health statistic used for comparison was that relating to Common Mental Health issues. The statistics relating to Problem Alcohol Use and Problem Drug Misuse in Male and Female Adults were used for comparison, and may include some people aged beyond the Working Age population in Fife.
- SCOTPHO statistics on substance misuse are split by Drugs and Alcohol misuse. Fife-ETC only gather substance misuse and do not split this information into these two categories, therefore making comparison difficult. Statistics are provided despite this, to highlight Fife-wide rates and a possible area for development.
- Some information was not readily available in the study timeframe to allow comparisons to be made.

Table 4.1   Fife-ETC Registrations and Health Inequalities: Frequency and Prevalence…...

Table 4.1.1. Health Inequalities Key Groups, Fife ETC Equivalent Barriers, Frequency Recorded, and Prevalence in Fife

Note:

Health Inequalities Key Groups	Fife-ETC Equivalent Barriers	Number of Fife-ETC Client Records which identified this issue on FORT	% of Fife-ETC Client Records which identified this Issue on FORT	Estimated Prevalence in General Fife Population, All or 16-64.
Protected Characteristics	Refugee	0	0%	5.4%[10]
	Asylum Seeker	0	0%	
	Migrants, People with A Foreign Background, Minorities	19	1.5%	
Homelessness	Homeless	68	5%	1%[11]
Caring responsibilities	Any Cited	153	12%	13%[12]
Not being in education, employment or training	Employment Status Unemployed	1063	86.3%	5.4%[13]
	Economically Inactive-Not in Education or Training	155	12 %	6% of overall who want a job[14]
	Economically Inactive – Other (FT Student, Parental leave)	13	1.1%	-
	Employed	12	0.9%	-
	Unemployed More than 3 Years	336	28%	-
	Unemployed 25-36 months	65	5%	-
	Qualifications ISCED 1	202	17.7%	7.4%[15]
	Qualifications ISCED 2	528	42.5%	10.8%[16]
	Qualifications ISCED 3-4	316	25.4%	33.7%[17]
	Qualifications ISCED 5-8	168	13.5%	32.6%[18]
Claiming out of work benefits or experiencing in-work poverty	Low Income Employed	9	0.7%	-

[10] Fife Voluntary Action. 2016. Working for Fife. A Survey of Third Sector Employability Services in 2015. P14. Census (Scotland) 2011: People in Fife Born outside the UK. Online at https://www.fifevoluntaryaction.org.uk/downloads/Working%20for%20Fife%202015_Final%20Version.pdf.

[11] Fife Council. Homeless Applications at December 2016 = 2491. Calculation based on this as a proportion of overall population 16-64 of 231,600 (NOMIS 2015). Last Accessed Jan 2017.

[12] Fife Council & NHS Fife. Carers Strategy 2012-15. Online at http://admin.1fife.org.uk/weborgs/nhs/uploadfiles/publications/c64_fifecarersstrategy2012-15complete%5B1%5D.pdf. Last Accessed Jan 2017.

[13] NOMIS. Fife Labour Market Report Oct 2015-Sep 2016. Online at https://www.nomisweb.co.uk/reports/lmp/la/1946157419/report.aspx#tabempunemp.

[14] Ibid

[15] Ibid / Nomis Qualification levels migrated to ISCED.

[16] Ibid / Nomis Qualification levels migrated to ISCED.

[17] Ibid / Nomis Qualification levels migrated to ISCED.

[18] Ibid / Nomis Qualification levels migrated to ISCED.

Health Inequalities Key Groups	Fife-ETC Equivalent Barriers	Number of Fife-ETC Client Records which identified this issue on FORT	% of Fife-ETC Client Records which identified this Issue on FORT	Estimated Prevalence in General Fife Population, All or 16-64.
Being a lone parent	Single adult household with dependent children	78	6%	5.6%[19] (Scotland)
Living in areas of social & economic disadvantage	SIMD Datazones 1-4 2016 (20% most deprived)	484	39%	18%[20]
	Jobless household	715	58%	17.1%[21]
	Jobless Household Dependent Children	108	8.6%	-[22]
Being a 'looked after' young person or care leaver	Looked After/Care Leaver	32	3%	Below 1.8%[23]
Experience of mental health problems	Mental Health (Males)	207	24%	14.3%[24]
	Mental Health (Females)	145	39%	18.4%[25]
Substance misuse and addiction issues	Substance Misuse (Males)	60	7%	Males Drug misuse (2012) 2%[26] Male Problem Drinking (2014) 24.8%[27]
	Substance Misuse (Females)	17	5%	Female Prevalence of Problem Drug Use 0.5%[28] Female Problem Drinking (2014) 10.1%[29]

[19]National Records for Scotland. 2015. Estimates of Households and Dwellings in Scotland. Table 4. https://www.nrscotland.gov.uk/files//statistics/household-estimates/2016/house-est-16.pdf.

[20] KnowFife Quick Brief SIMD 2016 – Fife. 19.2% of Datazones in bottom 20%. Avg Population per datazone =700. Population estimated from this. Online at http://publications.fifedirect.org.uk/c64_SIMD16KnowFifeQuickBrief310816.pdf

[21] NOMIS. Fife Labour Market Report Oct 2015-Sep 2016. Online at https://www.nomisweb.co.uk/reports/lmp/la/1946157419/report.aspx#tabempunemp.

[22] NOMIS gather number of children affected by living in a workless household, rather than the number of workless households with dependent children.

[23] Scottish Govt. Children's Social Work Statistics Scotland, 2011-12. 19 March 2013 ISSN 1479-7569. Online at http://www.gov.scot/Resource/0041/00416522.pdf. Sets out 1.8% Looked After Rate Scotland, Cites 0-15 per 1000 children & Young People in Fife.

[24] SCOTPHO. SCOTPHO Profiles Mental Health Fife. Information provided by gender. Four-year aggregate to 2014. Male common mental health problems Fife 18.4% vs Scotland Ave 17.3%; Online at https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do

[25] SCOTPHO. SCOTPHO Profiles Mental Health Fife. Information provided by gender. Four-year aggregate to 2014. Female common mental health problems Fife 16.2% Scotland Ave 17.2%. https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do

[26] Ibid. 2012. Fife Males Drug Misuse 2%, Scottish Average 2.5%

[27] Ibid. 2012. Fife Males Problem Drinking 24.8%, Scottish Average 24.6%

[28] Ibid. 2012. Fife Female Drug Use 0.5%, Scottish Average 1%.
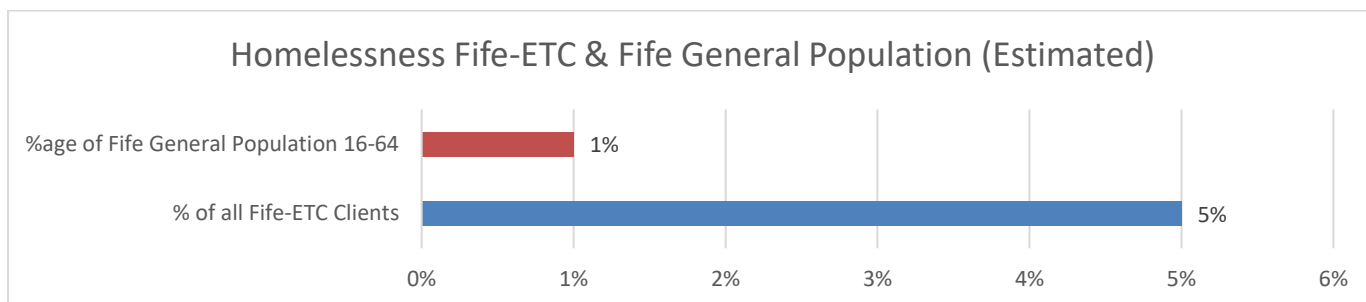
[29] Ibid. 2014. Fife Female Problem Drinking 10.1%, Scottish Average 11.6%

4.2   Compared to the General Population

Fife-ETC records indicate that, during the study timeframe, clients were five times more likely to be homeless, and twice as likely to be living in Fife's most deprived areas, than the general population. They are slightly less likely to have caring responsibilities. Sources are provided as footnotes in the prevalence table above.

Homelessness

Table 4.2.1 The Rate of Fife-ETC Registrations Citing Homelessness Compared to that of the General Fife Population

Homelessness Fife-ETC & Fife General Population (Estimated)

%age of Fife General Population 16-64	1%
% of all Fife-ETC Clients	5%

(Chart axis: 0% 1% 2% 3% 4% 5% 6%)

Social and Economic Disadvantage

Jobless/Workless Households

Living in a workless household was a life circumstance cited most of all in client registrations. A staggering 58% of all Fife-ETC registrations stated this was the case – indicating that clients were 3.27 times more likely to be living in a jobless household than the general working age population in Fife (17.1%). Between April and December 2015, all clients accessing employment services from Opportunities Fife Partnership providers cited Living in A Jobless Household at a rate of 42%. [30]

These results may be connected to high levels of single households, or there may be an issue around accessing a job when it can affect the benefits of other household members.

Table 4.2.2 The Rate of Fife-ETC Registrations Citing Jobless Households Compared to that of the General Fife Population

Jobless Households

%age of Fife General Population 16-64	17.10%
% of all Fife-ETC Clients	58%

(Chart axis: 0% 10% 20% 30% 40% 50% 60% 70%)

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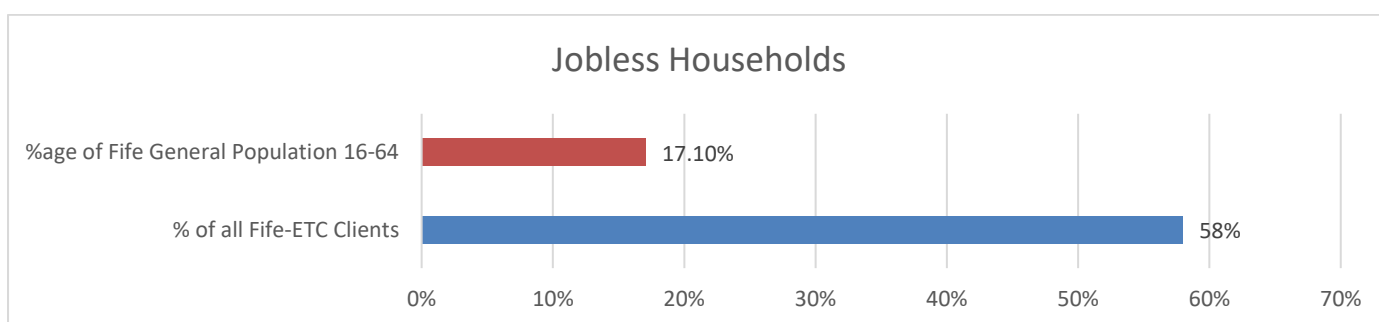
[30]   Fife Voluntary Action. 2016. Working for Fife. A Survey of Third Sector Employability Services in 2015. P14. Online at https://www.fifevoluntaryaction.org.uk/downloads/Working%20for%20Fife%202015_Final%20Version.pdf

Fife-ETC clients are more than twice as likely to live in the 20% most deprived Datazones in Fife.

Table 4.2.3 The Rate of Fife-ETC Registrations Living In 20% Most Deprived Areas Compared to that of the General Fife Population
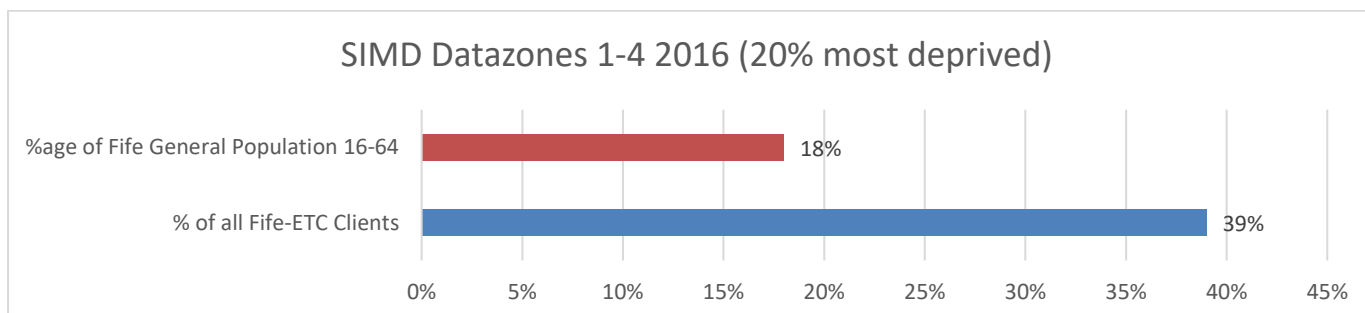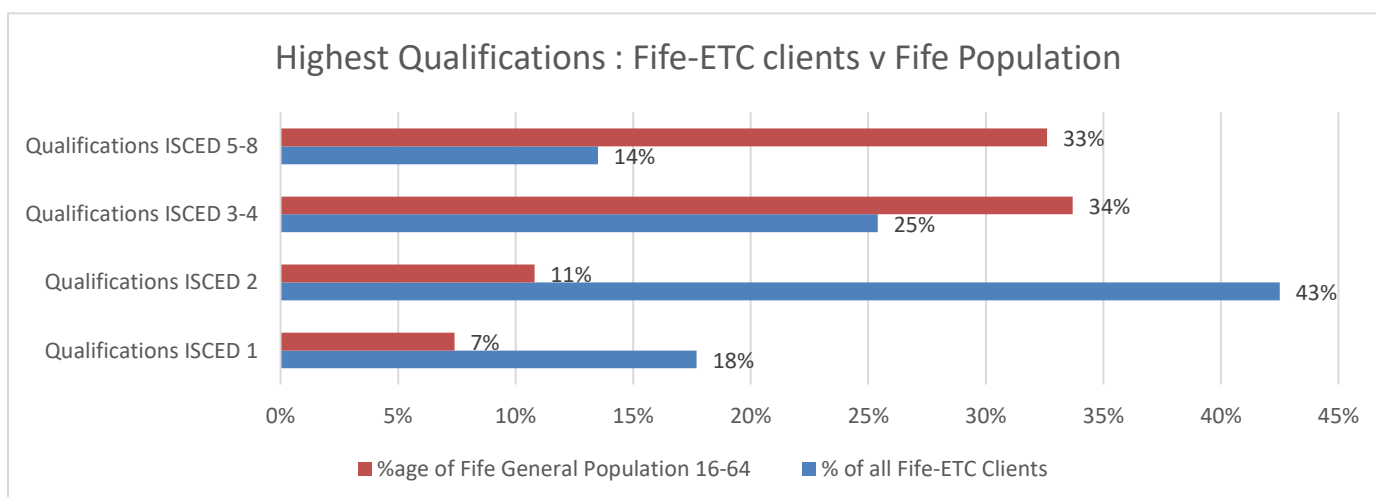

SIMD Datazones 1-4 2016 (20% most deprived)

%age of Fife General Population 16-64: 18%
% of all Fife-ETC Clients: 39%

Educational Attainment

EU Countries use the ISCED (International Standard Classification of Education) scale[31], developed by the UNESCO, to compare and map qualifications levels, and to study the impact of attainment on employability. All participating countries map their qualifications onto this scale. European data evidence[32] identifies attainment at levels 0-2 on the ISCED scale as a barrier to employment, and comparative studies using this evidence indicate that people falling into these levels are facing considerable disadvantage in the jobs market. Level 1's highest attainment is below Foundation level / general level secondary / National Access 1, and Level 2 relates to foundation or general level secondary school or equivalent. Table 4.2.4. below sets out the proportion of Fife-ETC registrations qualified to ISCED levels 0-2, compared to the general population. Clients who have achieved levels 3-4 and 5-8 are also provided here, demonstrating that as qualifications increase, demand for employability support decreases. **Section 5** will look at the impact of attainment on employment chances, and the relationship between attainment and life circumstances for Fife-ETC clients.

Table 4.2.4 Fife-ETC Registrations by Qualifications level - compared to that of the General Fife Population

Highest Qualifications : Fife-ETC clients v Fife Population

Qualifications ISCED 5-8: 33% / 14%
Qualifications ISCED 3-4: 34% / 25%
Qualifications ISCED 2: 11% / 43%
Qualifications ISCED 1: 7% / 18%

■ %age of Fife General Population 16-64 ■ % of all Fife-ETC Clients

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[31] http://uis.unesco.org/en/topic/international-standard-classification-education-isced. See Section 5, Table 5.2.2, of this document for Scottish Mapping onto ISCED.

[32] Eurostat Statistics. 11 Aug 2016. Unemployment Rates of The Population Aged 25-64 By Educational Attainment Level. Online at http://ec.europa.eu/eurostat/web/products-datasets/-/tps00066. Last accessed 17 November 2016.

Mental Health Issues

Males

24% of Fife-ETC male client registrations cited or disclosed mental health issues as a barrier to employment, considerably higher than overall prevalence figures estimated for the adult male population in Fife cited in SCOTPHO statistics. The chart below compares this proportion with that of the Fife Male Adult population.

Table 4.2.5 Fife-ETC Male Client Registrations citing Mental Health Issues - compared to that of the General Fife Population
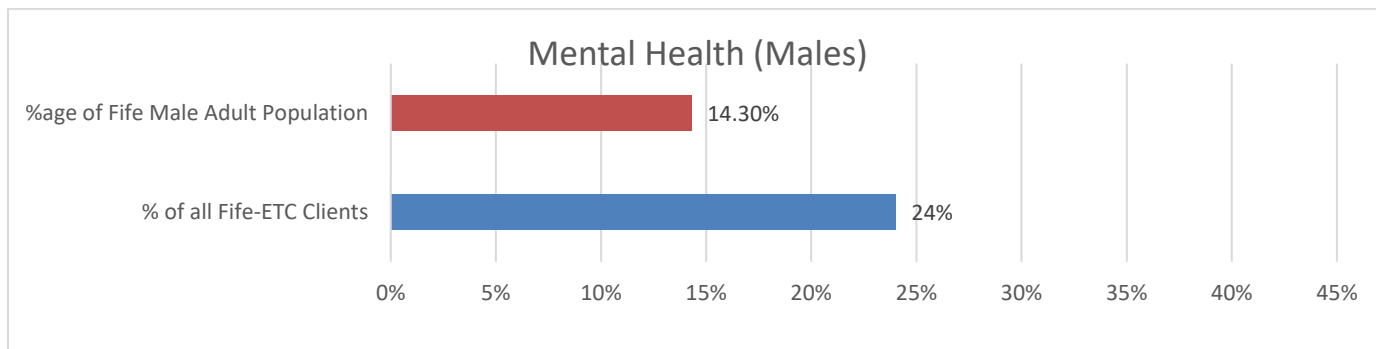
Females

Similarly, Fife-ETC female client registrations citing mental health issues (39%) outstripped what might be expected in the female adult population in Fife more than twice.

Table 4.2.6 Fife-ETC Female Client Registrations citing Mental Health Issues - compared to that of the General Fife Population
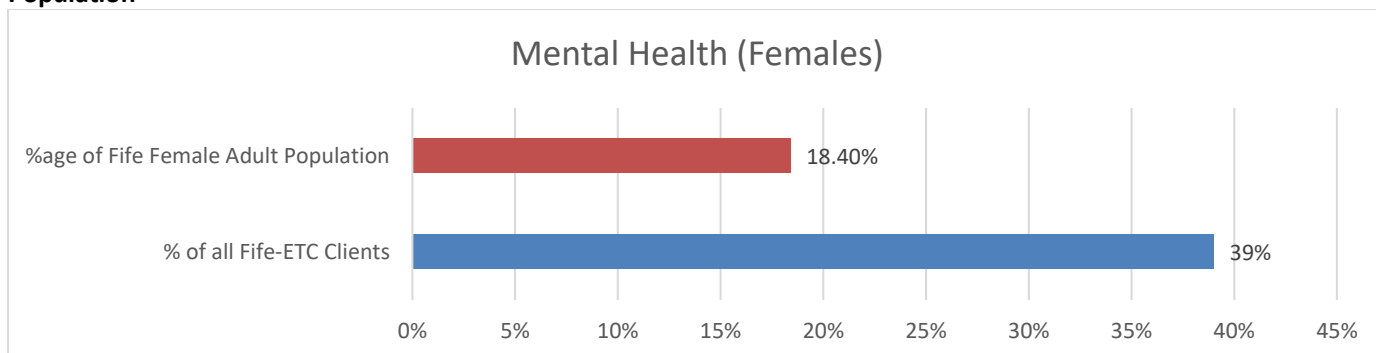
These charts indicate that Fife-ETC partners are encountering mental health as a barrier to employment much more often than might be expected given SCOTPHO statistics on Adult mental health in the general population.[33] This may further signify considerable demand for Mental Health support in Fife among people who are unemployed.

