Health & Work Support Pilot – Final Evaluation

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Executive Summary

Rocket Science, with Ipsos MORI and ekosgen, was commissioned by the Scottish Government to evaluate the Health and Work Support (HWS) pilot. The Health and Work Support (HWS) pilot was a two-year project which ran in Dundee and Fife from June 2018 to March 2020 to test the value and impact of creating a clear access point for specialist health and work services to support people experiencing health problems to get into work or stay in work. The pilot was funded by the Department for Work and Pension's (DWP) and the Department for Health and Social Care's (DHSC) Work and Health Unit, with additional funding from the Scottish Government.

The pilot was aimed at helping those at risk of losing their employment because of ill health or those recently unemployed due to ill health and/or disability. It aimed to explore the extent to which these people can easily find their way to appropriate early intervention support that integrates health and work support services to help them retain employment or gain new work, and to assess the difference that this support can make.

The aim of the evaluation is to provide an independent review of the delivery process and outcomes of the HWS pilot. A first stage implementation evaluation covering the set up and early delivery period of the pilot has already been published on the Scottish Government website[1].

This evaluation report:

- provides further learning to help shape future policy and service design and delivery; and,
- provide insights and evidence for application of health and work interventions at the local level – particularly in terms of their use by Local Employability Partnerships as part of the roll out of the No One Left Behind approach.

This evaluation focuses on the outcomes of the HWS pilot, and considers the benefits in terms of employability outcomes, health and well-being outcomes.

The key research questions that the evaluation answers are:

- What difference did the HWS pilot make in terms of the referral process?
- What difference did the HWS pilot make for the client?
- What lessons can be learnt from the HWS pilot, and how might delivery of such a service be improved for clients, staff and referrers (Job Centre Plus work coaches, GPs and employers)?

[1] Health and work support pilot: Interim Evaluation Report

In order to answer these questions a number of research methods have been deployed including gathering insights from referrers, staff, employers, stakeholders and clients of the HWS pilot. The report also provides quantitative analysis of management information from the pilot.

Following the COVID-19 outbreak, the pilot was closed earlier than anticipated to redeploy pilot staff to Covid facing roles. In addition to impacts on service delivery the pandemic affected the evaluation resulting in some elements of fieldwork that were originally planned having to be dropped or modified.

Key Findings

General views of the service

- Referrers felt that the support provided by the **pilot was unique in the service landscape**. The integrated approach filled an essential gap because of the inter-relatedness of issues around health and work.

- Overall levels of participant **satisfaction with the support received through the Health and Work Support Pilot** were found to be **high.** The **services that made the most difference** in helping participants to remain in or find work were: **specialist support** to address a physical health condition; and support received from a **case manager**.

- **Most clients interviewed were positive about the service** and felt that the process to access the HWS pilot was effective; the initial assessment of needs was straightforward and adequate; they had accessed the right level of support; and they felt that staff were friendly and treated them with respect.

The referral process

- Overall, referrers felt that **the HWS pilot improved the referral process for clients** who were eligible for the service in Fife and Dundee.

- Some stakeholders felt that there were **too many steps for clients to go through** from the first point of contact through to their first clinical intervention. Some clients also echoed this view.

- Just over a third of all participants (36%) were found to have **dropped out of the service** before they had finished receiving support. Those dropping out of the service said they felt they had got all the support they needed; the appointment times with a specialist were not suitable (i.e. only available 9 to 5) and/or their circumstances had changed.

Impact on service users accessing Health and Work Support

- The majority of service users felt that the pilot had made a **positive difference to their health and employment outcomes,** with 76% saying that the service made a difference in enabling them to remain in work and/or return to work from absence; change their working pattern; or find employment.

- **Clients' concerns about losing their job due to their health condition reduced.** Of those that stayed on the service to receive complete support, the proportion of participants concerned about losing their jobs because of their health condition was 12% (at the time of this survey). At the time of enrolment this was 34% (all participants).

- **Absence from work fell.** Of those that stayed on the service to receive complete support, the proportion of participants who were absent from work (due to sickness or other reasons) was 10% (at the time of the survey), at the time of enrolment this was 27% (all participants).

- Three quarters (78%) of survey respondents said that their **health had improved** since first contact with the service and a high proportion of them (91%) said that the service had contributed to this improvement.

- However, **clients with more complex needs and conditions did not report the same level of benefits** from the HWS pilot, and it did not help them re-enter or gain employment or better manage their daily life. Some interviewees who accessed mental health support felt their needs were perhaps too complex for the HWS pilot to respond to effectively, whereas those who accessed physiotherapy services were more likely to report tangible benefits.

Lessons learned for developing a work and health intervention

- **Maximising ownership, awareness and reach** are key elements in implementation.

- **Data collection systems** need to be in place from service launch, and data should be collected for clients' engagement with the different stages of support.

- Pathways are not linear so the **service needs to be modelled on the client journey** rather than the stages of service delivery.

- Relationships within and outwith the service need to be developed to **maximise the value of the existing landscape of support**, including across policy areas within government.

- Health and work should be addressed simultaneously but **work coaches cannot provide health interventions** so must be supported to ensure clients are able to access the support they need.

- **Other barriers and challenges** that clients face also need to be addressed alongside health and work, to ensure that they are able to sustain work.

Stakeholder reflections on the employability and health landscape

- Stakeholders reported growing awareness of the scale of health issues impacting on employment and recognition that there **needs to be a holistic service offer for those facing health and work challenges**. The pandemic may have accelerated the need for this.

- There was recognition amongst those contacted as part of the evaluation that the **early intervention approach** pioneered by the HWS pilot to support those in work should be sustained, especially with the emergence and impact of 'long Covid'.

- There is **growing concern** about the rising numbers of those who are withdrawing from the labour market and becoming economically inactive.

Conclusion

The evidence suggests the HWS pilot worked to fill an essential gap in simultaneously addressing health and work challenges for those in the workforce in pilot areas. Satisfaction with the service provided was high, and it had a positive impact on health and employment outcomes for those people who completed the service. Employers and referrers were also positive about the pilot. However, benefits were not uniform - people with more complex needs and people with mental health conditions did not report the same level of benefits as people with physical conditions. It is also not clear if the service delivery model used in the pilot is the best for addressing health and work issues. The pilot did however help identify learning for any future initiatives in terms of system reform and service design, including the referral process.

Introduction and Scope

Background information[2]

The Health and Work Support (HWS) pilot was a two-year pilot project in Dundee and Fife[3] from June 2018 - March 2020. The pilot was funded by the Department for Work and Pension's (DWP) and the Department for Health and Social Care's (DHSC) Work and Health Unit, as part of its Work and Health Innovation Fund, with additional funding from Scottish Government.

The purpose of the HWS pilot was to test the value and impact of creating a clear and obvious access point for specialist health and work services, aimed at helping those at risk of losing their employment because of ill health or those who are recently unemployed due to ill health and/or disability. The pilot also included a pathway for employers to access support or advice for their employees who may need additional support.

The pilot was structured around a 'Single Gateway' access channel for health and work support services and aimed to achieve the following three objectives:

- Integration and alignment of affiliated services for health and work support;
- Improved experience for the clients receiving support;
- Better understanding of the outcomes of early intervention approaches.

The pilot was originally meant to run until June 2020, but challenges resulting from the COVID-19 pandemic meant that closure was brought forward with the last clients enrolling with the service in March 2020 and with all clients being discharged by August 2020. The decision was made to close the service as the local delivery teams were required to be redeployed to respond to the pandemic.

