

Review of Glasgow Bridging Services: Executive summary

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Introduction and background

This paper presents the findings of a review of Glasgow's Bridging Services conducted in the summer of 2009. The purpose of the study was to provide a detailed picture of operations with a view to promoting consistency of approach across the local areas.

The Bridging Services provide a link between health, care and employability in the city. There are five services in Glasgow, each with a distinctive model, although the shared aim is to support health and care clients to move towards the labour market.

Bridging Service performance

In 2008/09 the Bridging Services handled 2,405 client referrals across the city. The South West, which is the longest-established service, had the largest number of client referrals in that year.

Although there is some variation in referral sources between local areas, Addictions Services and Criminal Justice are the two main sources of clients. Between them, these two services referred 52% of Bridging Service clients in 2008/09.

Analysis of the Bridging Services data shows that IB claimants form the biggest client group. It also shows that a high proportion of clients are at the earliest stage of the employability journey. The figures show that 87% of clients with a recorded starting point are at the initial stage of the Glasgow Works' pathway.

At the city level, 32% of clients who are referred do not take up the Bridging Service offer. In the year under review, the local attrition rate varied between 14% and 60%.

Pre-vocational outcomes were the most prevalent amongst Bridging Service clients with 434 being recorded in 2008/09. However, for many clients progress is slow and 203 clients made progress but achieved no measurable outcome. A relatively small number of clients – 70 altogether – progressed into employment.

Themes arising from the review

Defining the service aims

The need to clearly define the aims of the Bridging Services has been a central theme of this review. The services' location between health, care and employability has created some challenges in securing a common understanding of its aims. These tensions centre around 3 questions:

1. Who should we be trying to engage?
2. What is 'success' for the people we work with, and how do we define this?
3. Over what time period are we looking for these identified progression outcomes?

Some of the difficulties relating to referral and partner commitment are derived from a lack of clarity in this area.

The Bridging Services need to restate their purpose in response to these questions and in doing so be mindful that:

- o It is an 'employability service' which should engage clients with an identified labour market aspiration
- o The process will be long for some clients – and not always linear
- o The focus should be on moving clients into 'mainstream' employability services as quickly as practicable – keeping the *bridge* short

Funding

The funding model of each local Bridging Service is distinctive, although the core financial sources are the Local Regeneration agencies (LRAs) and the Community Health and Care Partnerships (CHCPs). Funding is short term and insecure, and there is an increasing reliance on income from Glasgow Works. As this is outcome-related, it has raised questions relating to the earlier points about purpose and targeting. Securing resources to support those further from the labour market is at the heart of this issue.

Targets

There is no consistent framework of targets across the Bridging Services.

In most areas there are progression targets related to Glasgow Works whilst in some areas the CHCP has set detailed targets within a service level type agreement. In two areas there are distinct targets linked to ESF.

This situation reflects the differences between the local financial models and the fact that behaviour follows funding.

Referral and retention

There are mixed views within the Bridging Services around the acceptability of a 32% attrition rate. Future performance should be closely monitored against this baseline and retention/attrition should be included as a key performance indicator.

Attrition rates amongst many services offered to these clients are fairly high, so the issue is one of relativity. However, Bridging Services and their

referring partners can limit these rates by ensuring that clients are ready for the service and have an expressed labour market aspiration. Further work is required with staff in front line services to support them to assess this.

Monitoring performance

The data available to this review has been limited to one year, 2008/09. It has also been limited to a narrow set of indicators which do not fully explain the outcomes secured by the Bridging Services.

At present, services record data in line with Glasgow Works' requirements, which are traditional economic development indicators – jobs, training, education etc. There is no capture of wider outcome data relevant to the health and care partners such as improved mental health, reduced medication and less use of health and care services.

We appreciate that front line staff have struggled with the monitoring requirements of Glasgow Works, so a suggestion of further information gathering will be unwelcome. However, a more rounded evidence base is likely to improve the Bridging Services' future funding potential. It would also provide a tool to convince reluctant referral partners, most notably in primary health care in parts of the city.

Promotion

There is scope to improve the promotion of the Bridging Services. Key audiences for this message include funders, referral partners and prospective clients.

This can best be done through a stronger evidence base – discussed above – and through the continuous production of client case studies. These stories – which should be in a variety of media formats – are the services' strongest selling point. The Bridging Services should identify opportunities – including local and city-wide events – to showcase these to their target audiences.

Conclusions and recommendations

Significant resources have been invested in developing the Bridging Services to the current stage and they provide a valuable asset which would be the envy of many other cities. In a complex and challenging environment it is important to keep sight of this.

There is a growing body of evidence showing the links between good health and employment and this review has shown that the Bridging Service is engaging with health and care clients in significant numbers. However, it has also identified scope to improve on the current service, building on the foundations which are now in place.

Central to this is a need to redefine the service and to produce a more robust evidence base which fully reflects the range of outcomes being achieved.

On the basis of information reviewed in this study we therefore recommend that the Bridging Services:

- 1. Produce a shared strategic statement** which sets out the aims of the service, the target client group, the expected outcomes and timescales for client progression
- 2. Develop a monitoring and evaluation framework (MEF)** which includes a set of indicators against which performance will be gauged. This can build upon the existing framework but should take account of the wider set of outcomes derived from these services. It should also address the question of attrition rates, using the baseline data from this report
- 3. Engage in a funding dialogue** with Glasgow Works and the Community Planning Partnership to scope out options for a city-wide funding formula beyond March 2010
- 4. Improve promotion** of the benefits derived from these services with a particular focus on funders, referring partners and service users. In conjunction with an improved evidence base, partners should establish a bank of engaging case studies and involve service users in events at the local and city-wide level
- 5. Ensure that there is adequate joint training** and information sharing between front-line staff in the Bridging Services and referral agencies across the city. This should include liaison with the Glasgow Works team around building capacity within the health and care sectors.