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[33] SCOTPHO. SCOTPHO Profiles Mental Health Fife. Information provided by gender. Four-year aggregate to 2014. Common mental health problems Fife vs Scotland Ave. Online at https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do

Substance Misuse

Information gathered at Registration and entered on the FORT System does not make a distinction between substances – therefore it is not possible to determine whether misuse relates to drugs or alcohol. Table 4.2.7 below excerpts the (Prevalence) table at the start of this section, setting out numbers and proportions citing substance misuse as a barrier. These are further broken down by gender. Prevalence rates given are for the Fife Adult population, sourced from SCOTPHO.

Table 4.2.7 Substance Misuse Cited in Fife-ETC Registrations alongside General Population Statistics

Health Inequalities Key Groups	Fife-ETC Equivalent Barriers	Number of Fife-ETC Client Records which identified this issue on FORT	% of Fife-ETC Client Records which identified this Issue on FORT	Estimated Prevalence in General Fife Population, All Adults.
Substance misuse and addiction issues	Substance Misuse (Males)	60	7%	Males Drug misuse (2012) 2%[34] Male Problem Drinking (2014) 24.8%[35]
	Substance Misuse (Females)	17	5%	Female Prevalence of Problem Drug Use (2012) 0.5%[36] Female Problem Drinking (2014) 10.1%[37]

4.3 Impact of Barriers – Job Readiness and Top Five Challenges

Job Readiness

18% (n216) of Fife-ETC Clients completed Employment Readiness Scale questionnaires during 1 November and 31st October at the start of their engagement with partners BRAG, West Fife Enterprise and FEAT to a lesser extent. These clients are predominantly at Stage 3 of the Fife Employability Pathway. 90% of these clients were considered not job-ready on analysis of their ERS results.

Chart 4.3.1 Fife-ETC client Job Readiness

Fife-ETC Clients Nov 2015-Oct 2016

Ready 2%
Minimally Ready 8%
Not Ready 90%

■ Ready ■ Minimally Ready ■ Not Ready

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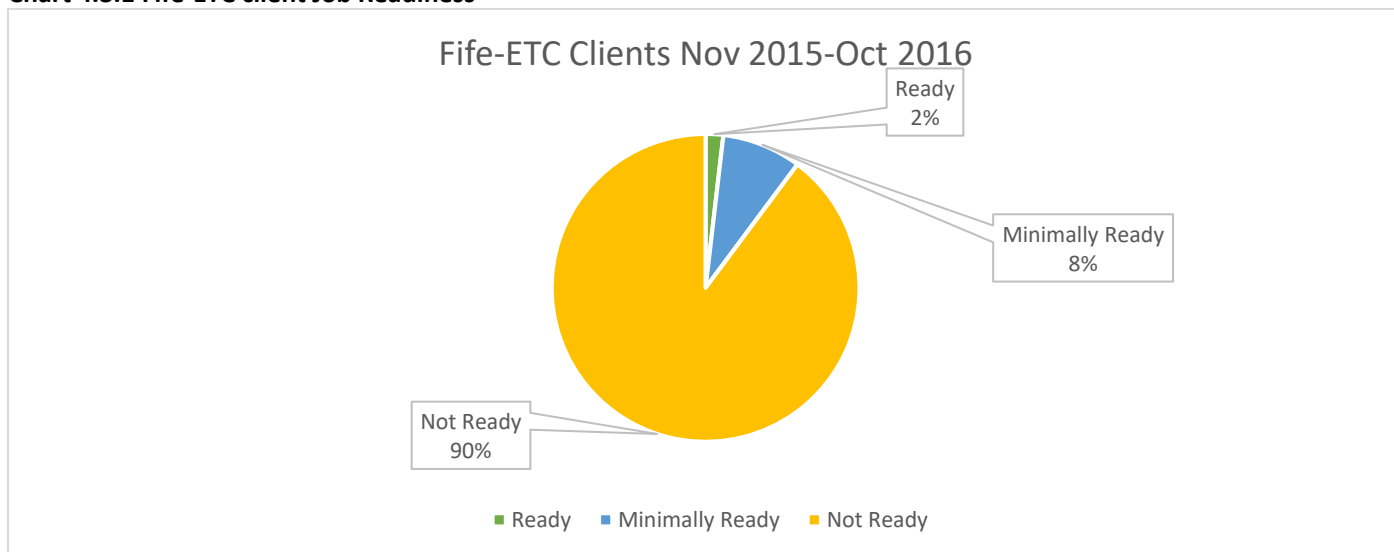
[34] Ibid. 2012. Fife Males Drug Misuse 2%, Scottish Average 2.5%

[35] Ibid. 2012. Fife Males Problem Drinking 24.8%, Scottish Average 24.6%

[36] Ibid. 2012. Fife Female Drug Use 0.5%, Scottish Average 1%.

[37] Ibid. 2014. Fife Female Problem Drinking 10.1%, Scottish Average 11.6%

The Employment Readiness Scale Questionnaire looks at Employability dimensions, Soft Skills and Challenges – Environmental, Social and Systemic. Fife-ETC clients reported the following as the top five challenges they faced in 2015/16. While affordable housing is the highest cited at 64%, a sense of personal failure is cited in 55% of cases. The top five challenges indicate that housing and childcare may be systemic.

Diagram 4.3.2   Employment Readiness Scale: Top Five Challenges

I can't find affordable housing near where I want to work (64%)

I don't have enough education (54%)

I don't have the proper tools and assistive devices for work (47%)

I often feel like a failure (55%)

I can't find affordable child care near where I want to work (52%)
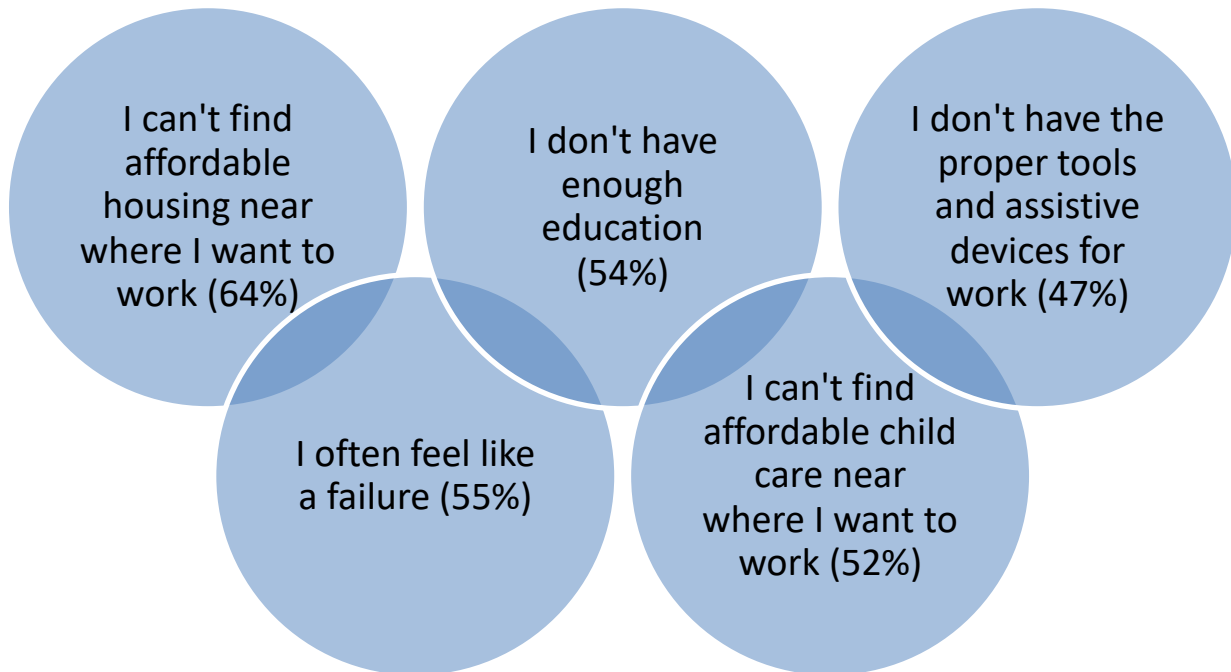
4.4   Summary

There is a strong concentration of Fife-ETC clients citing Health Inequalities issues (Barriers/Life Circumstances) than statistics indicate to be the case in the wider working age population in Fife. The starkest contrasts are:

- People living in a workless household at 58% compared to general population of 17.7%
- People with low attainment at 60% compared to general population at 18.2%
- Males with mental health issues at 24% compared to general population at 14.3%
- Females with mental health issues at 39% compared to the general population at 18.4%
- People living in the most deprived areas of Fife at 39% compared to the general population at 18%

Results of Employment Readiness Scale questionnaires during the study timeframe suggest that negative perceptions of self, lack of affordable housing and lack of access to childcare are key issues for many Fife-ETC clients. 90% are not Job-Ready.

These statistics strongly suggest that Fife-ETC are targetting and engaging clients:

- whose life circumstances are identical to or closely associated with those cited in the Health Inequalities strategy
- who face barriers in greater concentrations than those in the general population
- who are furthest away from the jobs market at levels much higher than those attending the local college
- where there is growing evidence that barriers and challenges are having a negative impact on their health and well-being.

5   Attainment

5.1   Qualifications

At Registration, frontline staff and keyworkers ask clients about the highest level of qualification they have achieved. These are measured by the International Standard Classification of Education (ISCED).

5.2   ISCED Levels 0-2: A Key Barrier

Statistics suggest that attainment at ISCED Levels 0-2 will affect a person's likelihood to find employment.[38] Over 60% of Fife-ETC clients have as their highest attainment level ISCED 2, compared to 18.2% in the overall Fife working age population and 18.8% in Scotland[39] (NOMIS).   The following section will set out evidence of a relationship between attainment, health, life circumstances and employment. Table 5.2.2 below details ISCED levels with Scottish Qualifications.

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[38]   Eurostat Statistics.   11 Aug 2016. Unemployment rates of the population aged 25-64 by educational attainment level. Online at http://ec.europa.eu/eurostat/web/products-datasets/-/tps00066. Last accessed 17 November 2016.
[39]   NOMIS   Fife   2015   snapshot   of   All   Qualifications   by   NVQ   level,   migrated   to   ISCED. https://www.nomisweb.co.uk/reports/lmp/la/1946157419/report.aspx?town=fife#tabquals

SCQF Levels	National Courses	Higher Education	ISCED Levels	Definitions of UNESCO
				Table 5.2.2. Scottish Qualifications and ISCED Scales[40]
12		Doctorate	Level 8	**DOCTORAL OR EQUIVALENT** is designed primarily to lead to an advanced research qualification. Programmes at this level are devoted to advanced study and original research and typically offered only by research-orientated tertiary educational institutions such as universities.
11		Masters Degree	Level 7	**MASTERS OR EQUIVALENT** are designed to provide participants with advanced academic and/or professional knowledge, skills and competencies, leading to a second degree or equivalent qualification.
10		Honours Degree	Level 6	**BACHELOR OR EQUIVALENT** are often designed to provide participants with intermediate academic and/or professional knowledge, skills and competencies, leading to a first degree or equivalent qualification. Traditionally offered by universities and equivalent tertiary educational institutions.
9		Ordinary Degree		
8		HND	Level 5	**SHORT CYCLE EDUCATION** programmes are often designed to provide participants with professional knowledge, skills and competencies. Typically, these are practically based, occupationally specific and prepare students to enter the labour market. However, programmes may also provide a pathway to other tertiary education programmes. Programmes at this level have more complex content than programmes at ISCED L3 & 4, but they are shorter and usually less theoretically orientated than ISCED L6 programmes.
7		HNC		
			Level 4	**POST SECONDARY NON-TERTIARY** education provides learning experiences building on secondary education and preparing for labour market entry as well as tertiary education. It aims at the individual acquisition of knowledge, skills and competencies below the high level of complexity characteristic of tertiary education. Programmes at this level are typically designed to provide individuals who complete ISCED L3 with non-tertiary qualifications that they require for progression to tertiary education or for employment when their ISCED L3 qualification does not grant such access.
7	New Advanced Higher Advanced Higher Scottish Baccalaureates		Level 3	**UPPER SECONDARY** education programmes are typically designed to complete secondary education in preparation for tertiary education, or to provide skills relevant to employment or both. Programmes at this level are more varied, specialised and in-depth instruction than programmes at ISCED Level 2. They are more differentiated, with an increased range of options and streams available.
6	New Higher, Higher Skills for Work Higher National 5 (Intermediate 2)			
5	Skills for Work National 5 (Credit Standard Grade) National 4 (Intermediate 1)			
4	Skills for Work National 4 (General Standard Grade)			**LOWER SECONDARY** education programmes typically designed to build upon learning outcomes from ISCED L1. Usually the educational aim is to lay the foundation for lifelong learning & human development on which education systems may systematically expand further educational opportunities
3	National 3, Access 3, Skills for Work National 3 (Foundation Standard Grade)		Level 2	
2	National 2, Access 2			
1	National 1, Access 1			
-	Primary School		Level 1	
-	Early Years and Childcare		Level 0	

5.3   Educational Attainment as a Determinant of Health and Employment - Studies

Poverty, Health and Attainment

A scan of research to identify links between Health and Educational Attainment, and Educational Attainment and subsequent job chances, are excerpted below.

A recent study by the Joseph Rowntree Foundation identifies that in Scotland today, over one in five children lives in poverty. The study sets out how poverty affects a child's health, education, their connection to wider society and their future prospects for work, indicating a clear connection between poverty, health and attainment, which in turn impacts on future employment status, outcomes, experiences and opportunities. [41] The Irish Public Health Institute published a series of studies relating to health, education and employment between 2005 and 2008. The 2005 study makes the case that those with more years of education were more likely to be employed, and that this was better for health than being unemployed[42]In Sweden, Health and Education Services have one unique identifier for children/young people across health and education. A study is underway in the UK to explore its application here.[43]

The above, amongst many studies, makes clear **the existence of a connection between life circumstances, health and its impact on attainment.**

The Impact of Attainment on Job Prospects

Eurostats Data

Europe-wide data analysis sets out the probabilities of being without a job for those who would like to have one, broken down by educational attainment level, providing statistical evidence of the difficulties that people with lower levels of attainment face in the labour market, and indicate the impact of low attainment in reducing the chances of being employed**.**[44] These statistics indicate that In 2015, in the UK, the likelihood of unemployment at ISCED attainment levels 0-2 was almost three times (294%) that of those with attainment level 5-8. People who have attained at levels 3-4 have been twice as likely to be unemployed than those at level 5-8 in recent years, notably in 2013, 5 years after the recession commenced. The statistics demonstrate that **lower attainment directly impacts on employment prospects, and potentially indicate that low attainment is a greater impediment to accessing employment in times of recession.**

Table 5.3.1 below sets out patterns of unemployment in the UK by attainment level.

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[41] Sosu E, Ellis S. Closing the Attainment Gap. Joseph Rowntree Foundation. Scotland: May 2014.

[42] Doyle C, Kavanagh P, Metcalfe O, Lavin T. Health impacts of employment: A review. Dublin: Institute of Public Health in Ireland 2005.

[43] UCL Great Ormond St Institute of Child Health. The impact of health on educational attainment and life chances and the value of a single unique identifier for children/young people. Results not yet published.

[44] Eurostat Statistics.   11 Aug 2016. Unemployment rates of the population aged 25-64 by educational attainment level. Online at http://ec.europa.eu/eurostat/web/products-datasets/-/tps00066. Last accessed 17 November 2016.

Table 5.3.1 Patterns of Unemployment in UK by Attainment 2006-2015[45]

Unemployment by Attainment Level UK
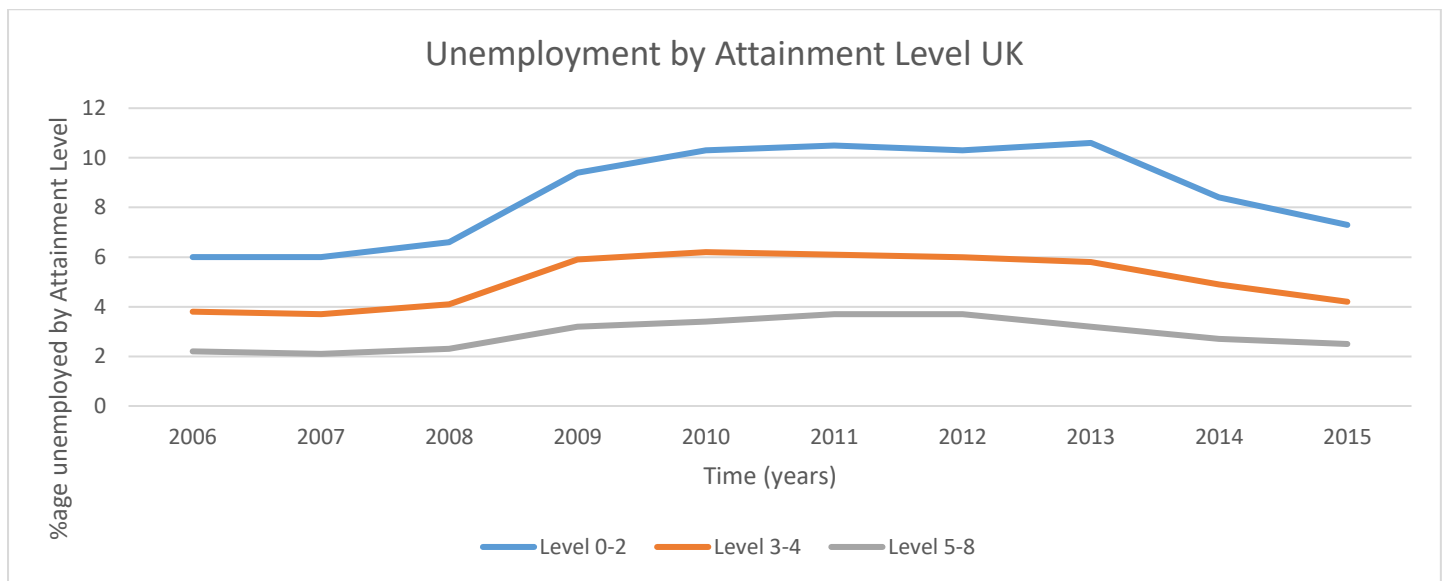
Impact of Unemployment and Work on Health

In a 2006 Study conducted for the UK Government, entitled, Is Work Good for Your Health & Well-Being? the following findings, based on extensive background evidence, were published: [46]

Impact of Employment

- Work meets important psychosocial needs in societies where employment is the norm;
- Work is central to individual identity, social roles and social status;
- Employment and socio-economic status are the main drivers of social gradients in physical and mental health and mortality.

Impact of Unemployment

Findings suggest a strong association between worklessness and poor health, and strong evidence that unemployment is generally harmful to health, including:

- higher mortality;
- poorer general health, long-standing illness, limiting longstanding illness;
- poorer mental health, psychological distress, minor psychological/psychiatric morbidity;
- greater incidence of medical consultation, medication consumption and hospital admission rates.

The 'Is Work Good for Your Health and Well-Being?' study argues a strong evidence base in relation to the following:

- Re-employment leads to improved self-esteem, improved general and mental health, and reduced psychological distress and minor psychiatric morbidity.

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[45] Ibid.

[46] Waddell G, Burton AK. 2006. Is Work Good for Your Health and Well-Being? TSO. London. Online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf. Last accessed 17 Nov 2016.

- Work for sick and disabled people: There is a broad consensus across multiple disciplines, disability groups, employers, unions, insurers and all political parties, based on extensive clinical experience and on principles of fairness and social justice. When their health condition permits, sick and disabled people should be encouraged and supported to remain in or to (re)-enter work as soon as possible because it is therapeutic, promoting recovery and rehabilitation and leads to better health outcomes. Further benefits include minimising the harmful physical, mental and social effects of long-term sickness absence; reducing the risk of long-term incapacity and improving quality of life and well-being.
- Claimants who move off benefits and (re)-enter work generally experience improvements in income, socio-economic status, mental and general health, and well-being. Those who move off benefits but do not enter work are more likely to report deterioration in health and well-being.