[2] Further and more detailed information on the background, context to and service design of the pilot can be found in the aforementioned Interim Evaluation Report: (Health and work support pilot: Interim Evaluation Report).

[3] These two areas are different in terms of population, geography (including rural and urban differences), wider service provision, and access to services. This provides an opportunity to explore what does and does not work in the two areas and how this relates to their different characters and client groups. In this report we have not presented findings by area to avoid comparisons being made that would hinder the shared learning of the pilot.

Context for the pilot

The pilot was developed in response to individuals leaving work in Scotland as a result of problems around health or disability.

The introduction of the 'Single Gateway' pilot was proposed as a response and was articulated through two specific actions set out in the Scottish Government's published No One Left Behind policy document under the heading 'Employability and Health'[4]:

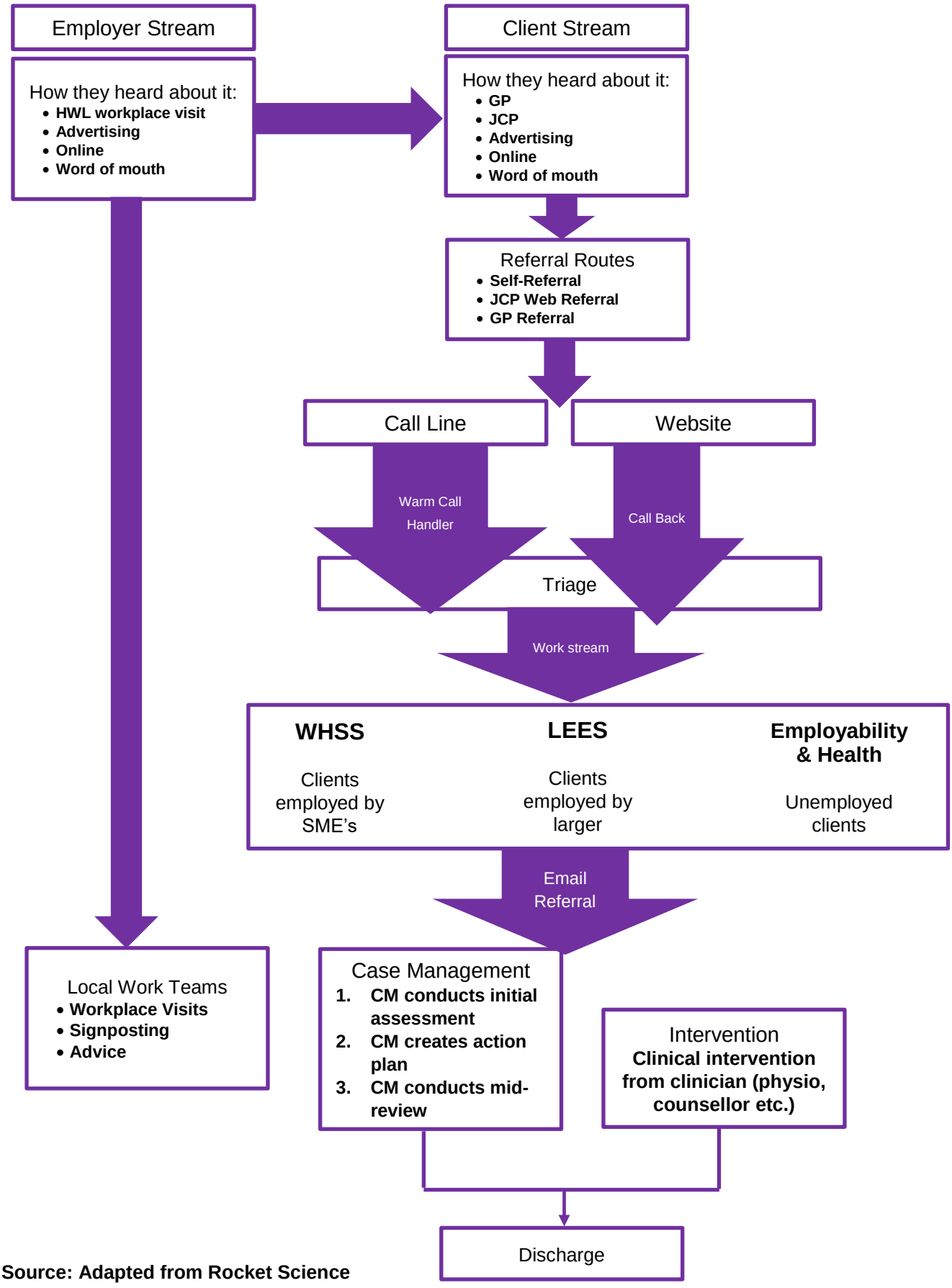
- **Action 4** – "From Summer 2018 to Summer 2020, the Scottish Government will work together with partners including Health and Social Care Partnerships, DWP, wider third sector bodies, and employers to pilot a Single Health and Work Gateway in the Fife and Dundee areas to help more disabled people, and people with health conditions access early support to help them sustain or return quickly to work."
- **Action 5** – "From Summer 2018, the Scottish Government will work with partners within the Single Gateway pilot areas of Fife and Dundee to agree a plan to trial additional mental health support."

The action points in the strategy described how the Single Health Gateway / HWS pilot could act as a primary entrance or referral point for NHS-led and in-work support. This introduced an innovative alternative to the complex and confusing landscape of health and work support services which offered similar types of support with different criteria for access.

Through the pilot, eligible clients in Dundee and Fife were offered up to 20 weeks of case management, holistic health and work assessment, fast tracked access to therapeutic and non-therapeutic work-and-health focused support. A brief summary of the pilot service design is presented below:

[4] Scottish Government (2018), *No One Left Behind: Next Steps for the Integration and Alignment of Employability Support in Scotland*, p.17-18

Figure 1: Process Map of the Health & Work Support Pilot



Source: Adapted from Rocket Science

The main features of the pilot were:

- the use of a new brand to promote the service to those clients who faced health barriers to work or risked the loss of their job because of health issues;
- using current national services (Healthy Working Lives & Salus) as a single gateway access point to the service in Dundee and Fife;
- the use of a wide range of referrers – including JCP work coaches, GPs and employers – to ensure that the service reached those who could benefit;
- the appointment of clinically trained case managers to carry out assessment and onward referral of clients to appropriate services;
- the availability of a range of specialist support, including physiotherapy and talking therapies;
- an intervention period of 20 weeks; and
- the use of workstreams matching eligibility criteria:
    - **Working Health Services Scotland (present or absent from work)** – employed individuals from small and medium enterprises struggling to stay in work due to a health condition or disability;
    - **Large Employee Employer Service (present or absent from work) -** – employed individuals from larger businesses struggling to stay in work due to a health condition or disability;
    - **Employability and Health (unemployed)** – recently unemployed (less than 6 months) individuals as a result of a health condition or disability;
    - **Healthy Working Lives (employers)** – for employers in the Fife and Dundee pilot area who require advice and support around health and work issues.

This report

This evaluation offers an opportunity for reflection on the lessons learned from the HWS pilot (i.e., service design and delivery), and gathers insights into whether and how the approach could inform the design and delivery of future place based services, for example via the No One Left Behind (NOLB) approach to employability services[5].

Specifically, there is a focus on whether the pilot made a difference to the clarity, coordination and efficiency of the landscape of support.