The Mental Health risks associated with unemployment are further underlined in a recent Europe-wide study by the University of Switzerland which identified a correlation between unemployment, job loss and increased suicide risk.[47]

The Marmot Review

The Marmot Review, conducted in 2010, cites a number of academic studies and publications to demonstrate a relationship between low attainment, health issues, employment status and opportunities. Rates of unemployment in England were cited as highest among those with no or few qualifications and skills, people with disabilities and mental ill health, those with caring responsibilities, lone parents, those from some ethnic minority groups, older workers and, in particular, young people. [48]

In-work Issues

The review states that when in work, these same groups are cited as more likely to be in low-paid, poor quality jobs with few opportunities for advancement, often working in conditions that are harmful to health. Many are trapped in a cycle of low-paid, poor quality work and unemployment. Low-quality work opportunities were cited as a feature for people with low skills, qualifications and health inequalities. '*The relationship between employment and health is close, enduring and multi-dimensional. Being without work is rarely good for one's health, but while 'good work' is linked to positive health outcomes, jobs that are insecure, low-paid and that fail to protect employees from stress and danger make people ill.* '[49] Where Marmot associates good work and its contribution to positive health, it contrasts this with an association between insecure and poor-quality employment and an increased risk of one's physical and/or mental health worsening from conditions caused by work. These in turn lead to absence due to illness, and worklessness. Common mental health problems and musculoskeletal disorders were cited as principal among work-related ill-health issues.

Unemployment and Skill Levels

Marmot cites research demonstrating further how changes in demand for low-skilled work and an individual's skills level impacts on opportunities. Studies indicate that the number and type of jobs available to those with low-level skills is becoming increasingly restricted. At the same time, the steady growth of jobs in the ten years to 2010 in England has been predominantly in higher skilled employment while the number of manufacturing and low-skilled jobs has been in decline over a longer period.[50]

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[47]NHS Choices. 11 Feb 2015. Unemployment and job insecurity linked to increased risk of suicide. Online at http://www.nhs.uk/news/2015/02February/Pages/Unemployment-linked-to-increased-risk-of-suicide.aspx. Last accessed 17 Nov 2016.

[48] The Marmot Review. 2010. Strategic Review of Health Inequalities England 2010. Section 2.6.3. Work Health and well-being. p68. Online at http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-the-marmot-review-full-report.pdf
[49] Ibid.
[50] Kasl S and Jones A (2000) 'The impact of job loss and retirement on health' in Berkman LF and Kawachi I (Eds.) Social epidemiology. Oxford: Oxford University Press, pp. 118-136.

Associated Health Risks

Marmot sets out a body of work which proves that unemployed people incur a multiplicity of elevated health risks. They have increased rates of limiting long-term illness[51], mental illness [52] and cardiovascular disease.[53] The experience of unemployment has also been consistently associated with an increase in overall mortality, and in particular with suicide.[54] The unemployed have much higher use of medication[55] and much worse prognosis and recovery rates.[56] Unemployment has both short- and long-term effects on health. The immediate negative impact of being made redundant on a person's health outcomes has been frequently reported[57]

Industry and Health Associations

A recent study, 'Health Outcomes and Determinants by Occupation and Industry in Scotland 2008-2011'[58], looked at relationships between health and well-being and occupational categories in Scotland.

0ccupations associated with the best health outcomes for men were corporate managers, science and technology professionals, health professionals, and business and public service professionals; the worst being elementary trades: Process, plant and machine operatives, transport and mobile machine drivers and operatives. Administration and service occupations were also identified as risky health-wise.[59] The occupation types associated with the best health for women were teaching, research and health professionals. While no occupations scored unfavourably for women across all outcomes considered, the riskiest were considered to be in elementary administration and service occupations. Women with experience of customer service and caring occupations were also less likely to assess their health as very good or good.[60]

'Disadvantaged' Occupations

Analysis allowed Taulbut and McCartney to draw conclusions around those occupations which might be considered 'disadvantaged'. '*The largest occupations in the multiply disadvantaged group were administrative occupations, elementary administration and service occupations, and caring personal services. However, transport and mobile machine drivers and operatives; elementary trades; and process, plant occupations, although affecting fewer working-age adults, are among the most severely disadvantaged occupations.*'[61]

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51 Bartley M (2004) Health inequality: an introduction to theories, concepts and methods. Cambridge: Polity. 116   Thomas C, Benzeval M, and Stansfeld S (2005) Employment Transitions and mental health: An analysis from the British household panel survey. Journal of Epidemiology and Community Health 59: 243-249.

52 Gallo W, Teng H, Falba T, Kasl S, Krumholz H and Bradley E (2006) The impact of late career job loss on myocardial infarction and stroke: a 10 year follow up using the health and retirement survey. Occupational Environment Medicine 63: 683-687;

53 Gallo W, Bradley E, Falba T, Dubin J, Cramer L, Bogardus S and Kasl S (2004) Involuntary job loss as a risk factor for subsequent myocardial infarction and stroke: findings from the Health and Retirement Survey. American Journal of Industrial Medicine 45: 408–16

54 Voss M, Nylén L, Floderus B, Diderichsen F, Terry P D (2004) Unemployment and Early Cause-Specific Mortality: A Study Based on the Swedish Twin Registry. American Journal of Public Health 94 (12): 2155-2161

55 Jin R, Shah CP, Svoboda TJ (1997) The impact of unemployment on health: A review of the evidence. Journal of Public Health Policy 18(3): 275-301.

56 Leslie S, Rysdale J, Lee A et al (2007) Unemployment and deprivation are associated with a poorer outcome following percutaneous coronary angioplasty. International Journal of Cardiology 122 (2); Bartley M, Sacker A, Clarke P (2004) Employment status, employment outcomes, and limiting illness: prospective evidence from the British Household panel survey, 1991-2001. Journal of Epidemiology and Community Health 58(6): 501-506

57 Stuckler D, Basu S, Suhrcke M, Coutts, McKee M (2009) The public health effect of economic crisis and alternative policy responses in Europe: An empirical analysis. The Lancet 374(9686): 315-323; Sullivan D and Watcher T (2007) Mortality. Mass layoffs and career outcomes: An analysis using administrative data http://www.nber. org/papers/w13626; Ruhm C J (2000) Are recessions good for your health? Quarterly Journal of Economics 115 (2): 617-650.

58 Taulbut M, McCartney G. 2017. Health Outcomes and Determinants by Occupation and Industry in Scotland, 2008–2011. Published by NHS Health Scotland. Available online at http://www.healthscotland.scot/media/1308/good-work-research-report_feb2016_english.pdf

59 Ibid p23-27

60 Ibid p27-28

61 Ibid p 80

5.4   Attainment and Life Circumstances Amongst Fife-ETC Clients

Compared to the Rest of Fife & Scotland

1213 of the 1231 client records in the study timeframe included highest attainment levels. **60% of all Fife-ETC clients are qualified to ISCED 1-2, compared to 18.2% in the overall Fife working age population** and 18.8% in Scotland (NOMIS). As qualifications increase, the proportion of Fife-ETC clients from that category reduces. This indicates that Fife-ETC are targeting the right markets.

Table 5.4.1 Fife-ETC Client Registrations by Attainment Level, compared to All Fife and Scotland

ISCED LEVEL	All Fife-ETC client Population[62]	All Fife 16-64 Population[63]	Scotland[64]
ISCED 1	16.65%	7.40%	9%
ISCED 2	43.53%	10.80%	9.80%
ISCED 3-4	26.05%	33.70%	33.40%
ISCED 5-8	13.77%	42.60%	42.50%

Relationship with where Fife-ETC clients live

66% of those qualified to ISCED 1-2 and 61% of those qualified to levels 3-4 live in areas in the bottom 5 SIMD Datazones in Fife, underpinning **a connection between attainment and poverty and deprivation** here in Fife as identified in the studies cited above.

Chart 5.4.2 Fife-ETC Client Registrations - Highest Attainment Level, by SIMD area (n1231)
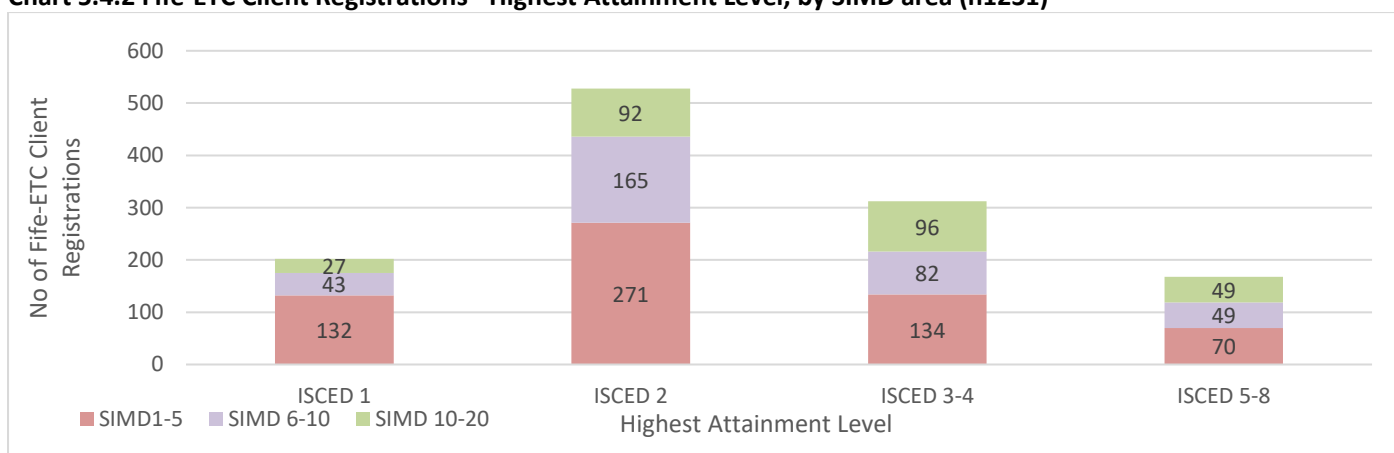
Table 5.4.3 Fife-ETC Client Registrations by Highest Attainment Level, by SIMD area (%ages)

SIMD Datazone	Highest Attainment Level			
	ISCED 1	ISCED 2	ISCED 3-4	ISCED 5-8
SIMD 10-20	2.23%	7.58%	7.91%	4.04%
SIMD 6-10	3.54%	13.6%	6.76%	4.04%
SIMD 1-5	10.88%	22.34%	11.05%	5.77%
Totals	16.65%	43.53%	26.05%	13.77%

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[62] FORT Support Online Statistics. 1 Nov 2015-31 Oct 2016. Of 1231 clients, 1210 records included qualifications levels and SIMD.
[63]   Two   sources: NOMIS   Fife   2015   snapshot   of   All   Qualifications   by   NVQ   level,   migrated   to   ISCED.
https://www.nomisweb.co.uk/reports/lmp/la/1946157419/report.aspx?town=fife#tabquals
Plus, KnowFife Population Statistics 2015. Online at http://knowfife.fife.gov.uk/bytheme?themeId=957&themeName=Population.
[64]   NOMIS   Scotland   2015   snapshot   of   All   Qualifications   by   NVQ   level,   migrated   to   ISCED.
https://www.nomisweb.co.uk/reports/lmp/la/1946157419/report.aspx?town=fife#tabquals

People aged 25-50 and 55+ made up a substantial proportion of Fife-ETC client registrations during the study timeframe, and within these age ranges **low attainment was a significant issue.**

Chart 5.4.4 Fife-ETC Client Registrations by Age & Highest Attainment Level (no age recorded for 1 client, n 1212).
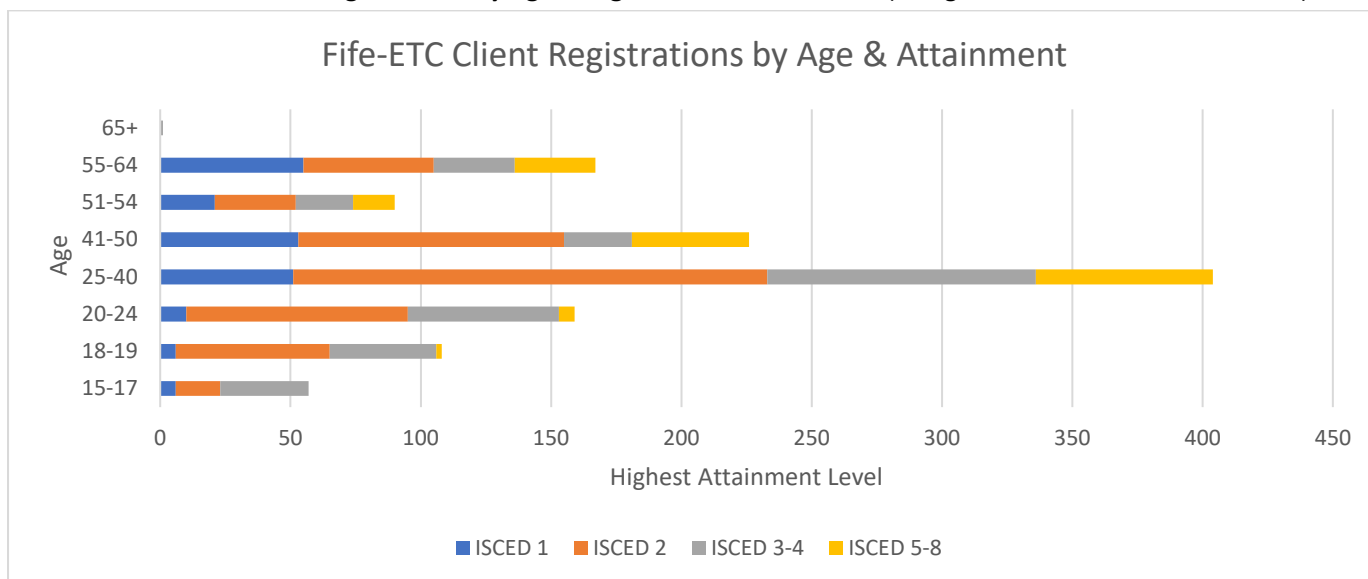
Table 5.4.5 Fife-ETC Client Registrations by Age & Highest Attainment Level

Highest Attainment	Client Registration by Age								
	15-17	18-19	20-24	25-40	41-50	51-54	55-64	65+	TOTAL
ISCED 1	0.49%	0.50%	0.83%	4.21%	4.37%	1.73%	4.54%	0.00%	16.67%
ISCED 2	1.40%	4.87%	7.01%	15.02%	8.42%	2.56%	4.13%	0.00%	43.40%
ISCED 3-4	2.81%	3.38%	4.79%	8.50%	2.15%	1.82%	2.56%	0.08%	26.07%
ISCED 5-8	0.00%	0.17%	0.50%	5.61%	3.71%	1.32%	2.56%	0.00%	13.86%

There are a greater number of male client registrations than female, which reflects proportions cited by NOMIS[65] of the gender breakdown in unemployment. 58% of females and 61% of males are qualified to ISCED 2 and below.

Chart 5.4.6 Fife ETC Client Registrations by Gender and Attainment

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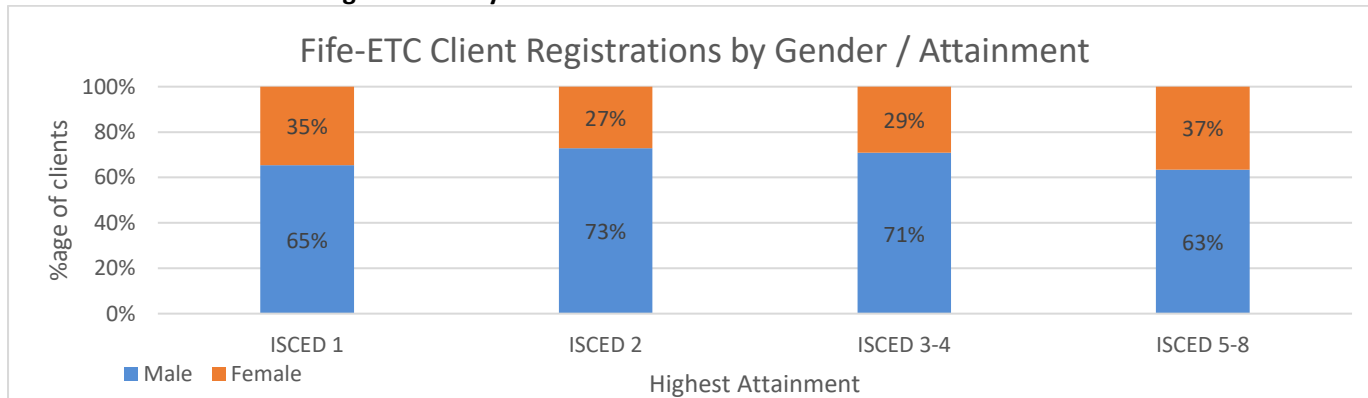
[65] NOMIS. Fife Labour Market Report Oct 2015-Sep 2016. Online at https://www.nomisweb.co.uk/reports/lmp/la/1946157419/report.aspx#tabempunemp
Last accessed Dec 2016.

Relationship with Length of Time Unemployed

Statistics compiled by the EU indicate that there is a strong relationship between low attainment (ISCED levels 0-2) and a higher likelihood of being unemployed.[66] Fife-ETC records also suggest that attainment levels may have a bearing on the length of time unemployed. After six months unemployment, the proportion of those whose highest level of attainment is ISCED 1-2 rises as length of time unemployed increases. 49% of those unemployed 6-12 months are ISCED 0-2, rising to 57% of those unemployed 13-24 months, peaking at 75% of those unemployed 25-36 months and falling back a little to 70% of those unemployed over 3 years.

Chart 5.4.7 Fife ETC Client Registrations by Length of Time Unemployed and Attainment.
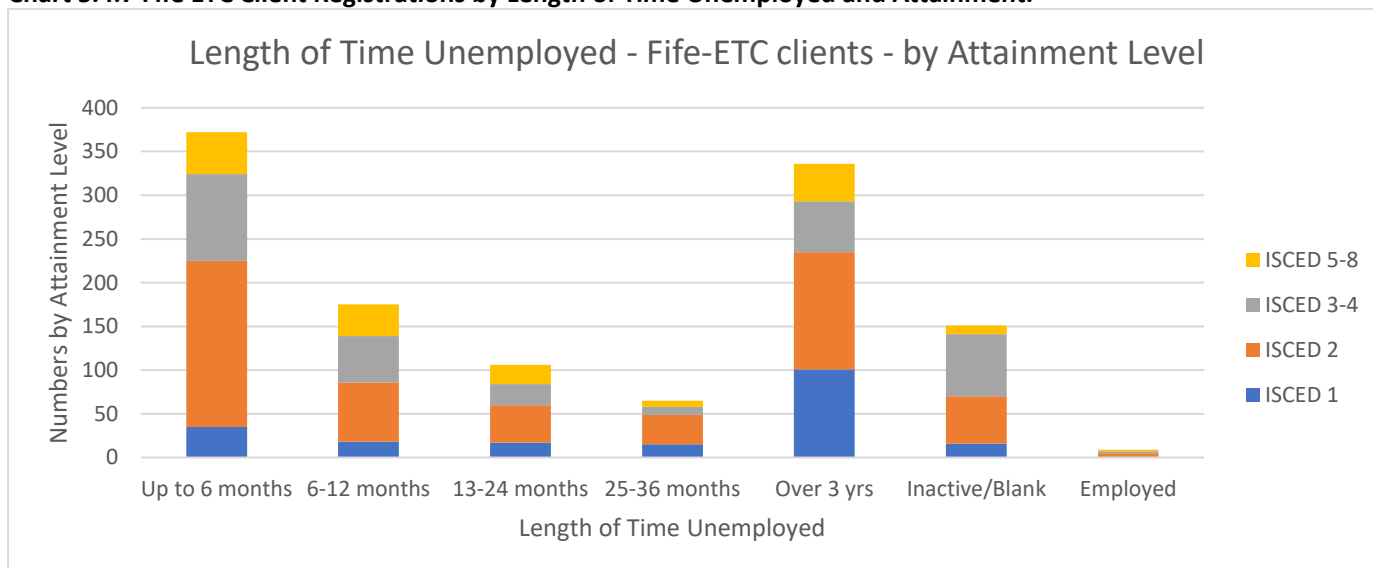
Table 5.4.8 Fife ETC Client Registrations by Length of Time Unemployed and Attainment (%ages).

Highest Attainment	Length of Time (LOT) Unemployed recorded in Fife-ETC Registrations							
	Up to 6 months	6-12 months	13-24 months	25-36 months	3 yrs +	Inactive/ Blank	Employed	Total
ISCED 5-8	3.96%	2.89%	1.81%	0.58%	3.54%	0.82%	0.16%	13.77%
ISCED 3-4	8.16%	4.37%	1.98%	0.74%	4.78%	5.85%	0.16%	26.05%
ISCED 2	15.66%	5.61%	3.54%	2.80%	11.05%	4.45%	0.41%	43.53%
ISCED 1	2.89%	1.48%	1.40%	1.24%	8.33%	1.32%	0.00%	16.65%
Summary	Up to 6 months	6-12 months	13-24 months	25-36 months	3 yrs +	Inactive/ Blank	Employed	Total
All by LOTU	**30.67%**	**14.34%**	**8.74%**	**5.36%**	**27.70%**	**12.45%**	**0.74%**	100.00%
ISCED 1-2 as %age – Time	**60%**	**49%**	**57%**	**75%**	**70%**	**46%**	**55%**	

Observation – Length of Time Unemployed

Chart 5.4.7 above indicates that Fife-ETC Registrations are mainly either short term or very long term unemployed. This reflects the pattern of all registrations to employability services through the Opportunities Fife Partnership recorded on FORT during the study timeframe, and indeed the full live caseload at 20 March 2017:

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[66] Eurostat Statistics. 11 Aug 2016. Unemployment rates of the population aged 25-64 by educational attainment level. Online at http://ec.europa.eu/eurostat/web/products-datasets/-/tps00066. Last accessed 17 November 2016.

Chart 5.4.9 All Opportunities Fife Partnership Live Caseload at 20.3.2017.
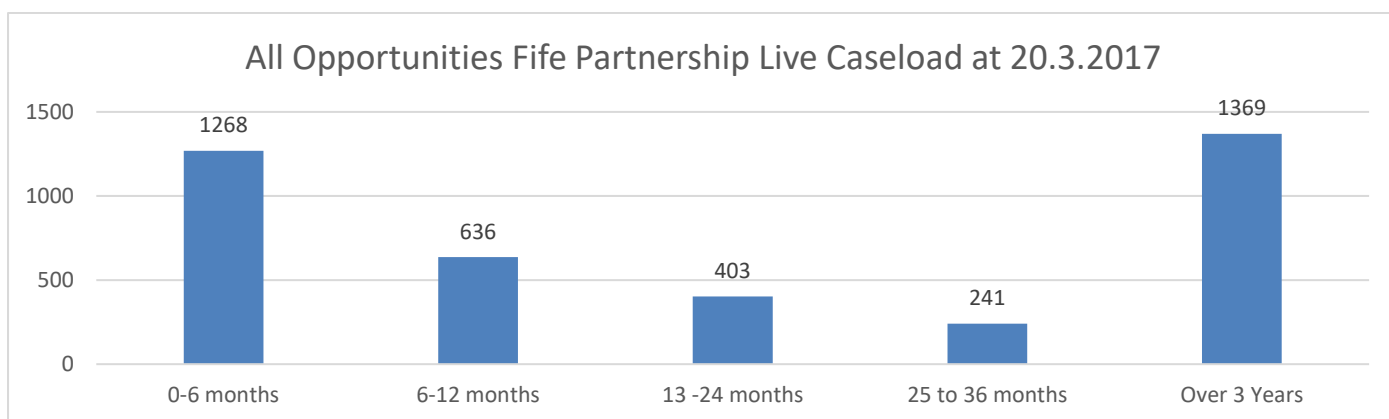
This pattern of Registrations suggest that it may be worthwhile exploring the reasons behind the high proportions of service users at extreme ends. Initial discussions suggest that some of the people unemployed for 0-6 months may have been subject to recent welfare changes. It may therefore be possible that a number of people in this short-term unemployed bracket may not have worked for a long time, and may be experiencing similar barriers and potential challenges as those in the longer-term unemployment bracket.

Clients participating in Fife-ETC Employability Academy programmes are asked about the timing of their last job, and why it ended. Now may be a good time to ask this of all clients at registration. This may start to clarify what the high numbers really represent in the short-term unemployment category. Examining reasons behind the high numbers at over three years – where 70% are likely to be experiencing challenges to accessing employment through low attainment – may also inform the detail of future service design.

Attainment Spread Across Partners

Table 5.4.10   Fife-ETC Partner-By-Partner Client Registrations by Attainment Level
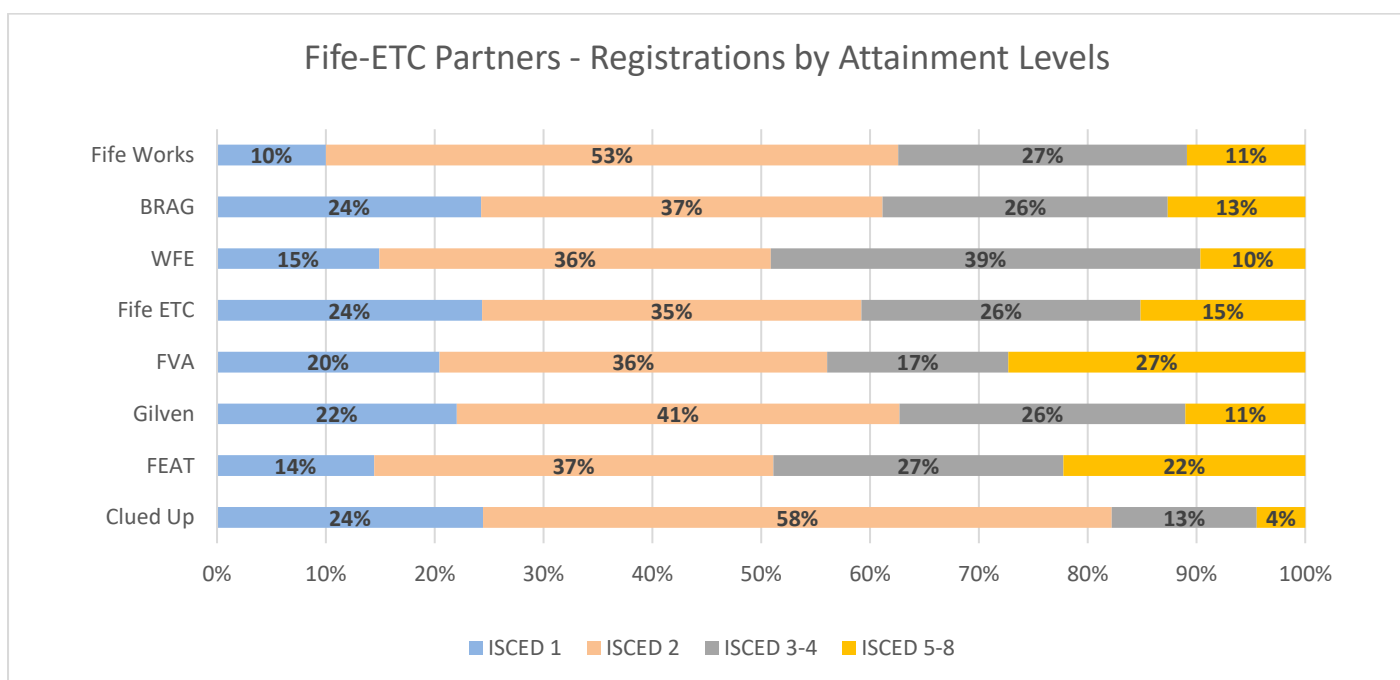
Table 5.4.10 sets out the proportion of clients that partners and keyworkers are registering or receiving as a referral by attainment level.

24% of clients going to Clued Up, to Keyworkers and to BRAG have attainment levels at ISCED 1. 82% of Clued Up's clients are qualified at ISCED 2 or lower. This may suggest a connection between low attainment and substance misuse.

51% of FEAT client registrations sit within ISCED 1 to 2, and there is a wider spread of clients with varying attainment levels, with 22% qualified to level 5-8. This suggests that mental health issues impact widely, regardless of attainment levels. Similarly, offering volunteering options, Fife Voluntary Action attracts people with a wide range of attainment levels. FEAT and Fife FVA work with the highest proportion of unemployed people within ISCED 5-8.

BRAG and Fife-ETC Keyworkers (early stage) work with clients of similar attainment levels, with roughly 60% of clients at ISCED 1-2, broadly in line with the overall Fife-ETC client population. 39% of West Fife Enterprise clients – the biggest proportion – are qualified to ISCED 3-4.

Fife Works client proportions show they work with fewer ISCED 1 clients, at 10%. The proportion of clients at ISCED 2 is 53% - the second highest proportion of all partners, with only Clued Up working with more (58%) as a proportion of their total clients. The remaining 38% of Clients are ISCED 3-4 (27%) and ISCED 5-8 (11%).

These findings suggest that in the main the partners are playing to their strengths in terms of specialisms and how they might relate to pathway stages. As the keyworker role develops, there may be an opportunity to skew this support further towards those at ISCED 1-2.

Attainment and Multiple Barriers

Fife-ETC partners work with clients to identify barriers to employment at Registration. A full listing of barrier information is provided at Section 3 – Table 3.2.1. Established practice and funding eligibility drive what is considered a barrier, and these are reflected in the design of the Registration form. A questionnaire is used to establish basic contact information, Ethnic origin and Benefits status. SIMD area is gathered by asking for postcodes and using this information to match it against an SIMD chart to establish rankings. Key Barriers, including highest attainment level and employment status, including length of time unemployed, are also gathered within specific sections in the form. Following this is a 'tick box' list, covering all other barriers.

Table 5.4.10   Barriers Tick-Box List – Clients complete at Registration

Key Group in Health Inequalities Strategy	Information Gathered at Registration in Tick Box List – Registering client select from these:
Protected Characteristics	Disability (Self-Disclosed)
	Refugee
	Asylum Seeker
	Migrants, People with A Foreign Background, Minorities
Homelessness / Risk	Homeless or Affected by Housing Exclusion
Caring Responsibilities	Primary Carer of a Child/Children (Under 18) Or Adult
	Primary Carer of Older Person
Geographic / Social Isolation	Address, Postcode
	Living in a Rural Area
	Low Skilled
	No Work Experience
Experiencing In-Work Poverty	Low Income Employed
Being A Lone Parent	Living in A Single Adult Household with Dependent Children
Living in Areas of Social and Economic Disadvantage	Employment Deprived Area
	Living in A Jobless Household
	Living in A Jobless Household with Dependent Children
	Postcode – translated to SIMD vigintile – See Isolation
Gender-Based Violence or Abuse	
Being A 'Looked After' Young Person or Care Leaver	Looked After Young Person
Experience of Mental Health Problems	Mental Health Issues
Substance Misuse and Addiction Issues	Substance Misuse Issues
Other	Criminal Conviction
	Long -Term Physical Illness

Limitations

Fife-ETC clients may not tick ALL barriers relevant to them, but often only enough to satisfy eligibility requirements for the programme. Eligibility is established after two barriers are identified. In some cases, a postcode and length of time unemployed is sufficient to meet eligibility criteria, and, as a result, no 'barrier' boxes are ticked. 81 registrations recorded nil or blanks in the Barriers Tick Box section of the registration form. It is clear however from the registrations data for the study timeframe that some clients are disclosing more than two barriers at this early stage. Staff indicate that many barriers are disclosed over time as a relationship builds, and these are not always updated or recorded on FORT. Average barriers given in Table 5.4.11 below are likely to be underestimated for this reason.

Table 5.4.11 sets out the number of barriers cited in registration records and indicates a connection between lower attainment and a greater number of barriers or health inequalities issues:

Table 5.4.11 Barriers reported at Registration by Attainment Level

Barriers Identified at Registration	ISCED 1	ISCED 2	ISCED 3-4	ISCED 5-8
Total Boxes Ticked in 'Barriers' on Registration Form	438	1055	547	375
Postcodes SIMD 1-5, bottom 25%	132	271	134	70
Highest Attainment at ISCED 2 or below	202	528	0	0
Length of Time unemployed 2 years or more.	116	168	67	50
Total Barriers recorded for each attainment level	888	2022	748	495
Average Barriers Per Client	**4.40**	**3.83**	**2.37**	**2.95**

This table indicates that all Fife-ETC client registration records identified multiple barriers to employment. Those with qualifications at ISCED 1 and below disclose an average of 4.4 barriers each, at ISCED 2, an average of 3.8 barriers. At 5-8, the average number is 2.95. At ISCED levels 3-4 the average number of barriers per person drops by almost 1.5 – even below those with higher qualifications. Further exploration to account for this is needed. This may be due to a recording issue, or may possibly be further evidence of a lack of availability of good quality opportunities in Fife for this group.

5.5 Attainment and its Relationship with Specific Health Inequality Risks Life Circumstances – Fife ETC Clients

Table 5.5.1 sets out barriers selected by clients at registration, broken down by ISCED attainment level. At each level, the table sets out the number of clients, and then the frequency with which clients identified barriers. The table gives the number and percentage of clients at each level who selected each barrier. The final column in grey shows how these compare with all clients across all Opportunities Fife Partnership providers. [67]

Table 5.5.1 Barriers Selected by Clients, By Attainment Level

Attainment levels	ISCED 1		ISCED 2		ISCED 3-4		ISCED 5-8		Compared to All Clients, Opportunities Fife Partnership April to December 2015
Total Clients recorded at this level	202		528		312		168		
	Number and Percentage at ISCED 1 who ticked this box		Number and Percentage at ISCED 2 who ticked this box		Number and Percentage at ISCED 3-4 who ticked this box		Number and Percentage at ISCED 5-8 who ticked this box		
Barriers Ticked by Clients	No.	%age	No.	%age	No.	%age	No.	%age	%age
Armed Forces Veteran	9	4%	16	3%	7	2%	12	7%	1%
Asylum seeker	0	0%	0	0%	0	0%	0	0%	0%
Criminal convictions	53	24%	108	20%	37	12%	28	17%	12%
Homeless or affected by housing exclusion	13	6%	34	6%	16	5%	8	5%	-
Living in a jobless household	135	61%	324	61%	150	47%	106	63%	42%
Jobless household with dependent children	17	8%	42	8%	25	8%	24	14%	10%
Single adult household with dependent children	6	3%	37	7%	19	6%	12	7%	12%
Long-term physical illness	46	21%	104	20%	53	17%	48	29%	12%
Looked after young person	7	3%	14	3%	10	3%	3	2%	3%
Low income employed	1	0%	5	1%	1	0%	2	1%	2%
Mental health issues	51	23%	138	26%	71	22%	63	38%	21%
Migrants, people foreign background, minorities	4	2%	4	1%	5	2%	6	4%	2%
No work experience	53	24%	101	19%	101	32%	21	13%	24%
Primary carer of a child/children or adult	25	11%	67	13%	27	9%	25	15%	13%
Primary carer of older person	1	0%	8	2%	7	2%	3	2%	1%
Refugee	0	0%	0	0%	0	0%	0	0%	0%
Substance related conditions	14	6%	42	8%	14	4%	8	5%	4%
Underemployed	3	1%	11	2%	4	1%	6	4%	4%
Total barriers selected by clients	438		1055		547		375		

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[67] Fife Voluntary Action. 2016. Working for Fife. A Survey of Third Sector Employability Services in 2015. P14. Census (Scotland) 2011: People in Fife Born outside the UK. Online at https://www.fifevoluntaryaction.org.uk/downloads/Working%20for%20Fife%202015_Final%20Version.pdf

Overall, Compared to Opportunities Fife Clients

Fife-ETC clients are more likely to have criminal convictions, to be living in a jobless household, and to report a long-term physical illness, than clients of the overall Opportunities Fife Partnership. They are less likely to have dependent children, to be low income employed, to be underemployed, or to be a carer, although only slightly. More Armed Forces Veterans are using Fife-ETC services. Across all providers, only one refugee and one asylum seeker has accessed services.

Relationships between Attainment and Barriers

Table 5.5.1 results suggests that

- There is a relationship between low attainment (ISCED 1-2) and having a criminal conviction (20-24%)
- Higher attainers (ISCED 5-8) accessing Fife-ETC support are more likely to be citing mental health issues (38%) and long-term physical illness (29%) than those at ISCED 1-2.
- Higher attainers are also less likely to cite a lack of work experience (13%) than those at ISCED 1-2.
- They may also have more caring responsibilities (15%) than the average working age population (13%), and the Opportunities Fife Partnership client population (13%).
- Those attaining ISCED 3-4 are less likely to have a criminal conviction (12%)than other FIFE-ETC clients, and more likely to cite a lack of work experience (32%). This might suggest other forces such as economic ones are coming into play – possibly a lack of choice, skilled job opportunities or apprenticeships.

5.6　Summary of Attainment and Life Circumstances in Fife

Attainment and Length of Time Unemployed

Over 60% of Fife-ETC clients are qualified to ISCED 1-2, compared to 18.2% in the overall Fife working age population and 18.8% in Scotland (NOMIS).　Fife-ETC clients are over three times more likely to have low or no qualifications than the general population. Europe-wide studies suggest that this group face the greatest challenges in accessing employment.

Qualifications barriers are experienced by:

- 60% of clients unemployed less than 6 months
- 49% of those unemployed 6-12 months
- 57% of those unemployed 13-24 months
- 75% of those unemployed 25-36 months
- 70% of those unemployed over 3 years.

Attainment and Deprivation

66% of those qualified to ISCED 1-2 and 61% of those qualified to levels 3-4 live in areas in the bottom 5 SIMD vigintiles in Fife, underpinning a connection between attainment and deprivation here in Fife.

Age

Low attainment amongst Fife-ETC clients aged 25-50 is highest, and this age range accounts for over 50% of all service users.

Attainment and Barriers

There is some evidence to indicate that clients with lower attainment have greater barriers to employment. Those with qualifications at ISCED 1 and below show an average of 4.4 barriers, at ISCED 2, an average of 3.8 barriers. The average number of barriers for higher attainers is 2.95. However, there is a dip at ISCED level 3-4 which requires further investigation.

There is an association between low attainment and higher levels of criminal convictions. In contrast, higher attaining Fife-ETC clients are more likely to be citing mental health issues and long-term physical illness than those with low attainment, with fewer citing a lack of work experience. People attaining at ISCED 3-4 are likely to have fewer barriers, but suffer most of all from a lack of work experience.

Fife-ETC client circumstances compared to all providers across Opportunities Fife Partnership suggest that Fife-ETC are reaching greater concentrations of people living in jobless households, or experiencing health issues.

5.7   Areas for Development

Low attainment is not explicitly identified in the Health Inequalities Strategy as a life circumstance. Fife Health and Well-Being Alliance may wish to consider including people with low attainment levels as a distinct group.

A lack of work experience spikes amongst those with attainment at ISCED 3-4. This might suggest other issues such as economic ones are coming into play – possibly a lack of choice, skilled job opportunities or apprenticeships. Further examination of the reasons for this may be useful.

In the year of the study, 61 out of 1231 clients entered formal accredited training or education. The emphasis for Fife-ETC clients is accessing jobs, which accounts for low numbers entering education. To address low attainment as a barrier to employment in the longer term, there may be a need to consider greater in-work support to encourage people to access further training or education, to enhance job retention and chances of progression.

It is very important to understand the spikes in service user numbers featuring as being short-term (0-6 months) and long-term (over 3 years) unemployed.

6   Fife-ETC Delivery Model

6.1   Fife-ETC Delivery Ethos

Fife-ETC operates a **person-centred, keyworker approach** to client support with access to a range of specialisms including housing advice, mental health and emotional resilience, drugs and alcohol support and volunteering. Core employability provision is provided by a team of specialists with input from BRAG, Fife Works and West Fife Enterprise Ltd.