The report presents:

- A summary of quantitative findings
  - Analysis of management and performance data
  - Telephone interviews with clients
- A summary of qualitative findings
  - Longitudinal interviews with clients
  - Staff and employer findings
  - Stakeholder engagement
- A synthesis of research and findings

[5] See here for more details on No One Left Behind: No One Left Behind: delivery plan - gov.scot (www.gov.scot)

Quantitative findings

Analysis of management and performance data

It should be noted that there were a number of issues related to data held by the HWS pilot which impact on our capacity to draw definitive conclusions about the service.

Firstly, the management and performance data held by the Health and Work Support Pilot (HWS) service was contained within two datasets. The first database comprised client and progression information from the start of the Pilot (approximately June 2018) through to the end of May 2019. The second database held client and progression information from the end of May 2019 onwards, until the closure of the HWS service. The two databases were a result of changes to the monitoring of the service, and the introduction of a revised questionnaire for data capture. The revised questionnaire aimed to remove inconsistencies in data capture across the service area. The two datasets were combined, and data cleansed by the Scottish Government statistics team prior to being provided to the consultancy team for analysis.

The change in approach to monitoring the delivery of the HWS pilot and the revised questionnaire meant that there were considerable differences between the ‘old’ and ‘new’ datasets, prior to them being combined. This presented challenges for the analysis; for example, mapping between variables in the ‘first’ and ‘second’ datasets has not been straightforward.

The second significant issue is that there is large amounts of incomplete or missing data, particularly data on outcomes and progression and therefore caution should be used in interpreting results which are best regarded as indicative as opposed to definitive. The analysis presented here has used the data to best effect to inform the evaluation and within the limitations described. It is also important to note that the data analysis here is only one strand of evaluation activity with other forms of supplementary fieldwork including a client survey offering alternative and more complete sources of evidence.

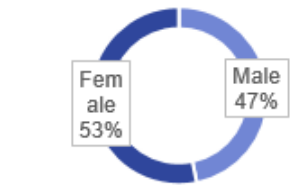
Summary of HWS pilot client profile and outcomes

The diagrams on the following pages provide a summary of the client profile and outcomes of the HWS pilot in numbers.

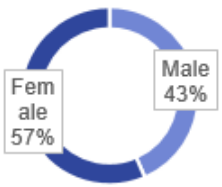
CLIENT PROFILE

2,685 CLIENTS ENGAGED

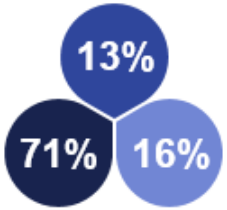
53% in Dundee



45% in Fife



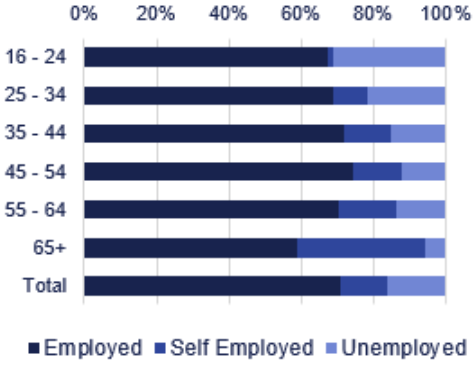
no prior engagement



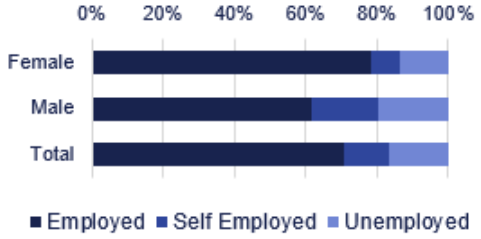
Employed
Self-employed
Unemployed

- **Women more likely to be employed than men (78% v 62%)**
- **Men more likely to be self-employed than women (19% v 8%)**
- **Men more likely to be unemployed than women (20% v 14%)**

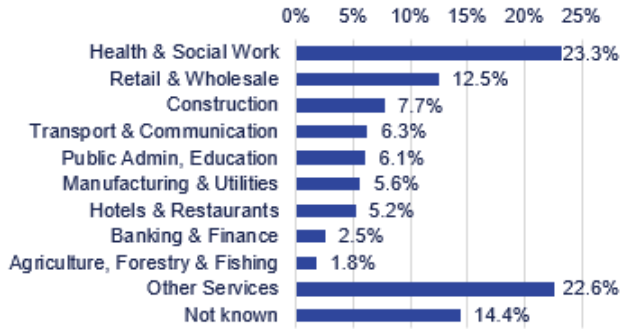
Work status by age



Work status by sex



Industry



HEALTH CONDITIONS

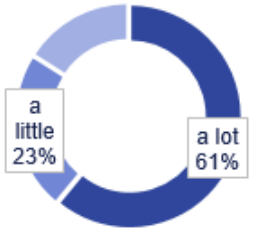
Disabled clients

- Clients with a self-reported disability more likely to be unemployed (73% v 17%)

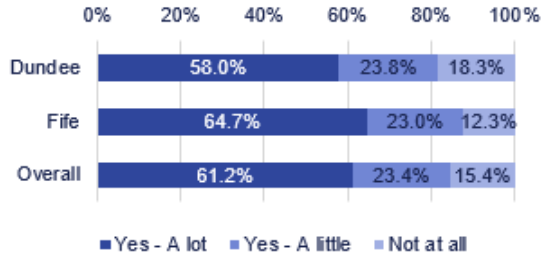
long-term condition

more than one condition

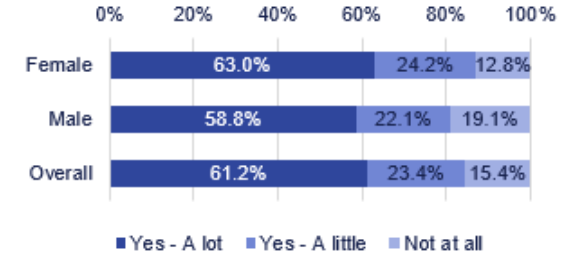
health condition affecting daily work activities

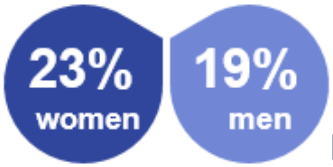


- **by location**



- **by sex**





reported mental health condition

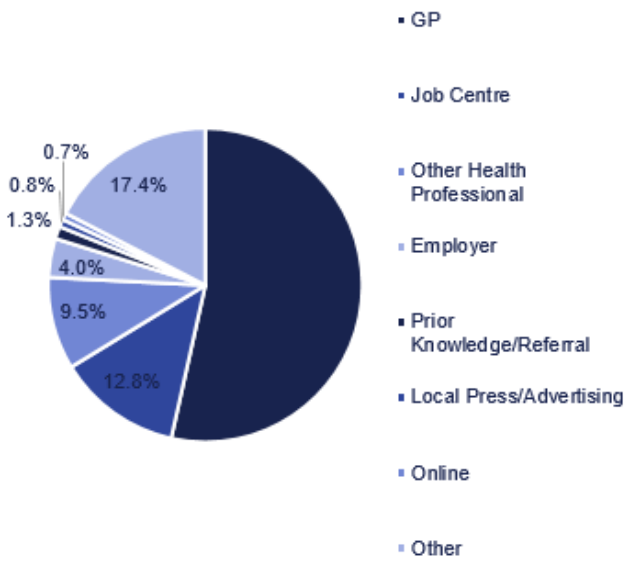
10% have a health and safety/work-related risk

37% rated their anxiety / depression level as a 4 or 5

health condition or disability had impact on role

28% suffered from severe pain and discomfort

HOW CLIENTS HEARD OF HWSP PROGRAMME



96%
of clients who undertook the initial assessment completed an action plan

recommendations for Case Manager *only*
- 39% in Dundee
- 19% in Fife

21% for physiotherapy services
- 35% in Dundee
- 17% in Fife

10% for counselling services
- 10% in Dundee
- 10% in Fife

9% for employability support
- 4% in Dundee
- 15% in Fife

8% for GP visits
- 5% in Fife

28%
of cases were fully complete

Drop off greatest amongst younger clients

OUTCOMES

95% employed (+8 p.p.)
5% unemployed (-11 p.p.)