The Consortium aims to provide a Fife-wide **wrap-around approach** to supporting people to return to work, where multiple services may be accessed at one time. Partners operate a '**no wrong door**' policy, meaning that no matter where a client presents at Fife-ETC they will be supported to the right place or partner(s) for their needs. Fife-ETC aims to **'work with' rather than 'do to'** clients and are actively exploring ways of embedding this in service delivery.[68]

6.2   Person-Centred Approach

Fife-ETC have developed this model of delivery over the last three years. As part of a growing person-centred ethos, Keyworker Support was introduced in 2015, and continues to grow as a fundamental aspect of delivery. Service User Participation is also a new and growing area. Client sharing is also a growing feature across the consortium, as partners respond collaboratively to address individual needs. Evidence on FORT indicates that up to four partners can be involved with delivery and support to one client. Diagram 6.2.1 sets out delivery components.

These evolving aspects of Fife-ETC's partnership culture and holistic approach link well with the core purpose of the Fairer Health in Fife – Health Inequalities Strategy, as partners and keyworkers collaborate with clients to address a range of barriers which are consistent with life circumstances cited in the Strategy. The person-centred approach results from significant existing understanding and expertise across partner organisations relating to specific life circumstances which have affected their employment chances, and an understanding of the types of interventions which will work for their clients.

Partner organisations specialising in a particular barrier e.g. FEAT and Mental Health, Clued Up and substance misuse, are beginning to act as a training and advice resource for all partners, so that frontline staff across the partnership are sensitive to a wider range of health issues a client may face. This activity ties closely to the Health Inequalities Strategy purpose of raising awareness of why some people experience better health than others, and who is likely to be at most risk of poorer health and wellbeing.

In terms of promoting further ways of working most likely to reduce health inequalities, Fife-ETC partners have considered how they might work more effectively in the context of the Health Inequalities Checklist. They have identified new activity likely to be most effective in nurturing improved health and well-being in the employability context. These are explored in Section 8. A list of training and development interventions and programmes offered during the study timeframe, 1 November 2015 to 31 October 2016, is available.

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[68] Fife-ETC Business Plan Draft 2017.

Diagram 6.2.1.   Fife-ETC Delivery Components[69]

1-2-1 Keywork Support
Furthest from Job ready, supporting people to address debt, relationships, behaviour issues, and supporting access to employability programmes.

Developmental
Joint initiatives key geographies; Service User Participation; Discretionary Fund; In-house specialist training (Mental Health Awareness)

Barrier Specialisms
Substance Misuse
Mental Health
Housing Exclusion

Person-Centred Delivery Components

Employer Engagement
Training : work-based certificates.
Access to exclusive vacancies.
In-work support.

Employability Preparation
CVs, interview skills, presentation skills, employer expectations, honesty, confidence building, financial inclusion, sign posting, job search, applications

Sector-led Academies and Training Opportunities.
Relevant to local jobs market, programmes offered throughout the year at basic and intermediate level to prepare for entry to particular sectors.

Work Trials & Placements
Employment Sector suitability
Introduction to concept of work, routine, references and confidence building.

Volunteering
Employment Sector Suitability
Relevant sector based experience
Confidence building
Routines, timekeeping, reliability, references

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[69] Fife-ETC Business Plan Draft 2017.

7   Outcomes

7.1   Tools Used to Measure Change and Demonstrate Impact

Early in their engagement, clients work with frontline staff to put in place an individual action plan which sets out key barriers and goals to work towards. A bespoke plan is jointly agreed to meet the needs of the client. As the client engages with provision, Fife-ETC partners use a wide range of tools and support activity to help people recognise positive changes. All of these contain an element of assessing an individual's well-being. Table 7.2. sets out tools or activity, and references questions which related to health and well-being. Different tools were used at different times, during different interventions, and by different partners:

Tools Linked to Specific Projects or Programmes

- Some questionnaires were used specifically for licensed programmes or sponsored projects such as FEAT's Live Life to The Full, Gilven's use of Goals and WEMWBS for 7 Habits.

Intervention Start and End Tools

- Questionnaire were employed at the end of courses, and applied to that activity only, without a 'before' picture;
- Questionnaires were used at the start and end of a particular intervention, including those linked to specific programmes.

Tools Which Captured Impact

- Gilven used case studies, freehand descriptions, to explain a client journey, especially where multiple and complex barriers were present. These are also used as part of reporting to funders.
- FEAT use compelling impact statements captured from clients' questionnaires to create collages and murals in their welcome/reception area.

Measuring Changes Over Time

- Some tools which involve self-assessment at intervals throughout engagement with a partner are either purchased or have been designed internally by individual partners.   Clued Up have developed bespoke activity to measure the same factors consistently over time. and West Fife Enterprise (WFE) have developed a set of indicators of change which are measured over time, based on tutor observation. BRAG, WFE and, more recently, FEAT used the Employment Readiness Scale, a licensed product which assess across a consistent set of questions at start, mid- and end points and provides reports on progress to individuals as well as aggregate results to agencies.

Measuring Employability Outcomes

Specific high-level employability outcomes, recorded at monthly intervals on FORT, are required for reports to funders:
- Entering Formal Accredited Education or Training
- Improved Labour Market situation
- Entering Paid Full Time Employment (16 hrs +)
- Entering Paid Part-Time Employment (1-15 hrs)
- Progressing to Government Training Scheme
- Self Employed
- No Outcome Recorded

7.2 Table of Tools Used to Recognise and Record Change – Links to Health and Well-Being

Partner	Tool/Activity to assess change	Who is this tool used with?	When is the tool used?	How many F ETC clients used this tool?	Aspects which link to Health & Wellbeing Outcomes	Notes
FEAT	Living Life to The Full Form	Course participants	Start (Week 1) and End (Week 8)	75 Start, 57 end.	-	Licensed Forms provided by designer – start and end forms are different. Results used to identify support and improvements.
FEAT	Mindfulness Registration Form	Course Participants	Prior to Start (Week 1)	54	What you wish to achieve: Tick Managing Pain, Improve Mental Health, Reduce depression, Improve Physical Health, Reduce Anxiety, Improve Sleep, Managing Anger, Concentration, Stress Reduction, Reduce Worry, Distress. Risk Assessment Check – Mindfulness does not suit every client, may affect those with severe depression, suicide risk, psychosis or drug/alcohol misuse.	Results used to assess suitability.
FEAT	Mindfulness Exit Form	Course Participants	Week 8	35	Have you achieved your objectives: As above, except 'distress' does not appear and 'relaxation' does.	Feedback used to identify quality issues or individual support needs. Feedback form held in individual case files.
FEAT	STARS Exit Form	Course Participants	End of Course	5 programmes, total participants 99, 32 completed exit form.	Four agree/disagree questions I am more confident I am going to set goals for myself I am more positive about the future I plan to use the ideas from the course	Individual impact (left) gathered at end. Feedback used to identify quality issues or individual support needs. Feedback form held in individual case files
FEAT	Employability Course End Form	Course Participants	End of Course	31		Individual impact info gathered at end only. Feedback used to identify quality issues or individual support needs.
FEAT	Mental Health Awareness	Staff Fife-ETC	End of Course	16	Staff asked if they were more confident about their Mental Health Awareness	Results go to trainer
BRAG	Employment Readiness Scale	Everyone engaging with BRAG	Start and End, and 4 weekly intervals in between (up to 4)	All Fife-ETC	See Below – Employment Readiness Scale.	Results are gathered by ERS administrator and individual reports provided to participants. Trainers use these to inform 121 feedback sessions. Overall replies

Partner	Tool/Activity to assess change	Who is this tool used with?	When is the tool used?	How many F ETC clients used this tool?	Aspects which link to Health & Wellbeing Outcomes	Notes
WFE	Employment Readiness Scale	Everyone engaging with WFE	Start and End, and 4 weekly intervals in between (up to 6, mostly three times)	All Fife-ETC	See Below – Employment Readiness Scale.	Results are gathered by ERS administrator and individual reports provided to participants. Trainers use these to inform 121 feedback sessions. Overall replies
WFE	4 weekly Performance review	All Fife-ETC clients, completed with instructor	Every 4 Weeks, 2 reviews per course.	All Fife-ETC	Four aspects relating to health identified as • Motivation • Confidence • Attitude • Relationships (How I work with others)	Data gathered electronically on local database, provides aggregate scores for progress on each aspect.
WFE	Survey Monkey Exit Questionnaire	All, completed online anonymously		All WFE 170	'How well has the course addressed the following elements for you? • Increased Confidence • Greater Motivation • Increased networking skills • Feel positive about my employment future	%age overall positive responses recorded
Gilven	WEMWBS	Participants in '7 Habits' groups	Start and End	40	The Warwick-Edinburgh Mental Wellbeing scale; participants consider two-week timeframe and score aspects of well-being on a scale.	Results not analysed locally – results forwarded to NHS and a Fife-wide report provided.
Gilven	GOALS UK	Goals Participants	End	20	Goals Process engages participants in coping and self-management skills, End questionnaire asks 'What changes are you going to make in your life as a result of participation in Goals?'	Information held in individuals' case files, not centrally collated or aggregated.
Gilven	121 Support sessions, Case Studies	All	Monthly or more frequently	All Fife-ETC	Case Studies: Individual Client Journey described as a narrative. Structured around keyworker support.	Case studies captured and published to evidence impact.
Clued Up	SHANARI Based Workplan & Review	Not all – those where lifestyle is less chaotic	Reviewed three monthly or at a point of change	-	SHANARI Indicators	Information captured on internal case management system. Shanari indicators used to inform review sessions with clients.

Partner	Tool/Activity to assess change	Who is this tool used with?	When is the tool used?	How many F ETC clients used this tool?	Aspects which link to Health & Wellbeing Outcomes	Notes
Clued Up	Outcomes Chart, Cue cards, games, 121 discussions	All	Reviewed every 3 months – to measure distance travelled	All registered with Clued Up	21 aspects assessed over time – see below.	Information captured on internal case management system. Used to work with individuals to notice, record and embed progress.
Clued Up	Case Management Process & System	All	Overview of all client cases reviewed quarterly	All registered with Clued Up	Safety and Care Indicators used to provide Management Information These statistical reports include dashboards of Geographies, substance misuse by gender, clients affected by Domestic violence, Foster Care, Secure accommodation, Residential Care, Supervision and other orders; overdose histories; Shared Equipment, Pregnancy, Mental Health issues.	Reports to support forward planning, quality improvement, management issues are generated quarterly. Results can be compared to previous quarters, over time, to assess emerging trends. This is used to plan service approaches.
Keyworkers	Additional support meetings Using client Action Plan	All clients referred – Fife-ETC and external agencies	At point of referral and during support	Everyone referred	Keyworker role introduced towards the latter part of this timeframe – client caseloads still developing	Information recorded in new or existing case information held on FORT

7.3 Tools Used to Articulate Change and Positive Impact on Individuals

FEAT Impact Statements

FEAT gathered intervention evaluation sheets which support clients to reflect on personal development outcomes, improved ability to cope with issues or stress, continuing to embed learning, applying learning in other contexts, applying learning to the employability context. From these they gather and display Impact statements, and samples which evidence progress towards employability and improved self-management are given below.

Diagram 7.3.1   Feat Impact Statements Evidencing Positive Steps towards Employment
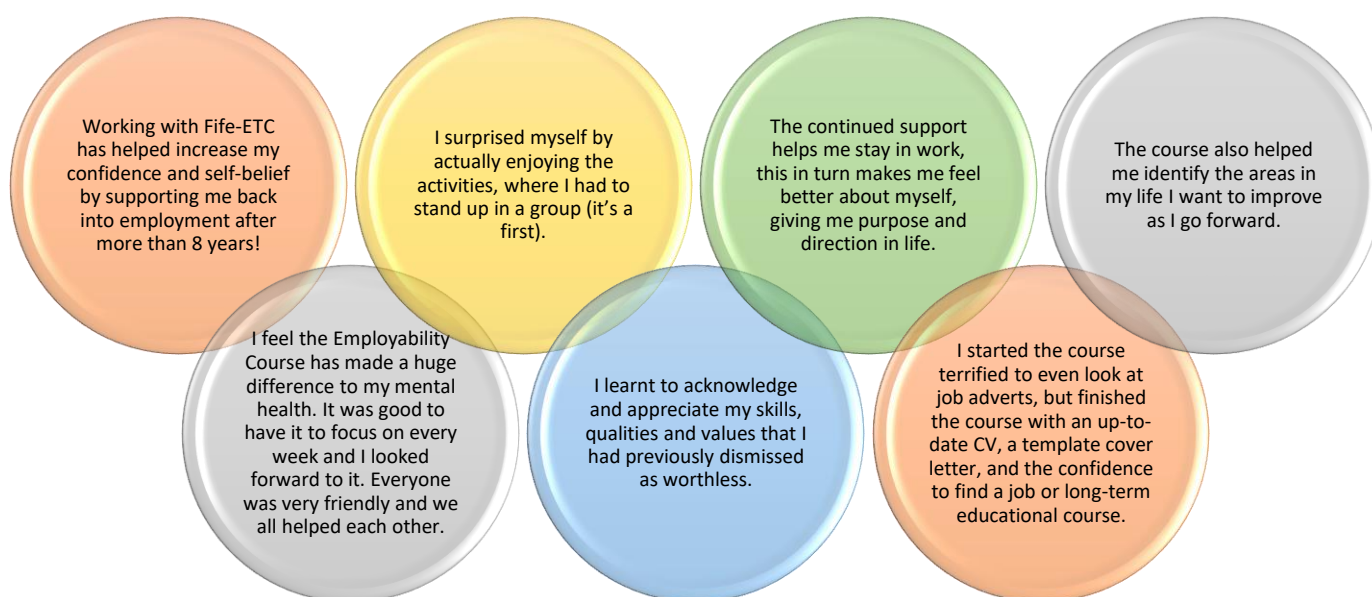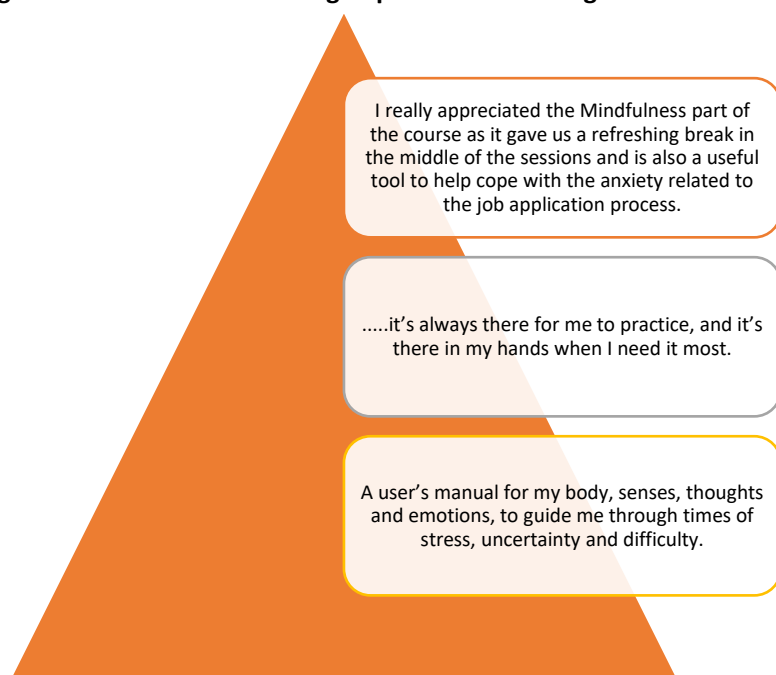
Working with Fife-ETC has helped increase my confidence and self-belief by supporting me back into employment after more than 8 years!

I surprised myself by actually enjoying the activities, where I had to stand up in a group (it's a first).

The continued support helps me stay in work, this in turn makes me feel better about myself, giving me purpose and direction in life.

The course also helped me identify the areas in my life I want to improve as I go forward.

I feel the Employability Course has made a huge difference to my mental health. It was good to have it to focus on every week and I looked forward to it. Everyone was very friendly and we all helped each other.

I learnt to acknowledge and appreciate my skills, qualities and values that I had previously dismissed as worthless.

I started the course terrified to even look at job adverts, but finished the course with an up-to-date CV, a template cover letter, and the confidence to find a job or long-term educational course.

Diagram 7.3.2   FEAT Evidencing Improved Self-Management skills – and Applying Learning

I really appreciated the Mindfulness part of the course as it gave us a refreshing break in the middle of the sessions and is also a useful tool to help cope with the anxiety related to the job application process.

.....it's always there for me to practice, and it's there in my hands when I need it most.

A user's manual for my body, senses, thoughts and emotions, to guide me through times of stress, uncertainty and difficulty.

FEAT gather information from clients at the start or end point, or both, of each programme component offered. The FEAT team systematically check individual responses for quality improvement and support needs.

FEAT gather and display Impact Statements, and samples which evidence both well-being and progress towards employment are provided in the bubbles above. Impact statements which evidence improved self-management and applying learning following a Mindfulness programme are shown to the left.

Gilven Case Study

Aside from GOALS and WEMWBS pre-and post-intervention tools, Gilven used Case Studies to demonstrate impact, and an extract from one is set out below.

Document 7.3.3.   Gilven Case Study

Client A was admitted into Gilven's supported housing service in July 2015 and allocated a Key Worker. During an initial one to one meeting and risk assessment, there was evidence of abuse. This disclosure was causing ongoing anxiety, stress, low confidence, lack of self-esteem and self-harming issues. Client A expressed views of no hope or aspirations for the future and was not too bothered about continuing with life.

Needing more support than most other residents, we helped her to access an agency specialising in supporting abuse survivors. A lack of confidence was noticeable, as there was minimum communication, lack of eye contact and she mostly isolated herself from peers.

The team patiently focused on building a positive relationship with her, using key principles of trust, empathy, respect, encouragement/motivation and role modelling; speaking with her daily in a friendly, non-intrusive manner, and over time encouraging the client to try the Funky Flats Project. At the start, the client expressed concern that she did not know how to get involved, use a sewing machine; that she did not have any creativity or DIY skills. We explained that this was not a barrier and she would learn these new skills over time. The client started to feel relaxed and attended on a regular basis. By the end of the programme she could sew clothes, curtains, bedding, and make cushions, frames, printed materials (t-shirts, mugs, etc.). Furthermore, she gained volunteer experience as a co-facilitator - passing on her newly learned skills to other participants. She began to act as a role model herself.

When attending a particular support meeting with her Keyworker, Client A talked about how the programme had given her a lifeline. She explained how her confidence and efficacy had increased, describing her involvement and accomplishments. She highlighted more positive thoughts towards her future, together with improved confidence towards independent living - including gaining and sustaining her own tenancy.

Client A 's self-harming, extensive and historical in nature, has reduced significantly; she reports that her general health and wellbeing has improved. Now able to communicate more openly, she uses eye contact when conversing with people.

Client A now volunteers regularly with Funky Flats and facilitates community programmes - and has become a great asset to the project. She assists in booked stalls and events and is always willing to pass on her new creative skills to other young people who are willing to learn; and who also benefit from the programme. She has become a peer mentor for other young people within, supporting them through difficult situations, giving advice on self-harming, risk taking behaviour, problem solving, benefits and other life difficulties.

Client A identified a need to improve her numeracy and literacy and now attends a college course for two hours per week to improve these important employability skills. She now gets up every morning to complete her chores before supporting the planning and delivery of Funky Flats activities.

Client A increased confidence, efficacy and skills has resulted in her consistent ability to live responsibly and happily, sustain positive relations, communicate effectively; and complete tasks and activities individually and as part of a team. She has become a great ambassador and champion for the Funky Flats project.

## 7.4   Journey Travelled Tools & Measures

Three tools are used by partners systematically, and measures and outcomes during the study period are set out in the diagrams below

West Fife Enterprise' internal review tool is applied at the start, middle and end of interventions for every participant. Led by tutors, each participant is scored on a range of factors. West Fife Enterprise identified questions or attributes which connected to health and well-being. The West Fife Enterprise chart below sets out differences scored by clients during a 12-week time period.

West Fife Enterprise identified aspects measured during their quarterly performance management process which relate to health or improved well-being – Motivation, Confidence, Attitude, Relationships and Self-Presentation. All scores are aggregated here to show average start and end results. The largest changes are in reported levels of confidence, attitude towards gaining employment and in relationships with others. Small upward nudges in motivation and self-presentation (appearance, contribution) are also indicated.

**Chart 7.4.1   West Fife Enterprise Distance Travelled on 5 Attributes**
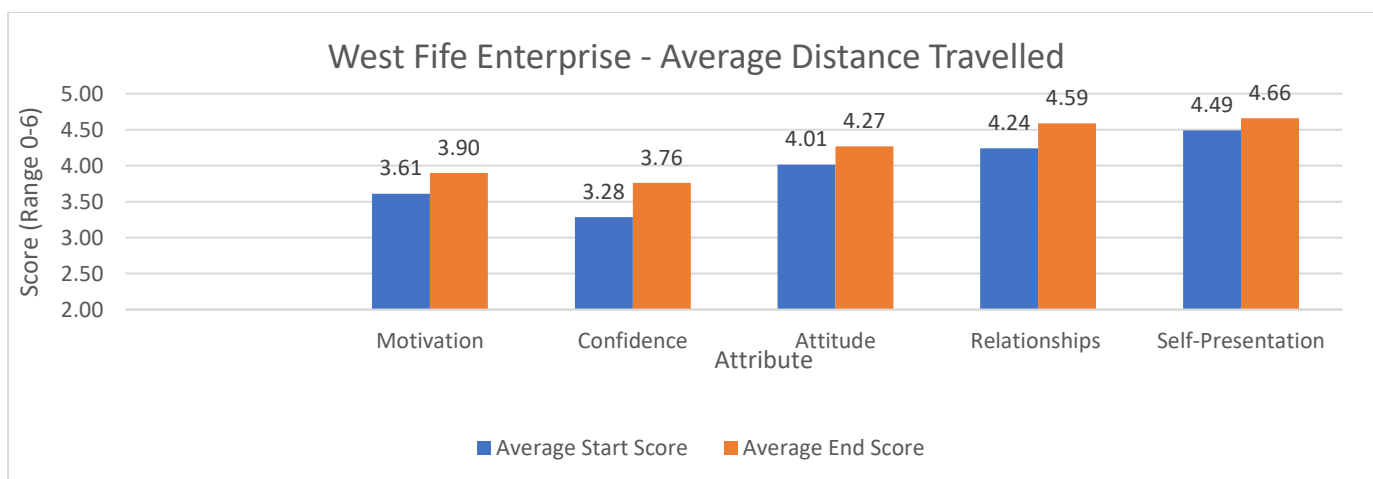
West Fife Enterprise - Average Distance Travelled

The Employment Readiness Scale, used under license by West Fife and BRAG Enterprises, and more recently by FEAT, comprises an online questionnaire completed by clients at intervals during engagement. Results are translated to measure progression in five Soft Skills and four Employability Factors. Connections with Health and Well-being are explicit in Soft Skills and more implicit in Employability Factors. During the study period, 216 clients completed their first ERS questionnaire, and 119 of these clients completed subsequent questionnaires. Results below are based on the 119 who completed at least two questionnaires in the study timeframe. The Employment Readiness Scale is used by other providers in Fife.

Employment readiness is defined as being able, with little or no outside help, to find, acquire, and keep an appropriate job as well as to be able to manage transitions to new jobs as needed. The ERS model looks at levels of self-sufficiency on four factors which prepare people to manage their work life:

- Career decision-making, or knowing what type of work suits an individual
- Skills enhancement, or having the skills for the work a client wants
- Job search, or having the skills to find work
- Ongoing career management, or being able to manage career changes. [70]

Chart 7.4.2 Fife-ETC Clients, Difference Made on Employability Dimensions
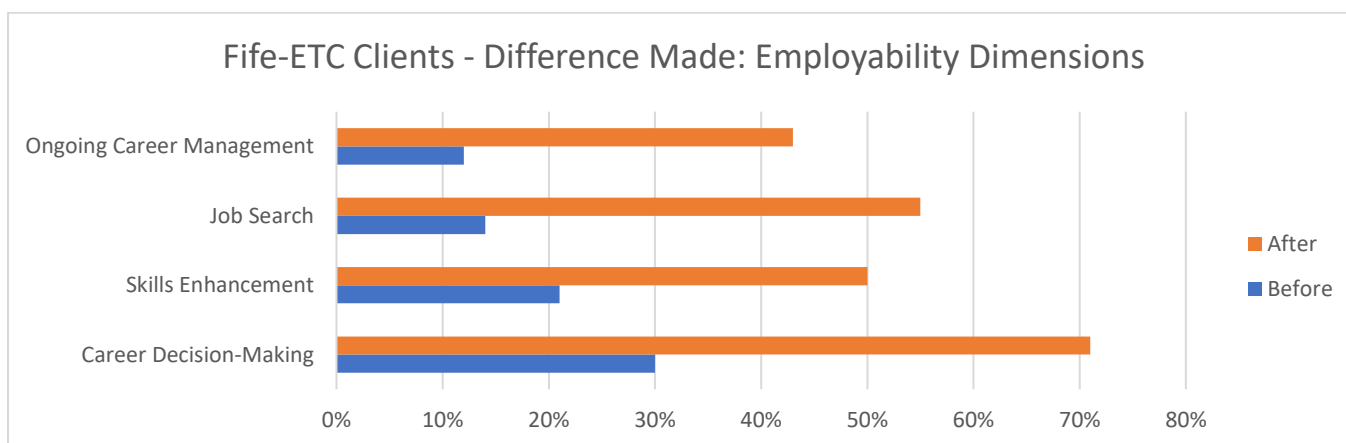
The tool also considers five soft skills which help people manage challenges and perform effectively in their work life:

- Self-efficacy, or a sense of being able to perform well
- Outcome expectancy, or whether or not a client expects to succeed and is willing to take responsibility for creating that success
- Social supports, network and ability to get help, how well someone is able to engage in their community
- Work history, or a feeling that an individual has performed well in previous work contexts, paid or unpaid
- Job maintenance, or having the skills to keep work once found.

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[70] Presentation. Fife College. http://www.collegedevelopmentnetwork.ac.uk/wp-content/uploads/2016/01/Employment-Readiness-Scale-Fife-College.pdf. Last accessed 7 March 2017.

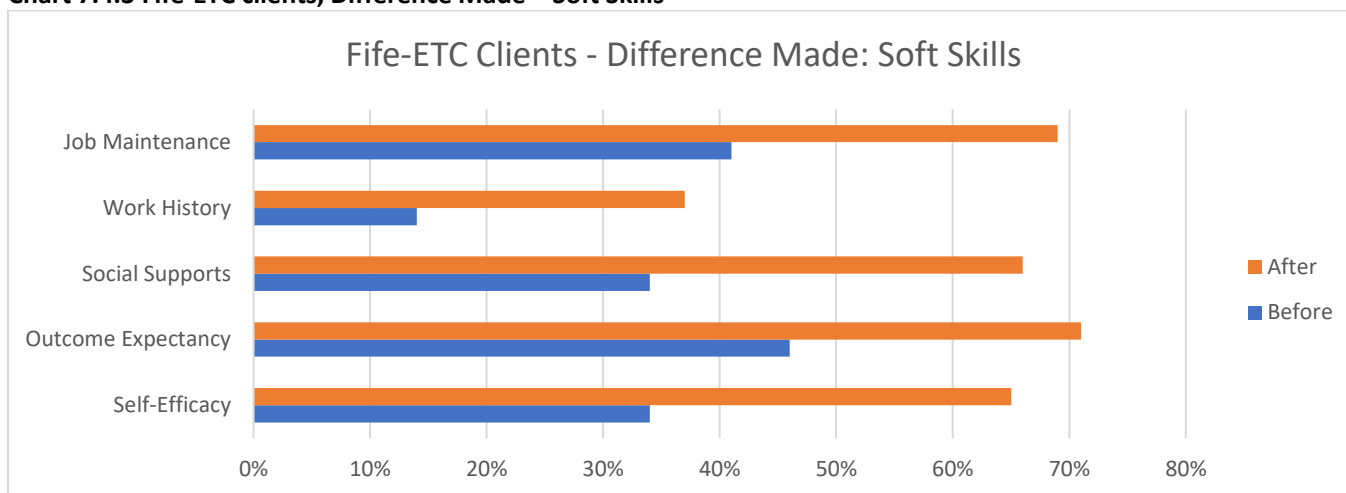**Chart 7.4.3 Fife-ETC clients, Difference Made – Soft Skills**

Chart 7.4.3 Fife-ETC Clients - Difference Made: Soft Skills

Table 7.4.4   Employment Readiness Scale: Changes cited by participants in the study period (n=119)

Aspects Measured	Pre	Post	% Change
Employability Dimensions			
Career Decision-Making	30%	71%	41%
Skills Enhancement	21%	50%	29%
Job Search	14%	55%	41%
Ongoing Career Management	12%	43%	31%
Soft Skills			
Self-Efficacy	34%	65%	31%
Outcome Expectancy	46%	71%	25%
Social Supports	34%	66%	32%
Work History	14%	37%	23%
Job Maintenance	41%	69%	28%

These evidence that interventions delivered in full during the study period resulted in positive changes in all nine dimensions measured through this scale. The areas within Soft Skills where highest impact is perceived by clients is in Self-Efficacy and Social Supports, demonstrating that clients have a greater sense of competence or belief in your ability to perform (an aspect of self-esteem). This includes giving themselves credit for the skills and expertise they already have and being able to perform well in job interviews. In terms of Social supports, this indicates that a client's network of supportive people and ability to get help has improved. This includes being aware of the kinds of assistance that are available and participating actively in their community.
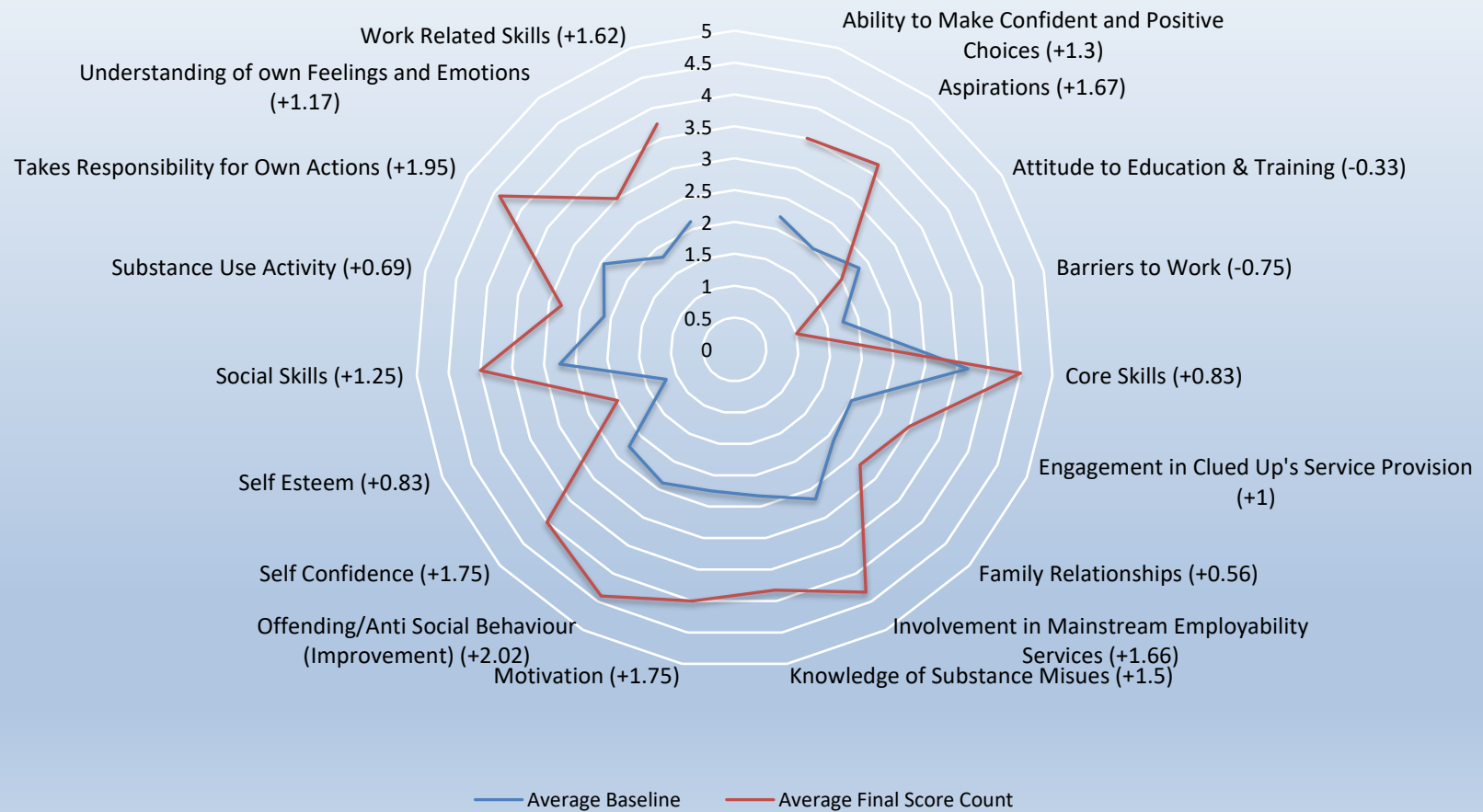
Clued Up Clients –Distance Travelled

Clued Up are using a fully systematic approach, having developed their own bespoke system. Methods for capturing information on 22 factors include using games, cue cards and one-to-one discussions with clients. This information is captured on their CASTLE system. This system provides individual reports, used at least quarterly to support clients

to reflect on change, as well as aggregate results on each factor to support resource planning and service design. The Clued Up chart 7.4.5 sets out factors and aggregate results over the study timeframe.

In all but two aspects, clients noticed and recorded positive differences in the timescale. There was a negative change in 'Barriers to Work' And in 'Attitude to Education and Training.' Clued Up's core purpose is to support young people with substance misuse issues, with chaotic lifestyles and multiple and complex barriers. It is anticipated that clients will disclose barriers over time as engagement develops, and that these barriers are likely to be more complex in nature. The journey, at a very early stage here, towards Education, Training and Employment, is rooted in addressing misuse issues as a core priority. These 'dip' results strongly suggest that Clued Up are targetting some of the hardest to reach clients who are furthest away from the jobs market. Strongest positive change areas are clients' ability to make positive choices, in knowledge of substance misuse, and significantly in motivation, anti-social and offending behaviours, and in taking responsibility

Chart 7.4.5 Clued Up Clients – Aggregate Distance Travelled

CLUED UP - Aggregate Difference Travelled by Clients

Work Related Skills (+1.62)
Understanding of own Feelings and Emotions (+1.17)
Takes Responsibility for Own Actions (+1.95)
Substance Use Activity (+0.69)
Social Skills (+1.25)
Self Esteem (+0.83)
Self Confidence (+1.75)
Offending/Anti Social Behaviour (Improvement) (+2.02)
Motivation (+1.75)
Knowledge of Substance Misues (+1.5)
Involvement in Mainstream Employability Services (+1.66)
Family Relationships (+0.56)
Engagement in Clued Up's Service Provision (+1)
Core Skills (+0.83)
Barriers to Work (-0.75)
Attitude to Education & Training (-0.33)
Aspirations (+1.67)
Ability to Make Confident and Positive Choices (+1.3)

Average Baseline   Average Final Score Count

7.5   Connecting Fife-ETC Information Tools to Determinants of Health

The Health Inequalities Strategy identifies 'layers' of factors which either protect or diminish the health and well-being of individuals, families and communities. This model, entitled Determinants of Health 2015 (based on Dahlgren & Whitehead) is replicated below (column 1) alongside Fife-ETC information-gathering tools, or tools which measured change relating to these factors:

Table 7.5.1   Fife-ETC Tools which gather Information on or measure Determinants of Health

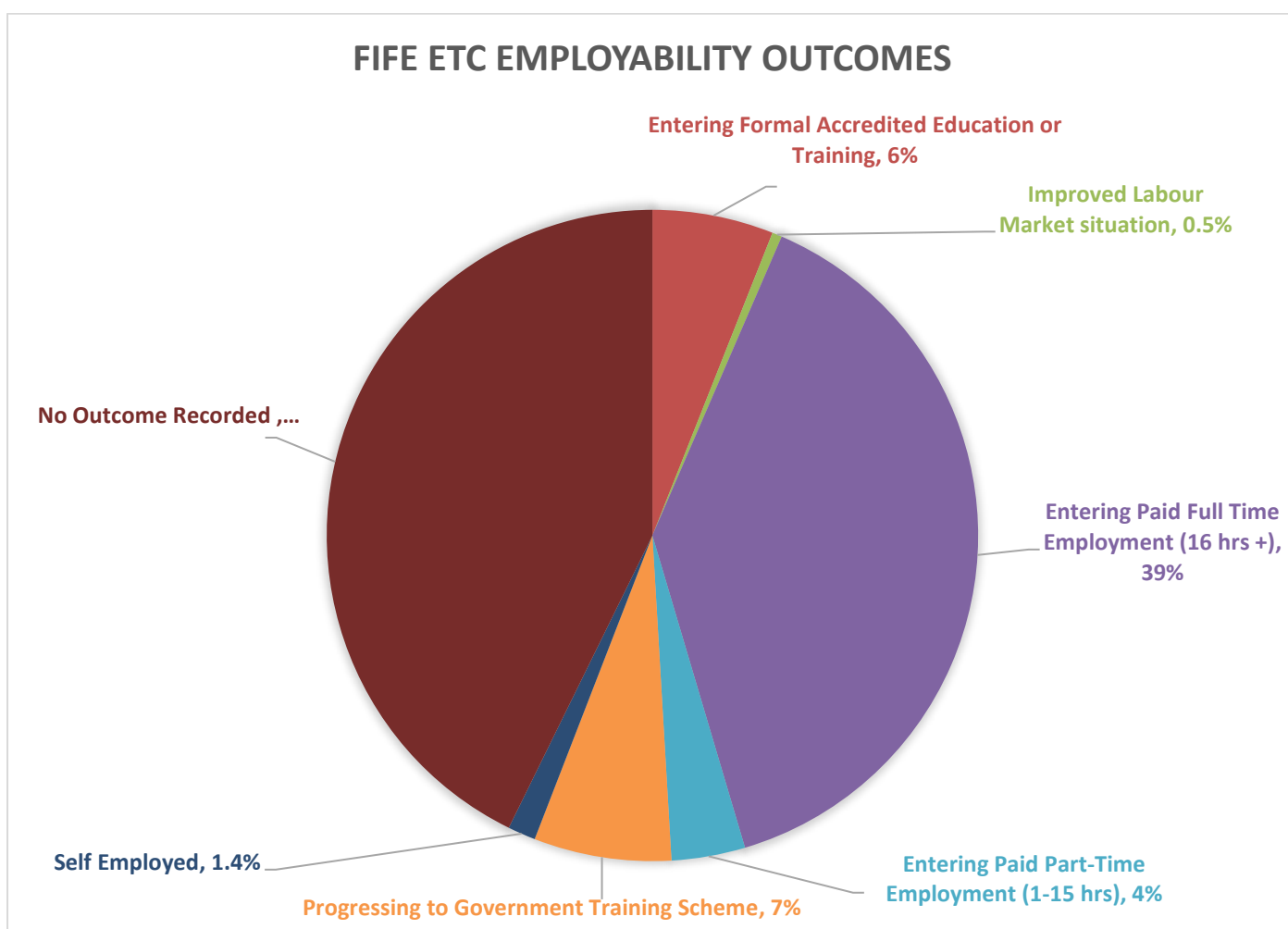| Determinants of Health 2015 (based on Dahlgren & Whitehead)	Fife-ETC Tools which Gather Information	Fife-ETC Tools which Measure / Indicate change over time	How many Fife-ETC partners used Change Tools(s)
General social, economic, cultural, environmental conditions. Human Rights, Global, National and Local Policies	-	-	-
Living, Learning and Working Conditions	Registration Forms	-	-
	Individual Action Plans	Employability Outcomes Information-Gathering - FORT	8/8
	Clued Up Tool	Clued Up Tool	1/8
	West Fife Enterprise Questionnaire	West Fife Enterprise Questionnaire	1/8
	Employment Readiness Scale	Employment Readiness Scale	2-3/8
Social and Community Networks	Employment Readiness Scale Clued Up CASTLE Tool West Fife Enterprise Questionnaire Gilven (WEMWBS)	Employment Readiness Scale Clued Up CASTLE Tool West Fife Enterprise Questionnaire Gilven (WEMWBS)	4/8
Individual Lifestyle Factors, Beliefs, Values and Control	Employment Readiness Scale Clued Up CASTLE Tool West Fife Enterprise Questionnaire Gilven (WEMWBS) FEAT Living Life to the full/Stars/Mindfulness	Employment Readiness Scale Clued Up CASTLE Tool West Fife Enterprise Questionnaire Gilven (WEMWBS)	4/8
Individual Characteristics (Age, sex, race, disability etc.)	Registration Form	-	8/8

7.6   Achieving High-Level Employability Outcomes

The Marmot Review in 2010 and the UK Government's *Is Work Good for Your Health & Well-Being?,* both cited in Section 5, found that work meets important psychosocial needs in societies where employment is the norm, and is central to individual identity, social roles and social status. Reviews also established a direct connection between employment, socio-economic status and physical and mental health as well as mortality.[71],[72]

During the 1 Nov 2015 to 31 October 2016 timeframe, 57% of clients achieved a high-level employability outcome, and 43% had no outcome recorded, i.e. they had not achieved a high-level employability outcome. The reasons for are various: clients with multiple barriers may need longer engagement and support time, especially where they are in the early stages of the employability pipeline, and not job-ready, and where their circumstances include homelessness, substance misuse or enduring health issues.