96% of women (+10 p.p.)
94% of men (+14 p.p.)

94% of clients with mental health condition (+18 p.p.)

63% received treatment

+30.8 p.p. undertaking usual activities with no problems

- +21.1 p.p. for self-care
- +19.2 p.p. for anxiety / depression
- +13.5 p.p. for mobility
- +11.3 p.p. for pain / discomfort

77% improved EQ5D score

71% improved VAS score

- 51% low anxiety levels (+44 p.p.)
- 75% recorded as non-cases of depression (+48 p.p.)
- 82% reporting improvement in anxiety levels
- 80% reporting improvement in depression

26% achieved at least 1 of 5 goals

Telephone survey with clients

The telephone survey findings represent the views of a sample of HWS pilot clients. Only differences which are statistically significant are reported. This section summarises the main findings from the telephone surveys.

The research was conducted using a quantitative survey approach, comprising telephone interviews with **600 Health and Work Support (HWS) Pilot clients.**

The survey fieldwork took place over two waves between November 2019 and July 2020. Each wave comprised the following:

- **Wave 1 (November 2019 to February 2020):**
    - An 'initial' survey of 484 HWS clients
- **Wave 2 (June and July 2020):**
    - An initial survey of 116 HWS clients (same as the Wave 1 survey questionnaire)
        - a further outcomes survey[6] was conducted with 38 Wave 1 participants (who agreed to be re-contacted for further research) who were still using the service at the time of the first survey but had now finished using the service.
    - A follow-up survey of 144 Wave 1 survey participants who agreed to re-contact (this survey comprised new questions to gauge if/how participants' health and work outcomes had changed over time)

[6] The outcomes survey was conducted as a result of the impact of the Covid-19 outbreak which meant the number of clients in the Wave 2 sample who had finished using the service was much smaller than anticipated. This survey asked the outcomes questions from the Wave 1 survey - Q34 to Q46 – to collect data on these participants' health and work status since using the service.

Key telephone survey findings

Overall levels of **satisfaction with the support received through the Health and Work Support Pilot** were found to be **very high:**

- 94% of participants were satisfied with the support they had received overall;
- 93% were satisfied their initial enrolment phone call with a member of the HWS team;
- 92% were satisfied with the assessment meeting with their case manager; and,
- 93% were satisfied with the clinical support they received from a physical or mental health specialist.

The main reasons clients described for registering with the service were to access **specialist support from a health professional** or to get advice / guidance on how to manage or treat a health condition.

The service was found to have made a positive difference to participants' **health and employment outcomes**. The majority (76%) said the service made a difference in enabling them to: remain in work and/or return to work from absence; change their working pattern; or find employment. The service also made a positive difference in relation to:

- **Clients' concerns about losing their job due to their health condition:** Of those that finished using the service the proportion of participants concerned about losing their jobs as result of their health condition was 12% (at the time of this survey), at the time of enrolment this was 34% (all participants),
- **Absence from work:** Of those that finished using the service the proportion of participants who were absent from work (due to sickness or other reasons) was 10% (at the time of the survey), at the time of enrolment this was 27% (all participants).

Three quarters (78%) of survey respondents said that their **health had improved** since first contact with the service and of these a high proportion (91%) said that the service had contributed to this improvement.

The **services that made the most difference** in helping participants to remain in or find work were:

- **Specialist support** to address a physical health condition
- Support received from a **case manager**.

Just over a third of all participants (36%) were found to have **dropped out of the service** before they had finished receiving support. The main reasons for this were:

- They felt they had got all the support they needed.
- The appointment times with a specialist were inconvenient.
- Their circumstances had changed.

Summary of Qualitative Findings

Longitudinal interviews with clients

The first wave of interviews Rocket Science conducted with clients as part of the longitudinal client interviews included 43 interviewees (23 from Fife and 20 from Dundee). This section provides a summary of findings which is set out as follows:

- Referral process – including how interviewees had learned about the HWS pilot and how they found the referral process
- Quality of the service – including views on the quality and ease of the **process** and **quality of the support** interviewees received
- Impact on daily life and employment – including how the support received form HWS pilot had impacted interviewees quality of life, relationships and employment.

This section is also supported by evidence from client journey case studies which can be found in Appendix 3 of this report.

Referral process

- **Interviewees learned about the HWS pilot through a number of routes.** In both areas, the majority of interviewees learned about the service through their GP. However, others heard about the service through a radio advert, from a physiotherapist that they were accessing privately. A small number had been told about it by their Jobcentre advisor.

- **The main reasons for being told about the HWS pilot were long waiting times to access NHS services or the possibility of accessing a free service instead of a paid one.**

- **All interviewees had not previously heard of the HWS pilot.** Interviewees explained that if they had not been told about the service by their GP, physiotherapist, Jobcentre advisor, or had heard it through the radio, they would have not known about the service; they felt it was not widely publicised.

- **The majority of interviewees had self-referred themselves to the HWS pilot**. Interviewees explained that after being told about the HWS pilot, they were given a leaflet that explained how they could self-refer to the pilot.

Quality of the process

- **Interviewees felt that the process to access the HWS pilot was effective and efficient.** In both pilot areas, interviewees generally felt that the process to access the HWS service was easy and quick and agreed that the waiting time, both to get a call back from the case manager and to access clinical support, had been very short. On average, interviewees received a call back from case managers the next working day after calling the helpline and accessed clinical support within two weeks.

- **In both areas, interviewees found the initial assessment straightforward and adequate**. All interviewees felt that the initial assessment they completed with their case manager was thorough and adequate to refer them on to the type of support and service they needed.

- **The majority of interviewees felt that they had accessed the right level of support**. Interviewees generally felt that the support they received was adequate to their needs and that approach worked for people with similar conditions as theirs.

Quality of support

- **Access to mental health support varied between pilot areas**. In Fife, interviewees experiencing mental health issues only accessed support from their case manager and were not referred on to a specialist clinician, except for one person who accessed counselling. Instead, many people were provided with self-help literature and support from the case manager who, in Fife were often trained professionals in mental health support. In Dundee, the majority of interviewees were referred to and accessed counselling from a clinician.

- **Satisfaction with length of support varied according to the type of support accessed**. Across pilot areas, clients who accessed physiotherapy felt that the support was the right length and the right frequency, while those who accessed counselling tended to feel that the sessions had been few and far between.

- **Interviewees who accessed mental health support had more frequent contact with their case manager**. Across pilot areas, interviewees who accessed physiotherapy tended to have a more formal relationship with their case manager and less contact (often just initial assessment and final review). Those who accessed mental health support instead, tended to have more frequent and informal contact with their case managers and, in some cases, received emotional support from them.

- **Interviewees felt that staff were friendly and treated them with respect**. Across pilot areas, interviewees generally reported feeling treated with respect and dignity by staff and that communication was good and straightforward.