44.5% of clients accessed full- or part-time employment or self-employment, with 13% accessing either Formal Accredited training or Government Training schemes. High-Level Employability Outcomes are provided in Chart 7.6.1 below.

Chart 7.6.1 Fife-ETC Employability Outcomes

FIFE ETC EMPLOYABILITY OUTCOMES

- Entering Formal Accredited Education or Training, 6%
- Improved Labour Market situation, 0.5%
- No Outcome Recorded ,…
- Entering Paid Full Time Employment (16 hrs +), 39%
- Self Employed, 1.4%
- Progressing to Government Training Scheme, 7%
- Entering Paid Part-Time Employment (1-15 hrs), 4%

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[71]   Waddell G, Burton AK. 2006. Is Work Good for Your Health and Well-Being? TSO. London. Online at https://www.gov.uk/government/uploads/system/uploads/att22achment_data/file/214326/hwwb-is-work-good-for-you.pdf. Last accessed 17 Nov 2016.
[72]   The Marmot Review. 2010. Strategic Review of Health Inequalities England 2010. Section 2.6.3. Work Health and well-being. p68. Online at http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-the-marmot-review-full-report.pdf

Table 7.6.2   High Level Employability Outcomes

High-Level Outcomes	TOTALS
Entering Formal Accredited Education or Training	6%
Improved Labour Market situation	0.5%
Entering Paid Full Time Employment (16 hrs +)	39%
Entering Paid Part-Time Employment (1-15 hrs)	4%
Progressing to Government Training Scheme	7%
Self Employed	1.4%
Total Outcomes	57% (n 705)
Total Registrations & Referrals	1231

Fife-ETC service users are supported where appropriate by partners to achieve hard employability outcomes at every stage of the pipeline – including Stages 1 and 2, where people are likely to be experiencing multiple and complex barriers. The chart below sets out employability outcomes by partner ordered roughly by their predominant support role in the Employability Pipeline. The table shows that despite clients at early stages of the pipeline experiencing greater barriers and therefore difficulty entering and sustaining work, some are achieving high level employability outcomes nonetheless.

Chart 7.6.3 Employability Outcomes at Pipeline Stages
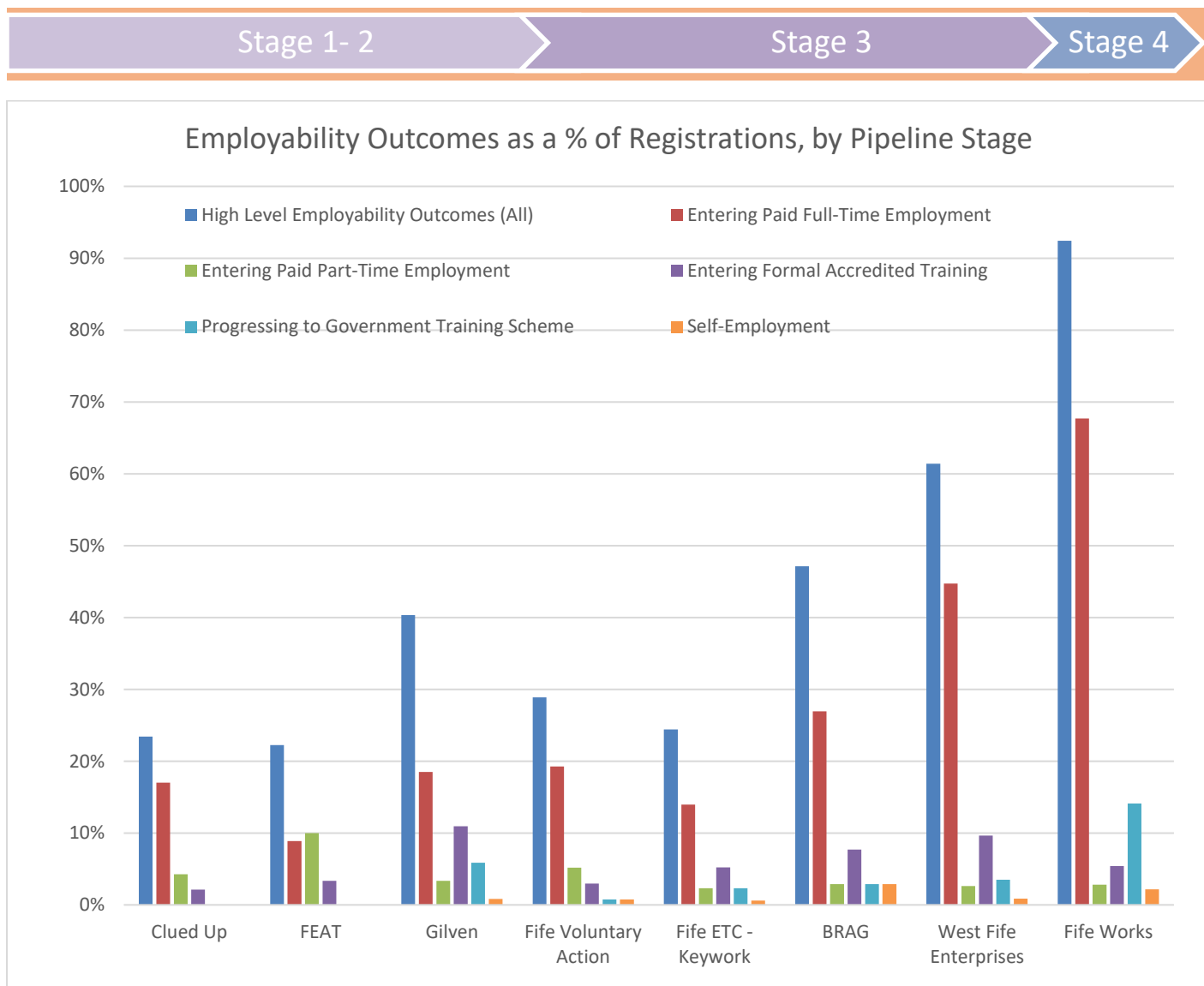
7.7   Findings and Areas for Development

Partners in Fife-ETC use a wide range of tools to notice and record change, and are able to demonstrate positive changes through their performance management systems, case studies, impact statements and external systems such as the Employment Readiness Scale.

Tools used indicate positive changes in well-being, improvements in life circumstances and progress towards employment at each of the first four stages of the Employability Pathway. With 44.4% of all Fife-ETC service users accessing employment in the study period, this suggests that clients are overcoming or managing challenging life circumstances. As the health benefits of being in employment are highlighted in Marmot and Is Work Good for Your Health and Wellbeing? (Section 5) **it** may be assumed that these clients are also benefitting in terms of mental and physical health.

Areas for Development

Partners as distinct organisations use a range of performance tools and measure outcomes in different ways, partly due to specialisms, to the nature of some projects, and partly driven by disparate funder requirements. Some partners use the Employment Readiness Scale Tool, alongside agencies such as Fife Council and Fife College, whilst other partners feel that the Employment Readiness Scale is not always suitable for clients – particularly at early stages of the pipeline. Some tools, e.g. Live Life to The Full, are required usage as part of a licensing arrangement with the rights holder.

While this leads to significant evidence of lots of interventions making a difference, it also means that Fife-ETC does not have one consistent tool which measures **distance travelled in terms of well-being by all clients, from the start of their journey with Fife-ETC to the end.**

Fife-ETC service users and staff feedback in a previous evaluation identified personal outcomes which parallel the Employability Pathway – from Stage 1 to 5. There may be an opportunity to create from this, from health inequalities outcomes, and from assessment questions within current internal tools, a simple, single set of indicative questions to apply consistently across all its component services, and all of the client journey.

A key benefit of a collaborative approach to measuring change would be that all Fife-ETC clients would be able to reflect on their own achievement and well-being throughout their engagement with all services, while Fife-ETC partners could monitor the individual and aggregate impact of all interventions, using the same tool.

8   FIFE-ETC and Health Inequalities Checklist

8.1   Fife-ETC Partnership Values and Operating Principles

Fife-ETC partners share core values of **openness, integrity, positivity and professionalism** and operates under the following guiding partnership principles, described below[73]:

Effective Coordination and Delivery: To develop and deliver a coordinated approach to multi-agency employability support and ensure clients are given the tailored information and support they need to navigate the employability pathway in Fife.
Transparency and Accountability: All Partners will be accountable for their actions to each other, funders and the people we serve, created through unambiguous and well-defined understanding of roles and responsibilities.
Equality and Accessibility: Our goal is to ensure equity of access to employment services and opportunities for people across Fife no matter what barriers they face. All Partners will have equal representation on the Consortium.
Person-Centred and Addressing Need: We will operate person-centred services which are built around the needs of the client. We will be pro-active in identifying gaps in provision and in creating new and innovative approaches to addressing these.
Managing Quality: The Consortium will take a rigorous approach to monitoring its impact, reviewing its provision and where necessary changing its delivery model to ensure we continue to provide a quality service to all our clients and deliver best value to our funders.

8.2   Health Inequalities Checklist

Partners were asked to discuss the Health Inequalities Checklist and make suggestions as to Strengths and Areas for Improvement. The tables below summarise the results of discussions with partners.

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[73] Ibid.

8.3   Changing the Way We Work

Strengths	Evidence/Illustration	Opportunities to Improve
Positive Destinations – Employability Outcomes are central to the work of Fife-ETC. Partnership Ethos – Strong collaborative approaches, evidence of good partnership working, and of partners acting as a specialist resource for the consortium.	Outcomes (Section 7)	To increase awareness of Health Inequalities amongst Fife-ETC frontline teams, and include Health inequalities as a key component of staff Induction and Annual Training schedules. To Collaborate on one set of principles, policies and quality standards relating to staff health, safety and well-being, and good quality work.
Sensitive, flexible and responsive approaches are strongly evidenced in range of methods of engagement across the employability pipeline, range of specialisms within the partnership, deployment of flexible tools, piloting in gap communities.	Delivery Components and Programmes (Section 5)	To use the Health Inequalities Checklist when developing new policies, initiatives, plans, services. To build on addressing gaps – continuing to develop pilots in target communities
Increasing Access: Strong examples of partnership working in communities, outreach, and co-location with other agencies, coupled with new Keyworker model, are driving up numbers engaging.	Delivery Ethos (Section 2), Values and Principles (Above)	To consolidate the evolving role of keyworkers, building on flexibility, responsiveness and increasing access **To embed Health and Well-being fully in evidence gathering: design a simple set of indicators which all Fife-ETC partners can adopt and monitor consistently, so that Fife-ETC can follow a service user throughout their journey and learn more about our impact on health and well-being.**
'No Wrong Door' ethos – service users can come to Fife-ETC through a range of doors, and will always find their way to the right service for them.	No Wrong Door – See Mental Health Example Below.	

Chart 8.3.1. shows the range of doors through which people with Mental Health issues are engaging with Fife-ETC.

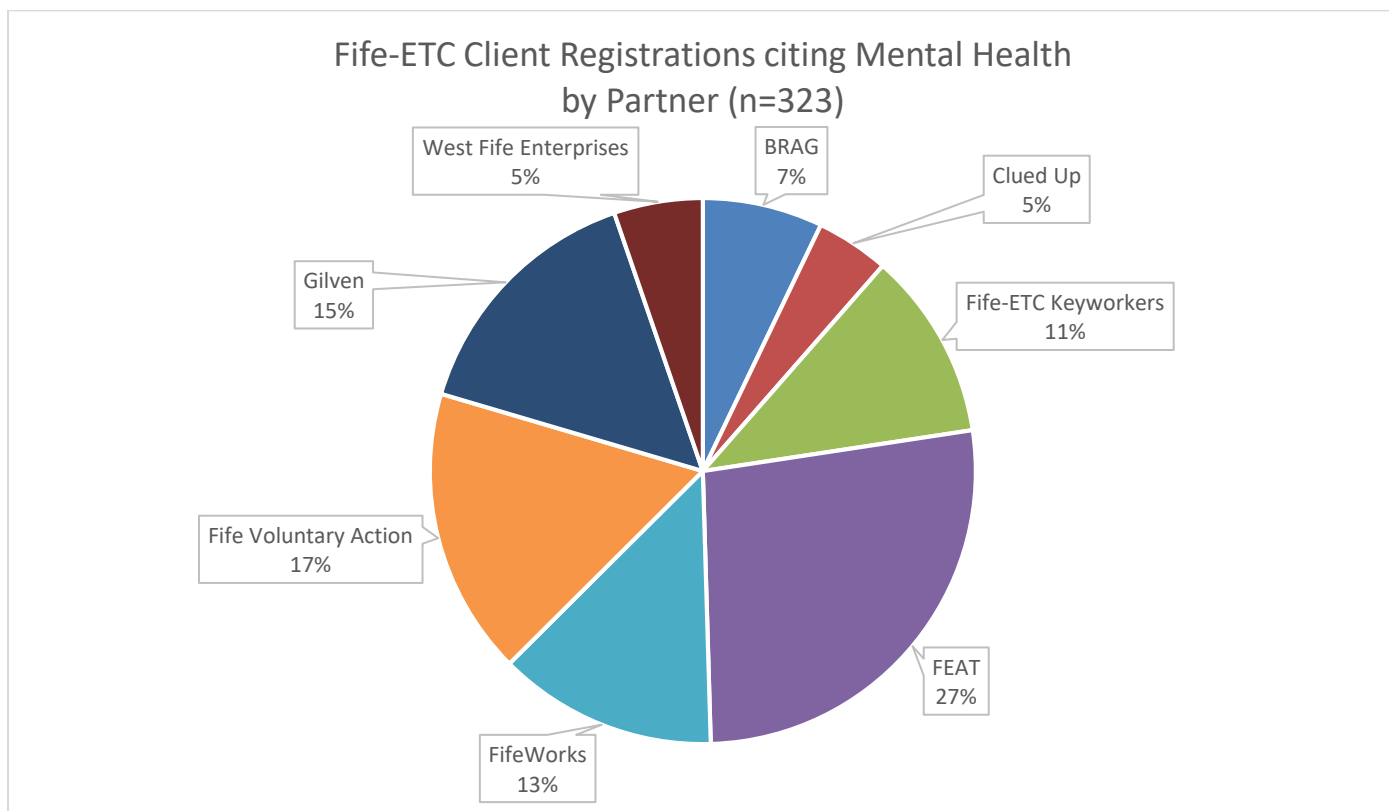**Chart 8.3.1 Fife-ETC Registrations citing Mental Health Issues by Partner**

Fife-ETC Client Registrations citing Mental Health by Partner (n=323)

Table 8.3.2 Fife-ETC Registrations citing Mental Health Issues – Numbers.

Partner	Number	%age of all Registrations Citing Mental Health (2 Dec Places)
BRAG	23	7.12%
Clued Up	14	4.33%
Fife-ETC Keyworkers	36	11.15%
FEAT	87	26.93%
FifeWorks	42	13.00%
Fife Voluntary Action	55	17.03%
Gilven	49	15.17%
West Fife Enterprises	17	5.26%
Total	323	100%

8.4 Creating Healthier Places and Communities

Strengths	Evidence	Opportunities to Improve
Significant opportunities to develop social networks: groupwork programmes and courses with strong focus on participation each year across a wide geography	ERS and other Journey travelled tools indicate stronger social supports (Section 6)	Develop indicators which fully capture impact of interventions on participants' social networks
Maximising Assets: Fife-ETC partners make good use of existing assets within the consortium – learning, information, specialisms, networks. The consortium boasts a wide-ranging set of skills and specialisms within staff teams, and partners share knowledge and networks as a resource for each other.	Mental Health Awareness Training to some partner staff by FEAT	Continue to boost knowledge transfer and share best practice – ensure all partner staff access mental health training.
Commitment to making services available locally.	Projects in target areas, keyworker activity, increased outreach programming.	Continue to build on the new keyworker activity
Commitment to engaging communities in identifying needs, decision-making and bringing forward solutions	Service User Engagement Plan. A new Peer Research and Mentoring project led by partner Fife voluntary Action, starts in 2017.	Seek to focus more resources on implementing service user involvement and engagement with communities

8.5   Supporting Healthier Lives for Individuals and Families

Strengths	Evidence	Opportunities to Improve
Fife-ETC's evidence base – barriers – is strongly aligned to factors impacting on health	Barriers Section 3 and prevalence Section 4 and 4b.	Health Inequalities and Risk Factors form a key component of future keyworker induction, and annual frontline staff training & development programmes
Ability to impart skills and resources to enable people to improve their own health and wellbeing: strong range of supports and structured interventions, particularly by specialist partners in addictions, mental health and homelessness, at Stages 1-2 of the employability pipeline	Delivery Components and Programming Section 6 and Outcomes Section 7.	Improve Gender based violence awareness across Fife-ETC Partner
Partners measure individual participant outcomes over time and these demonstrate positive changes towards employment. Research demonstrates Work is connected to improved health and wellbeing.	Outcomes Section 7 & Illustration below.	**Not all partners do this. A consistent approach to measuring change throughout a client's engagement with Fife-ETC would be a good development**
Availability of Preventative Interventions: A range are delivered directly by Stage 1-3 services which target people most at risk	Delivery Components & Programmes Section 6.	**Consider making Health & Wellbeing a component of every programme of delivery and more explicitly as part of a holistic approach from start to Stage 3 and beyond.**

Fife-ETC's capacity to convert referrals to High-Level Employability Outcomes has increased over time. A Fife-wide study commissioned in 2013 from the University of Glasgow (TERU)[74] sets out the picture in 2011/12 – notably at the height of the recession, and before Fife-ETC came into existence. TERU results are compared with Fife-ETC performance in 2015 and 2016.

Table 8.5.1 Comparison Over Time of Employability Outcomes Achieved by Fife-ETC

	All High-Level Outcomes (as %age of Registrations)	Job Outcomes (Full, Part Time or Self-Employment) as % of Registrations
TERU Results – all Fife Oct 11-Sep 12	37.3%	24.4%
Fife-ETC. Evaluation Mar 15-Dec 15	43.84%	34.52%
Fife-ETC 1 Nov 15 to 31 Oct 16 – Registrations and Referrals	57%	44.4%[75]

Fife-ETC's capacity and expertise in supporting clients to achieve High-Level Employability Outcomes is growing. A number of reasons might sit behind these marked changes, including a gradual cultural shift towards collaborative working, a strong client focus ethos in the Third Sector, as well as improvements in job availability in general:

- Partners cite growing partnership working – partners sharing responsibility for clients and getting better at supporting people to transition to the next stages of the pipeline as a result.
- Partners cite a strong ethos and culture of client-centred service – typical and enduring within the third sector - and evidence this through the registration process (barriers), creation of keyworker resources; through pursuit of individualised plans; through development of a service user participation strategy.
- The shared keyworker resource created in Autumn 2015 has been evolving in terms of role, flexibility and capacity over the last twelve to fifteen months; this is resulting in increasing options and flexibility in how Fife-ETC engage with and support new clients.
- Partners jointly pursue a greater number of targetted projects and initiatives in key geographies, target groups and in services where gaps are identified. Examples include targetted programmes in Cowdenbeath and Levenmouth.
- Fife-ETC partners bring a wide range of networks for all to draw on: building and maintaining strong relationships with Job Centres, key communities and employers resulting in growing effectiveness in programming, support and in job brokerage.
- There is improved job availability in Fife over the last two years, creating a less challenging environment for job brokerage in the latter stages of the pipeline.

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[74] University of Glasgow. Training and Employment Research Unit. December 2013. Fife Employability Pathway Review Executive Summary.
[75] Note: Includes all Registrations by Fife-ETC and all referrals where individual is already registered as a client outwith Fife-ETC.

9   Improving the Evidence Base at Fife-ETC

9.1   Updating the Registration Form, Improving Barrier Capture

Aspects identified during the study include:

Aspect	Improving Evidence Base
Substance and Alcohol Misuse	If wishing to compare with prevalence figures, it may be worthwhile breaking down the question to understand whether the substance in question is drugs or alcohol. (Section 4).
Disabilities	Self-declared: There are two opportunities on the registration form to capture disability and on a self-declaration form required for evidence of stated barriers. Further information on the nature of disabilities would be important to capture.
Employment Status	Registering clients are asked about their employment status and length of time unemployed. The responses may relate to their benefit claimant history, rather than their last job. It may be useful to ask all clients about the timing of their last job, to better understand real length of time since they last worked. This may start to clarify what the high numbers really represent in the short-term unemployment category. (Section 5, Chart 5.4.7 & Table 5,4,8)
Barrier Duplication	Some questions on barriers in the main body of the form are duplicated in the Barriers 'Tick Box' information. These include Skills Level (Low Skilled ISCED 1 or 2) and Employment Deprived Area and disabilities. (Section 3)
Barrier Definitions	Staff may interpret definitions of barriers differently. Clear, agreed guidance on barrier/life circumstances definitions may improve accuracy of barrier reporting. (Section 3)
Benefits Status	It may be worthwhile to review with a view to maintaining pace with change, and ensuring data gathered is still relevant in its current form.

9.2   Incorporating new Barriers to Match Key Groups

Fife-ETC might consider methods of capture of some further protected characteristics identified in the Health and Well-Being Strategy. These include **religion** and **sexual orientation** and **pregnancy.** Some partners gather this information at present e.g. Pregnancy is gathered by Clued Up where they work with young women with substance misuse issues. Where it is currently gathered by individual partners the information is held on secure local systems or case files and not shared.

Fife-ETC do not capture **Gender-Based Violence or Abuse** as part of the registration process across all partners. This information is not requested by Fife-ETC but again is gathered sensitively by some partners when disclosed. Some means of gathering annual prevalence amongst Fife-ETC users could be considered.

9.3   Recording on FORT, Reports

- Benefits Status and Claiming Out of Work benefits – information-gathering and format issues include keeping pace with change as the benefits landscape changes. Information was not available from FORT for this study. It may be worthwhile to review with a view to maintaining pace with change, and ensuring data gathered is still accessible and in a format to compare with the general population, (i.e. NOMIS) so that any impacts of welfare reform are captured.
- Highest Qualifications levels recording on FORT could be sorted by ISCED so that reports are easier to access.
- Rural Areas: Clients record this as part of barriers information on the registration form, but this information was not readily available on FORT for this study. This can however be worked out by postcode. Being able to access rurality may be important in bolstering understanding of Geographical isolation.

- Were Fife-ETC to incorporate new KPIs (Key Performance Indicators) into their Business Plan (Section 9.5 below), there would be a need to design new reports from FORT to assist in monitoring these.

9.4   Measuring Individual Outcomes Consistently Across Fife-ETC

As set out in Section 7: Tools Used, Partners recognise that it would be a useful next step to consider how a client's progress might be measured consistently across their full engagement with Fife-ETC – as they move towards employment, where they move from one partner to the next, or indeed where all support is from the one agency. Partners agree that a simple set of questions could be developed and applied to all client engagement with Fife-ETC. There are strong foundations in place to do this.

Factors which should be considered when considering developing a new set of measures of change in Individuals include:

- What matters to clients and what clients say
- What has already been designed in-house to capture journey travelled: notably Clued Up and West Fife Enterprise, who have already identified a range of factors which are measured consistently in their organisations (Section 7)
- What is already being used under license to capture journey travelled: The Employment Readiness Scale is used by nearly 20% of clients – this tool, designed through academic research whose basic principles strongly echo the layered factors described in Dahlgren and Whitehead's Determinants Diagram, is widely used by colleges and other employability services and might allow Fife-ETC to compare performance of its clients with the overall Fife picture. (Section 7)
- Capacity/Readiness of Clients to complete questionnaires in relation to indicators
- Content – which indicators might be common across seven active partners in a complex delivery environment.
- How indicators might reflect changes in health and well-being in the context of Fife-ETC's core purpose of Employability
- How this will be designed, agreed, and systemised across seven partners.
- How information will be gathered, recorded, held and reported.
- How this might inform achievement of Fife-ETC's service outcomes

Fife-ETC Client Perspective on Outcomes….

During an evaluation of Fife-ETC's work carried out in early 2016, the Employability Pathway structure was used to create a parallel model which identified positive changes clients experienced or expected.

Experiences and Expectations are based on interviews and focus groups with service users at each pathway stage, a review of evaluation questions, and responses gathered by partners - what they had identified as intended outcomes of their interventions. What really mattered to clients are plotted below within the Employability Pathway stages. These are mainly direct quotes from service users about the impact of their engagement with Fife-ETC.

The table below shows that outcomes cited by clients early in the Pathway are directly associated with improved health and well-being, and outcomes cited at later stages in the Pathway indicate sustained health and well-being more implicitly.

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Fife-ETC might be able to help me Disclosing & Engaging in addressing problems	• Coping better • Overcoming barriers • Managing my condition better • Better relationships and personal support networks • More motivated • More confident • I believe I can do this • Keeping well • Positively engaging in the prospect of becoming employed • Understand what my skills and talents are • Identified a chosen work/career direction • Understand what steps I need to take next • Feel ready to move to the next steps	• I'm gaining skills for work • Gaining work experience relevant to chosen career path • I'm getting qualifications relevant to chosen career path • I'm better able to self-market • Know how to look for and apply for jobs – and have the skills to do this • I'm better equipped to find a job. • Everything at Stage 2 still matters	• Getting interviews • Entering employment	• Staying in employment • Being promoted • Moving onto better / higher paid job opportunities • Enhancing skills and participating in workplace training opportunities • identifying my own career progression goals and needs, seeking advice where needed, and acting on this

1 **The Employment Readiness Scale** aligns most closely and covers the same ground as that suggested in the structure of Dahlgren and Whitehead's Determinants of Health – it may be an option to spread the use of ERS across all clients and all partners. This option, if it were workable, provides a reasonable balance between providing individuals and planners with good overall issue and progress information, and providing individual participants with an insight into their own situation and journey towards employability. However, not all partners believe their clients are ready to complete the questionnaires or participate in this – particularly this applies where clients are working with specialists at earlier stages of the employability pathway. In terms of resource implications, there is an additional licensing cost involved, and staff time involved, in gearing up usage from 216 per annum to 1200 plus per annum.

 This work would sit alongside a set of agreed existing indicators and measures currently being gathered through FORT.

2 The second option relates to identifying **a homegrown set of questions** which deliver a similar result, based on existing statistics and existing homegrown questionnaires.

 This option will require a questionnaire to be designed internally, and data capture system to be designed internally or in partnership with FORT. A system needs to capture and process data over time, and to produce meaningful before and after data to be presented in report form - a capture and report system similar to Clued Up and WFE's systems. Resource Implications would include management and staff time in designing and implementing such a system, supporting clients to participate, and administering data input and report generation.

 The table below offers a starter design for Option 2. This questionnaire does not attempt to pre-empt design discussions, instead offering a sample which focuses on two aspects: changes in confidence and self-belief, and changes in social networks. These two aspects are indicated as key determinants in both health & wellbeing as well as employability, and not currently measured consistently across all Fife-ETC partners.

 These two aspects are also picked up as part of Service Outcomes, Indicators and Measures section subsequent to this. The questionnaire therefore could feed directly into, and form part of, Fife-ETC's overall performance management system.

Client Questionnaire Sample

Client Name				Client ID Number			

Are you experiencing these circumstances?

Barriers boxes Ticked at Start of Engagement:	Not in EET	ISCED 1	ISCED 2	Mental Health	Jobless Household	Key Geography?	LOT unemployed 2 years plus

Do you agree with these statements?

On a scale of 1-5 How much do you agree with the following statements:	1 = I strongly disagree	2= I disagree	3 = Neither disagree or Agree	4 = I Agree	5 = I Strongly Agree	NOTES
Statement relating to self confidence						
Statement relating to self-belief						
Statement relating to level of optimism						
Statement relating to level of motivation to work						
Statement relating to ability to support oneself						
Statement relating to relationship with family / friends						
Statement relating to having people to turn to for help						
Statement relating to ability to plan ahead						

Date of Questionnaire	DDMMYYYY	I took this questionnaire because I'm	Registering	Finishing a course or project	Moving to new partner in Fife-ETC	Leaving Fife-ETC
		Please Tick				

9.5   Fife-ETC Service Outcomes and Indicators

The Fife-ETC Draft Business Plan (Feb 2017) sets out the following Objectives:

- Increasing the number of people accessing employability services
- Focussing on areas of greatest need (targeted geographies and target themed groups)
- Reducing the number of people in long-term unemployment
- Identifying and reducing barriers to employment [76]

Identifying Overall Service Outcomes, Indicators and Measures should consider the following factors:

Fife-ETC Service Outcomes

- Maintaining the employability focus - That Fife-ETC are at their core an employability service and that any indicators or measures developed should evidence the effectiveness of this
- That Outcome, Indicators and measures absolutely tie to the aims and objectives of Fife-ETC's new Business Plan
- This study suggests there may be merit in focussing in on some key Determinants of Health including low attainment, jobless households, social networks, self-belief and mental health.
- What staff say
- Tying into Health Inequalities Outcome 2, People experiencing difficult life circumstances have more skills, strengths, opportunities and support to improve their health and wellbeing
- Ensuring overall outcomes continue to meet funder requirements – no change to basic Employability Outcomes
- That Fife-ETC already have robust information-gathering in place and that any performance management indicators should take full advantage of available information
- Fife-ETC have access to FORT – and as far as possible any Outcomes, indicators and measures should integrate with this system, so that information is easy to access.

Potential Outcomes, Indicators and Measures, with implications for Integration with existing systems, are suggested in the table below.

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[76] Fife-ETC Draft Business Plan. 2017.

9.6   Outcomes, Indicators, Measures and Implications for Integrating with Existing Systems

Suggested Outcome	Suggested Indicator	Measure (Frequency)	Info Available?	Baseline Available?	Implications for Integration into Current Systems
Outcome 1 People who are not in Education Employment or Training are improving their life chances	More People Not in EET are accessing employability services	Number of Registrations and referrals (Monthly)	✓	✓	Already gathered & reported on FORT
	More People Not in EET are noticing and reporting positive changes in Social Supports	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data to be gathered at registration, intervals and end. Journey report to be produced. See Below.
	More People Not in EET are noticing and reporting positive changes in Confidence and Self-Belief	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data to be gathered at registration, intervals and end. Journey report to be produced. See Below.
	More People Not in EET are achieving qualifications	Number of clients on courses Number of clients achieving a qualification	✓	✓	NEW FORT REPORT Information Already gathered & reported on FORT Filter by Not in EET Filter by Activities – Accredited Training
	More People Not in EET are accessing jobs	Number of clients accessing Employment, PT FT or Self-Employed	✓	✓	Already gathered & reported on FORT
Outcome 2 People who have been unemployed for more than two years	More People who have been unemployed for more than two years are accessing employability services	Number of Registrations and referrals (Monthly)	✓	✓	NEW FORT REPORT Compiled monthly New Registrations and PILs sorted by Length of Time Unemployed

Suggested Outcome	Suggested Indicator	Measure (Frequency)	Info Available?	Baseline Available?	Implications for Integration into Current Systems
are improving their chances of accessing work	More People who have been unemployed for more than two years are noticing and reporting positive changes in Social Supports	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data to be gathered at registration, intervals and end. Journey report to be produced. See Below.
	More People who have been unemployed for more than two years are noticing and reporting positive changes in Confidence and Self-Belief	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data to be gathered at registration, intervals and end. Journey report to be produced. See Below.
	More People who have been unemployed for more than two years are achieving qualifications	Number of clients on courses Number of clients achieving a qualification	✓	✓	NEW FORT REPORT New Registrations and PILs sorted by Length of Time Unemployed: 24-36 months, 3years plus. Then by Employability Outcomes Highlight accredited Qualifications.
	More People who have been unemployed for more than two years are accessing jobs	Number of clients accessing Employment, PT FT or Self-Employed	✓	✓	NEW FORT REPORT New Registrations and PILs sorted by Length of Time Unemployed: 24-36 months, 3years plus. Then by Employability Outcomes Highlight Job Outcomes.
Outcome 3 People with low attainment are improving their employment chances	More People with low attainment are accessing employability services	Number of Registrations and referrals by ISCED Levels (Monthly)	✓	✓	NEW FORT REPORT New Registrations and PILs sorted by ISCED Level. This will require new reports to be designed on FORT, involving aligning qualifications to ISCED scale.

Suggested Outcome	Suggested Indicator	Measure (Frequency)	Info Available?	Baseline Available?	Implications for Integration into Current Systems
	More People with low attainment are noticing and reporting positive changes in Social Supports	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data could be gathered at registration, intervals and end. Requires design process, data gathering & input, and for an individual and aggregate scores report to be designed. See Below.
	More People with low attainment are noticing and reporting positive changes in Confidence and Self-Belief	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data could be gathered at registration, intervals and end. Requires design process, data gathering & input, and for an individual and aggregate scores report to be designed. See Below.
	More People with low attainment are achieving qualifications	Number of clients at ISCED 1, ISCED 2 on courses Number of clients at ISCED 1, ISCED 2 achieving a qualification	✓	✓	NEW FORT REPORT New Registrations and PILs filtered by ISCED 1 New Registrations and PILs filtered by ISCED 2 Then each by Employability Outcomes Highlight accredited Qualifications.
	More People with low attainment are accessing jobs	Number of clients at ISCED 1, ISCED 2 accessing Employment, PT FT or Self-Employed	✓	✓	NEW FORT REPORT New Registrations and PILs filtered by ISCED 1 New Registrations and PILs filtered by ISCED 2 Then each by Employability Outcomes Highlight Job Outcomes.
Outcome 4 People with Mental Health issues are	More People with Mental Health issues are accessing employability services	Number of Clients identifying mental health as a barrier (Annually)	✓	✓	NEW FORT REPORT New Registrations and PILs filtered by those who identify Mental Health as a barrier

Suggested Outcome	Suggested Indicator	Measure (Frequency)	Info Available?	Baseline Available?	Implications for Integration into Current Systems
improving their employment prospects	More People with Mental Health Issues are noticing and reporting positive changes in Social Supports	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data could be gathered at registration, intervals and end. Requires design process, data gathering & input, and for an individual and aggregate scores report to be designed. See Below.
	More People with Mental Health Issues are noticing and reporting positive changes in Confidence and Self-Belief	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data could be gathered at registration, intervals and end. Requires design process, data gathering & input, and for an individual and aggregate scores report to be designed. See Below.
	More People with Mental Health issues accessing jobs	Number accessing job outcomes	✓	✓	NEW FORT REPORT New Registrations and Pils filtered by Mental Health as a barrier Then by Employment Outcomes
Outcome 5 Fewer People in key geographies are unemployed	More people living in key low employment geographies are accessing employability services	Fife-ETC already produce a comprehensive monthly report of key SIMD geographies (Monthly)	✓	✓	Fife-ETC already produce a comprehensive monthly report of progress in key SIMD geographies
	More People living in key low employment geographies are noticing and reporting positive changes in Social Supports	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data to be gathered at registration, intervals and end. Journey report to be produced. See Below.

Suggested Outcome	Suggested Indicator	Measure (Frequency)	Info Available?	Baseline Available?	Implications for Integration into Current Systems
	More People living in Key low employment geographies are noticing and reporting positive changes in Confidence and Self-Belief	Measure at start of engagement, end of each intervention, after transition, at end of engagement	Fragmented	New	New Client Questionnaire, data to be gathered at registration, intervals and end. Journey report to be produced. See Below.
	More people living in key low employment geographies are achieving qualifications	Already Available in report format	✓	✓	NEW FORT REPORT Information already gathered & reported - Introduce comparisons to previous quarter, previous year
	More people living in key low employment geographies are accessing jobs	Already Available in report Format	✓	✓	NEW FORT REPORT Introduce comparisons to previous quarter, previous year
Outcome 6 Fewer People are living in Jobless Households	More people living in Jobless Households are accessing employability services	Number of Registrations and referrals where clients ticked Jobless Household box on Registration Form (Monthly)	✓	✓	NEW FORT REPORT Information already gathered & reported on FORT – Filter all registrations by barrier – living in a jobless household
	More people living in Jobless Households are accessing jobs	No of registrations and referrals resulting in job outcome	✓	✓	NEW FORT REPORT Information already gathered & reported on FORT – all outcomes - filter all registrations by barrier – living in a jobless household.

9.7   Next Steps

Next steps to develop reporting around these Outcomes, Indicators and Measures are:

- Fife-ETC to discuss and agree suggested outcomes, indicators, measures, taking into account the capability of the FORT system to deliver reports on most aspects;
- Discuss design of reports on FORT to support simple methods of regular reporting – this should be relatively straightforward to design, as the bulk of information is already in place.
- Consider introducing a simple questionnaire which follows all Fife-ETC clients;
- This questionnaire might focus on areas where a systematic and consistent approach to measuring change may yield better evidence of the impact of Fife-ETC services as a partnership;
- Focus areas might be Confidence, Self, Belief, Motivation and Social Supports. Barriers should be recorded to enable quick analysis of change against these key barriers
- Consider using the draft Outcome-based Pathway developed in 2015 through from client feedback; consider engaging service users in design of final questions.
- Consider the administrative implications with over 1200 new registrations each year. As this is intended to be repeated throughout the life of the client's engagement, there may be as many as 3000-3500 a year.
- A data gathering, input and reporting system must be included in any resourcing plan.

10 Key Recommendations

10.1 Fife-ETC might…

- Consider a review of Registration data to incorporate recommendations in Section 9:

    - Protected Characteristics, where relevant
    - A question on last employment, to establish fully the length of time which has elapsed since the client last worked.
    - Keeping pace with welfare and benefit changes, in conjunction with FORT
    - Improve interpretation of barriers

- Consider a sensitive approach to information-gathering and awareness of Gender-Based Violence or abuse; how it might address a lack of engagement with Asylum Seekers and Refugees.

- Review Training and Skills programmes, to explicitly include health and well-being elements, exploring partnerships with Fife Health and Well-Being Alliance to do so;

- Consider wider approaches across the Employability Pathway to address the low attainment issue identified in 60% of registrations, including how Fife-ETC might extend its reach into in-work support.

- Incorporate Health and Well-being aspects frontline staff induction and CPD training, exploring partnerships with Fife Health and Well-Being Alliance to do so;

- Consider implementing Outcomes, Indicators and Measures within its Business Plan Performance Management section to emphasise a focus on key prevalence groups – e.g. Low attainment, Jobless Households, Mental Health. (Section 9)

- Incorporate Health and Well-being indicators explicitly within this performance management system, using a consistent set of soft skills measures;

- Develop a consistent approach to capturing positive changes in clients throughout their engagement with the consortium, measuring impact at regular intervals, feeding into performance management. (Section 9)

- Adopt suggestions for organisational and practice improvement identified by Fife-ETC partners, from the health Inequalities Checklist perspective, across the broader partnership (Section 8)

- Share performance and statistical information with the Health and Well-Being Alliance to inform future strategic planning

10.2 The Health Inequalities Strategic Team might….

- Consider how the data and statistics presented might inform future planning and service design in Fife;

- Consider including Armed Forces Veterans, Older People not in employment, and people facing challenges relating to low attainment within key target groups;

- Explore further partnership working to bring increased health and well-being awareness into Fife-ETC's staff CPD, and Client support programmes.

END