- **The element of support that was identified as most useful by clients varied between interviewees who had accessed physiotherapy and those who accessed mental health support**. Generally, interviewees who accessed physiotherapy said that the clinical support was the most useful element of the support they received. Those who accessed counselling felt that the regular support from their case manager was the most useful element.

Impact on daily life and employment

- **Clients accessing physiotherapy were able to identify tangible benefits from this support**. In both pilot areas, interviewees who accessed physiotherapy seemed to have received more tangible benefits and could explain how the service had helped them with their daily life and employment (e.g., pain management, re-entering work).

- **Not all clients accessing mental health support were able to identify tangible benefits from this support**. A smaller number of those who accessed mental health support were able to articulate the benefits they had received (e.g., management of stress and anxiety). Interviewees who received this support felt their needs were perhaps too complex for the HWS pilot to respond to effectively.

- **The support received from HWS pilot helped most interviewees back to or into work**. In both pilot areas, the support helped some interviewees re-enter or gain employment and better manage their daily life. However this was not the case for interviewees who had more complex needs and conditions.

Staff and Stakeholder engagement

This section provides a summary of the findings from fieldwork with the following groups:

- Referrers, including healthcare and Jobcentre staff, and employers
- Employers as clients of the service
- Delivery Staff
- Stakeholders

An online survey was developed for a range of referral agencies to gain an understanding of the awareness and expectations of the pilot. In total 53 healthcare and Jobcentre referrers and 9 employers answered the survey.

A summary of the findings is set out below.

Referrers

- **Most referrers had a good understanding of the pilot** and understood what the pilot was trying to achieve. They felt that they had enough information to be able to explain what the pilot could offer, and how it could benefit the clients, because it had been well explained by the HWS pilot team before it was implemented.

- **Most referrers found the referral pathways to be effective.** The majority of referrers felt that referral pathways were clear and easy to navigate, particularly Jobcentre Plus staff. All JCP staff interviewed believed that an online referral portal which was developed for their use was useful and provided an easy way for them to refer clients. They felt that it offered a clear single point of access and that the online system was quick and easy to use.

- **Despite initial interest, many clients disengaged from the service.** Referrers who were interviewed noted that, even though clients initially expressed interest in person, many disengaged before they had been fully enrolled onto the service. On further analysis by pilot staff, they identified that, out of every 10 clients who were told about the pilot by Jobcentre work coaches, only 1 client self-referred on to the pilot. To combat this drop-off rate, an online referral option was made available to Jobcentre work coaches. However, as a result of the time required to get this live, and the onset of the Covid-19 pandemic, the potential of this new referral route was not fully realised.

- **Referrers felt that the support provided by the pilot was unique in the service landscape.** All staff interviewed believed that, while there was a range of other services that offered health support and work support

separately, none took the integrated approach that was adopted by the pilot. They felt the integrated approach filled an essential gap because of the inter-relatedness of issues around health and work.

Employers

Rocket Science interviewed eight employers across Fife representing businesses of different sizes between December 2019 and January 2020. Unfortunately, we were unable to access employers from Dundee for this fieldwork, therefore this section provides a summary of interviews with Fife employers who were all actively engaging with the service when interviewed.

Summary of key findings

- Most employers engaged with the pilot because they **understood the importance of providing support for health conditions** in the workplace.
- All employers felt that the **'Health and Work Support Pilot' brand was not well recognised** among local employers or employees whereas the pre-existing 'Healthy Working Lives' brand was well known.
- Employees were **accessing mental health support from the pilot, but a range of other support was also accessed**, including physiotherapy, identifying accessibility equipment to stay in work, health and safety advice, sessions on alcohol awareness and suicide awareness, and anxiety management workshops.
- Several employers believed that **different types of support should be available to cater for a broader range of health conditions** and should be tailored to the needs of each individual.
- All employers felt that it was **easy to access support from the pilot**, but some were less satisfied with how long it took for employees to receive a response from the service.
- Most employers were **not aware that they could make the referral on behalf of the employee**.
- Most employers felt that the pilot service had been sufficiently beneficial that they **would recommend the service to other employers in the area**.
- Overall, employers felt that the pilot had **provided the help that they needed to provide support to employees with health conditions**. Employers provided positive feedback and felt that the pilot had met the needs of their employees. The easy access to support and resources from the team was felt to be a benefit, and this had helped them to retain their employees.

Stakeholders

Stakeholders, including staff from the Scottish Government as well as local delivery partners, were interviewed between November 2021 and January 2022. This meant that it was possible to capture both their views on the design and impact of the HWS pilot, the implications for the design features of a health and work support service and their reflections on what this meant as the No One Left Behind Approach is developed and rolled out.

Feedback on HWS pilot design. **There needs to be a recognition of the different skills required to tackle health related employment issues.** Stakeholders acknowledged that many clients still have anxieties and fears of engaging with Jobcentres. It is felt that delivery within a clinical setting and from a trusted brand is the right approach for delivering a health and work service. However, this service needs to be focused on both health and work, so should bring together the right people and services together in an integrated and coordinated way.

"Work coaches can't provide health interventions* […] *but equally, clinically trained health professionals can't provide employment support."

Evidence from the HWS pilot indicates, that even when work coaches identify a health need and suggest that the client contacts a medical professional, this does not always happen. Work coaches are not able to provide health interventions and need a mechanism and/or support to ensure eligible clients are able to access the support they need. Health and work must be addressed simultaneously.

"*[The] *pilot approach worked better than JCP trying to provide health interventions. They are not health practitioners and can only suggest people contact their GPs. But in the pilot they have access to resources, and quickly."

However, it is important to note that it is not only health and work which should be addressed simultaneously, but also any other barriers and challenges that an individual is facing to ensure that they are able to continue to maintain and sustain their employment.

"We need specific support from people who are social workers, health practitioners, we can't do it* [by ourselves]*. We get ourselves in a mess trying to do things we aren't qualified for."

Spending time building partnerships with key groups within the model and aligning values, expectations and priorities is important. Being involved at the design phase gives all partners a sense of ownership and buy-in which will increase the chance of success of the programme.

- This should include time spent on developing more robust data sharing arrangements. These would focus on the client and their journey and mean that clients would not have to disclose information about their condition and situation to different people and services as they made progress.
- Understanding the different cultures and operating practices across the partnership in order to understand challenges and barriers to effective delivery of the service and identify ways in which these can be overcome.

Designing a service that puts the service user at the centre. Although the pilot did create a single point of access, from the point of access to receiving a clinical intervention, it was felt to be "clunky" by a number of stakeholders. There is a need to fully understand the journey through a service for clients to understand what it is like from their perspective – identifying barriers to participation and potential drop out points before a service goes live

"[Clients face] various hurdles, lengthy conversations. The ethos [of the pilot] was meant to be "no dead ends", but people were reaching dead ends – being turned away, given the wrong information."

Including people with lived experience in the design phase should be considered if a service wants to be person centred. For example, the journey through the service can be mapped out with clients to understand what works well and less well in recruiting and engaging clients, and identifying barriers to continued engagement.

Feedback from the HWS pilot suggests:

- Having a service that extends beyond 9 to 5 would help those in employment to engage with the service.
- There should be flexibility in how clients can contact the service and receive support (i.e., remotely, in person)
- The process of referral and handover needs to be refined – client progression is often not a linear journey for clients, especially those who have mental health problems.

For several stakeholders, the most important feature of a health and work service is for it to be holistic, considering health and work together, and alongside other barriers which may present themselves (which may be clinical, work, home, poverty, financial, food). Helping people overcome barriers to work needs be considered in the round, with different services working together to support individuals. The Scottish Government is moving towards an **"every contact counts approach"** to ensure that the current issues we face in terms of an ageing workforce, profile of the workforce, people working longer with health conditions, will be addressed in order to retain the working population.

"I would say this has to be the approach if we are serious about addressing health inequalities - need to look at this in the round."

Finally, the biopsychosocial model of disability[7] was mentioned as an appropriate approach for a support service which helps people find work. This uses approach focuses on what clients can do rather than was they can't do. Some of the medical professionals who were involved in the HWS pilot were starting to refer to this model, but it was not clear if this was fully implemented.

Employability and Health Landscape – post Covid

The stakeholders consulted acknowledge that there is a growing awareness of the increasing scale of health issues which affect employment and strengthening recognition of the need to respond with a holistic service offer. They are starting to see that health and work support must be more closely aligned, and they recognise that the pandemic may have accelerated the need for this.

Some stakeholders, although they understood the reasoning for the early closure of the pilot, felt that the closure of the HWS pilot was premature, as the pandemic has highlighted the scale of health problems, especially in terms of its impact on mental health. Several stakeholders felt that this has resulted in a gap in provision. However, it was recognised that the landscape has also become more complex since the pandemic. Emergency funding has resulted in the introduction of a number of small, local services. These are seen as being hard to navigate, even by well-informed professionals.

Although existing resource in this policy area is primarily targeted at those out of work there was recognition that it would be valuable to sustain the early intervention approach pioneered by the HWS pilot focused on supporting those in-work, especially with the emergence and impact of 'long Covid'. There are differing views about what this service could look like and how it could be delivered through the No One Left Behind (NOLB) approach, but there is a recognition of the need to help people with a health condition to remain in work if possible.

Two stakeholders talked about the early intervention and preventative approach of the pilot. Although this evaluation has identified tangible benefits from this approach, it was clear that stakeholders and funders are still trying to understand the concept of preventative spend and move away from employment / disability employment rates, and traditional work-related outcomes.

There was some agreement that the landscape of work has changed since the pandemic, but that the full impact is still being realised. Although many sectors and businesses were affected by the pandemic, many other sectors were able to continue operating with staff working from home. This created a different way of working and has changed expectations around being in offices, but could result in different requirements for a health and work service - such as how employers can support staff remotely, and understanding what the current and emerging needs are

[7] Biopsychosocial refers to a holistic approach to service delivery which incorporates consideration of an individual's wider socio-environmental situation in addition to their biological and psychological health. (See Engel, G. L. (1977) "The Need for a New Medical Model: a Challenge for Biomedicine" Science Vol. 196 (4286): 129 - 36).

(e.g. mental health, but also the potential for a rise in musculoskeletal conditions as people may be more sedentary).

Stakeholders are reporting on and acknowledging the increasing scale and need around mental health in particular. In the wake of the Covid-19 pandemic, there is growing concern about the rising numbers of those who are withdrawing from the labour market and becoming economically inactive.

Some stakeholders expressed concerns about the apparent focus on client numbers rather than service quality, and how this may have got in the way of experimentation, innovation and service refinement. They felt the focus on target numbers had meant in practice that delivery staff worried about achieving the numerical targets rather than feeling able to think about how to improve outcomes. This issue was recognised by the Scottish Government who took steps to ensure that staff felt confident about taking forward a stronger focus on innovation rather than client volume, and the focus on the pilot shifted to the learning and knowledge sharing that this service could generate, rather than a purely numbers focus.

There was also a recognition that a pilot project of this scale and significance needed ‘time to bed in’, both in terms of the set-up phase and the running of the service after set up.

However, there is a feeling from some stakeholders that there is an element of pilot fatigue in Scotland. The view is that pilots do not work strategically unless they have a long-term vision, and sustainable funding over a longer period of time. Developing an “early adopter approach” where appropriate and taking lessons learned from other programmes to inform delivery is seen as a way of overcoming the shortcomings of pilot programmes.

Synthesis of Findings and Lessons Learned

Design stage of the pilot

It was seen as important to have had the right strategic people involved in the initial design stages, and in the lead up to the launch date. Those involved in the HWS pilot design had a thorough understanding of the service landscape and the requirements to create a single access point for clients, and this had strengthened the service design and implementation process.

This early buy-in from key stakeholders created a shared vision for the service. This has meant that good relationships between the different delivery partners were developed prior to implementation. This was particularly important given the short 6-month time frame between the award of funding and the launch of the pilot.

However, the design stage could have been improved by **including those who would be managing and delivering the service on a day-to-day basis** and by including **people with lived experience** in the design of the service to improve the pathways through the service and on to clinical interventions.

There were challenges with the 6-month lead-in time for the delivery of the service, although there were differing views on whether or not this was enough time to design and implement a service.

The short lead-in time was seen by many of the strategic staff who were involved as creating significant pressures on them. It had knock-on effects through to the implementation stage, resulting in a perceived lack of mutual knowledge between delivery partners, and the need for ongoing changes to refine the design and the way it was implemented.

Ongoing changes and improvements were made to the pilot after the launch in June 2018. These were based on early feedback and conversations with delivery staff. This forms part of the continuous improvement approach which it was important to adopt to ensure that the programme or service was meeting the needs of the target population as well as ensuring a high quality of delivery.

Lesson learned

1. It is important to have a well-planned and effective lead in time, to ensure full ownership by all those involved.
2. The full range of stakeholders – including key professionals and all potential referrers, as well as those with lived experience – need to be involved to ensure buy in at the right levels

Referrals and client profile

Although both clients and referrers felt the pilot improved access to health and work support in Fife and Dundee, there were some challenges in generating referrals for the service.

Based on the Memorandum of Understanding between UK Government and Scottish Government, Key Performance Indicators (KPIs) were agreed to monitor the progress of the pilot. The target number of clients to receive support over the 2-year period of the pilot was 6,000. However, between June 2018 and March 2020, only 2,685 clients engaged (45%) with the HWS pilot.

Despite there being an anticipated demand for the service, it did not translate into numbers flowing into the service initially (as described in the Early Implementation Review). There were a number of challenges faced by both delivery teams around generating referrals, and efforts were made across the pilot sites to increase referrals through local advertising and working with employers.

Lessons learned

3. Ensure the lead-up time is used to engage with employers, referral partners, and build relationships with partners to maximise awareness and understanding of the service before it goes live.

4. It is hard to assess the exact level of demand in advance of launching a service. Further consideration should also be given to the intensity of support required by sub-sections of the target population in addition to overall numbers.

In terms of the client profile, the pilot initially aimed to have an equal proportion of clients who were in in work, absent from work and unemployed. In reality, the employment status of people accessing the service across both areas were:

- In total, 71% of clients were employed
- A further 13% were self-employed
- Around 16% of clients were unemployed, with approximately 52% of these clients unemployed for less than six months.

This was broadly similar across both locations – a slightly higher proportion of clients in Dundee were self-employed, and a somewhat higher proportion of clients in Fife were unemployed. This reflects the general population, where a slightly higher proportion of individuals aged 16-64 in Fife (65%) are employed compared to Dundee (64%), and a slightly higher proportion in Dundee are self-employed (8.4%) compared to Fife (7.9%).

Overall, around 43% of HWS clients reported that they were living with a disability – 46% in Fife and just under 41% in Dundee. The remaining 9% of clients (around

8% in Dundee and 11% in Fife) stated that they did not know or preferred not to answer. Around 48% of clients reported that they had no condition. However, some stakeholders suggested that many people who accessed the service – and many more who could have benefitted from the service – may not perceive their physical or mental health to be severe enough to constitute a disability, so they are unlikely to self-report a condition.

Lessons learned

5. There is a need for care in the terminology used to describe and promote the service to ensure that the full range of people who could benefit are being reached. Making a link to disability may not be helpful as many of those who could benefit may not consider themselves as having a disability.

6. It is helpful to frame approaches using the biopsychosocial model of health.

7. There are a wide range of ways that people who can benefit from this support can be engaged – it requires a full range to ensure an appropriate reach for the service.

The referral process

Overall, referrers felt that **the HWS pilot improved the referral process for clients** who were eligible for the service in Fife and Dundee. Most referrers felt they had a good understanding of the pilot through engagement with pilot staff, and the routes and process to the service were both clear and effective.

Referrers (including all JCP staff interviewed) felt that the support provided by the pilot was unique in the service landscape. They believed that, while there was a range of other services that offered health support and work support separately, none took the integrated approach that was adopted by the pilot. They felt the integrated approach filled a gap because of the interrelatedness of issues around health and work. However, there were some referrers (mainly GPs) who felt that they did not have the full information they required about the pilot.

One of the main areas for improvement identified was felt to be around disengagement from the service by clients. This was fed back to the Scottish Government and an online referral tool was created for GPs and Jobcentre work coaches to directly refer their customers and patients as opposed to relying on clients self-referring. This did improve referral rates and reduce disengagement, but it took time for it to be developed and integrated.

Although the referral process created a single point of access to the pilot and helped simplify the service landscape, some stakeholders felt that there were too many steps for clients to go through from the first point of contact through to their first clinical intervention. Some clients echoed this view, feeling that they were being ‘passed from pillar to post’ and had to repeat information on their condition numerous times. In addition, some case managers in local delivery teams found that they did not have enough information on clients through the enrolment questionnaire to help develop their action plans and identify the right support.

In addition, the service operated in a very linear way from the first point of contact, through to the case managers and finally the clinicians. This linear progress does not necessarily match a clients’ progression through a service, and more time needs to be spent developing referral networks and pathways that can respond to non-linear progression though a service.

Lessons learned

8. People with lived experience should be part of the design of the pathway through the service to ensure that they are at the centre of the service, that it's appropriate, and ensures dignity and respect of the client.

9. For many clients their pathway will not be linear, so it is important to ensure the service is set up around the client journey rather than stages of service delivery

10. Having more open service level agreements and better data sharing options will help as the pathways through the service will appear to be smoother and more supportive for the individual (i.e., not having to repeat their stories multiple times, and ensures that their data follows them through the service).

11. Ensure data collection and systems are fit for purpose and fully designed for the launch date, focused on the right / must have information, proportionate and appropriate.

12. Referral routes should be designed with frontline staff delivering the service and should be tested with referral partners and clients before a service goes live.

All pilot partners agreed that, although changes could be made in the referral process, local delivery teams delivering clinical interventions on the ground were best placed to provide the required support or signpost to local support services in the area. This relies on having the service and local teams integrated into the local service landscape. This takes time and it can be difficult to create momentum and traction for a pilot service.

Stakeholders agreed that having the service delivered within a clinical setting was the right approach, but there needed to be strong networks linking support between health and work, but also with other services such as housing or social work depending on what the client required. While the clinical setting is likely to result in better outcomes for clients, especially with a trusted brand like the NHS, the focus also needs to be on ensuring people are able to maintain employment or get back into employment quickly. For this reason, referrals and partnership with JCP is an important part of the referral process as they provide the main contact for many of these clients.

As part of the initial lead-in time for the service, mapping of the third sector in the local areas should be a priority so that 'move on' and signposting support is readily available for clients should they require additional or ongoing support outwith the 20 weeks pilot intervention period. Building these relationships from referrers through to onward support is crucial.

Lessons learned

13. Develop a referral process that reduces the number of drop out points and ensures ease of access for clients. Ensure referral processes are tested with delivery and referral partners before the service goes live.

14. The development of relationships – within and outwith the service – is important to maximise the value of the existing landscape of support and further raise awareness of the service. This landscape will vary from place to place.

Delivery of the service

There is consensus from amongst stakeholders that the pilot was providing a good service and it was clear that everyone, from strategic level to local delivery, was very committed to the pilot.

Although there were a few challenges around the experience for clients, and around roles and responsibilities of the delivery partners, it was felt that this did not affect the outcomes for clients because of the professionalism and experience of the delivery team involved. Beyond the pilot, the local delivery teams had good relationships with the third sector and had a good knowledge of the service landscape. These relationships were further strengthened during the pilot delivery period, and both the knowledge of the service increased, and the knowledge held by the service.

Delivery of the service was sometimes felt to be inefficient and case managers felt they were being pulled in different directions. The way the pilot was intended to operate required delivery teams (i.e., clinically trained staff), in addition to providing a service for clients, to do work they were not trained in or familiar with, such as advertising, marketing, and employer engagement. Because they had clinical experience, case managers often provided advice and support to clients, especially in terms of mental health support, before transferring them to the clinical support provided as part of the pilot. Their role was meant to be facilitating the clients' progression through the service, rather than delivering interventions.

One of the benefits of having clinically trained staff as case managers is that they were able to provide some light-touch support and advice to clients when this was appropriate. For some clients this meant that they got what they needed very quickly, and it took away the need for a further referral. It was recognized however that this role needs to be more clearly defined and adapted.

In terms of delivery, local delivery teams felt that many people accessing the service were presenting with more complex requirements which required more intensive support. This means that either the marketing and awareness raising

needs to be clearer about the kind of needs that realistically can be met by this service.

There was clear evidence that this case manager role was one of the most important elements in the success of the pilot. They are able to build a trusting relationship with each client and support and advocate for them throughout their journey. Their introductions to other services / people is important for ensuring continued engagement and successful outcomes. The role is particularly important in terms of managing a client's journey through the service, particularly with mental health as that pathway and journey is seldom linear. It was important to ensure that a client didn't drop out or feel like they have nowhere to go, so having a someone who is able to continue to support them and find alternative support is important in ensuring continued engagement.

Lessons learned

15. Staff roles need to be clearly defined and it is important to have people with the right skills and experience in each role. This applies particularly to the case manager role – it helps to have case managers with clinical training, but it is important that this is used to strengthen the early assessment and accuracy of referral rather than be drawn into the provision of support.

16. JCP and GPs have a lot of resources at their fingertips – a lot of information and knowledge about a complex landscape of support – so it is particularly important that they are aware of the service and who it is for, so the right referrals are made first time.

In order to provide commentary on whether or not this particular service delivery approach should be taken forward, more information is needed in terms of the cost effectiveness of the service. Unfortunately, this data was not available at the time of evaluation. While it is clear that this approach provided positive outcomes for clients overall it is unclear whether this approach delivered cost-effective interventions.

Impact of the service for clients

Based on participant survey findings and longitudinal interviews with clients, it is clear that overall the HWS pilot made a positive difference. The benefits that clients reported from accessing the HWS pilot varied depending on the type of support they received. It is important to note that there are nuances and important contextual information that needs to be taken into account in assessing the impact of the pilot on clients.

Clients in both Dundee and Fife generally felt that both the engagement process with the pilot and the quality of support were of high standard. The process was felt by most to be efficient and simple, and support was felt to be person-centred.

Clients in Dundee tended to report greater improvements in their life as a result of accessing the pilot compared with clients in Fife. This was a result of clients in Fife tending to present with more complex conditions, and specifically with a combination of mental and physical health conditions. Additional interacting factors may include challenges related to rurality and different employment and living conditions compared with clients in Dundee.

Clients who received physiotherapy support reported that the pilot had a greater impact on their lives compared with clients who received mental health support. This was due to the more tangible and practical benefits resulting from physiotherapy support compared to mental health support. Clients recognised that this was related to the different nature of physical and mental health issues. They felt that mental health support should last longer and include more clinical support.

Overall levels of satisfaction with the support received through the HWS pilot were found to be very high. Clients were generally very happy with the way the model worked from enrolment through to the clinical support received (all above 90%).

The service did provide the support and advice that clients were seeking, such as access and support to specialists on how to manage or treat a health condition. However, more than half of clients surveyed indicated that they had low awareness of what the service actually offered prior to engaging. Stakeholders felt that this might be one of the reasons the targets for engagement with the service were not met.

Stakeholders felt that, for some clients, not knowing what the service could offer, what was required of them, and what the journey would involve, may have prevented them from self-referring to the service. This was seen in referral rates from JCP and through feedback from GP referrals. Time and resources need to be put to developing relationships with GP’s and understanding the ways in which they operate and the pressures they face. For example, Jobcentres have a menu of options to refer people to, but limited information on what each service provides beyond eligibility. They are faced with a very cluttered landscape of support and are time limited, and therefore do not have the time to search for detailed information about one service. This also applies to GPs and resources should be developed which includes the must have information about the pilot to help referrers make the best onward referrals (or suggestions) for the individuals they see.

Lessons learned:

17. This approach to health and work support was focused on the client and getting quick access to support and clinical interventions which made a difference to client's lives.

18. The clinical focus of a service focusing on health and work may increase willingness to engage and potentially overcomes barriers of engaging with Jobcentres where concerns may exist related to sanctioning and receipt of benefits.

Conclusions and Recommendations

Conclusions

There has been an increased focus on health and work, driven by growing evidence of the issues faced by those with health conditions in seeking work, and the impact on those who develop or manage an existing health condition at work.

The evidence suggests the HWS pilot worked to fill an essential gap by providing support targeted at those experiencing health and work challenges. Satisfaction with the pilot services was high, and there were better health and employment outcomes for those people who received full support available under the pilot. Employers and referrers were also positive about the pilot.

Referrers felt the process for clients was improved compared to the health and work support that existed locally prior to the pilot but some stakeholders and participants still felt there were too many steps to go through from first point of contact through to the first clinical intervention. About a third of participants disengaged with the service before they had finished their support and there was a mix of positive and negative reasons for disengaging.

The benefits from the pilot services differed across client groups. People with more complex needs and conditions and people with mental health conditions did not seem to benefit as much as people with physical health conditions. There were also differences in which element of supports was felt to be most useful. People who accessed physiotherapy services said the clinical support was most useful, while those who accessed mental health support (counselling) felt regular support from their case manager was most useful.

While it is not clear from the evidence gathered for this evaluation as to whether the pilot's service delivery model is the optimal one for addressing health and work related issues, the pilot has successfully identified lessons for future initiatives in terms of system reform and service design, including the referral process. These are set out in the Recommendations section.

Recommendations

The findings from this evaluation of the Health and Work Support Pilot complement those from the DWP/DHSC Challenge Fund and have identified a number of **service design features** which can be drawn on by LEP partners in developing locally appropriate Health and Work support:

- To ensure the service operates effectively from launch, it is important to fully utilise **the set-up period**. It took about 6 months to set up the pilot to a stage where clients could be referred and supported. While the ultimate service was appreciated and beneficial, the main lesson was about the way in which this set up period was used.
    - It would be valuable to consult both employers and potential referrers in this local design phase to increase buy in and this engagement is also likely to help with awareness and subsequent promotion of the service.

- It is important to build effective partnerships between stakeholders involved in development of health and work services (in this instance SALUS, Healthy Working Lives and local NHS Teams) particularly with regards to the service design phase.
- It would also be helpful to set up data sharing agreements during the set-up period – if these are not in place - so that clients do not have to repeat their story at each stage.

- To ensure there is clarity over who the service is designed to support, consideration needs to be given to **branding and promotion**. There were two issues with the way that the HWS service was promoted:
  - Many of the initial clients had conditions, which were too severe for the service to respond to effectively, so it will be important to ensure that the promotion of the service focuses on earlier stages of conditions when a relatively short intervention can make a difference. Alongside this, it is important to ensure follow up arrangements for those with more severe conditions who are referred into mainstream NHS services.
  - The way that the brand and associated marketing material is worded is important. It needs to be clear and easy to understand in terms of the target group and the purpose of the service(i.e., rapid access to appropriate early interventions). For example, the use of the word disability in some promotion of HWS appears to have led to some clients who could benefit feeling that the service was not for them – as they do not consider themselves as experiencing a disability.

- To **maximise the value of the Case Manager**, which was central to the design and success of the pilot, their role and responsibilities must clearly reflect the expertise and value that they bring:
  - Case Managers need to be clinically trained (e.g., nursing qualification), able to understand the situation of client, offer some rapid advice and refer accurately. In the HWS model there was a temptation for them to do some interventions themselves, but this was not part of role, and it took up too much of their time. Having a clinical training was clearly valuable, but there is a need to have clear case management roles and responsibilities.
  - An associated finding, is that the clinically trained Case Managers did not have the skills and experience to carry out effective engagements with employers and carry out wider advertising and marketing responsibilities.

- To ensure that the system is as easy as possible for users to navigate, there should be a **single point of contact** in a local area. This would avoid the risk of some clients feeling that they were sent from pillar to post in the most complex arrangement in the pilot, which involved two national services working alongside local delivery.

- In order to maximise accessibility, services should **not be limited to 9-5**. As a high proportion of potential clients were in work, this limits the accessibility of the service for those who could have been supported to remain in work.

- **Delivery in a health context** appears to work well, rather than in an employability context. Clients can feel uncomfortable opening up to employability staff (particularly in terms of Job Centre Plus where they may be anxious about the risk of sanctions to benefit payments).

Appendix 1: Client case studies

David's Story

David lives in Dundee. He has experienced health problems since his early 20s, but **in recent years his condition has deteriorated** and he has taken time out from work.

Due to improved medication, he resumed working, but was having problems with his employer, who was **not accommodating his physical health needs.**

Accessing HWSP

David was referred for an Occupational Health assessment. **He valued having somebody independent involved.** David felt he "had a choice" in what was required, and was pleased when the suggestions were accepted by his employer.

> **It's just changed my life... before I was dreading my work, now I enjoy it – it has changed dramatically. Without it I would have had to stop working.**

While David did feel the service was very busy, in January 2020 he said HWS had helped him greatly. **He felt "much more secure" in his role** at work, and better able to manage his physical health.

David spoke to us again in May 2020. He was feeling a lot better, and was still employed, but on furlough and shielding due to the pandemic. David was unsure about his next steps, and was not sure if he would return to work – but he said this was due to COVID-19.

David's support from HWS had come to a close by May 2020. He knew which services were still available to him, and who to contact if he needed further support.

> **I know if I have problems I just phone clinic and nurses, I know they are there if I need. I got a phone call from Dundee City Council to see if I needed any support.**

Impact

In August and November 2020, David was back in work, continuing his employment. His employer had made changes to support him, and this meant he was able to stay in work. David thought **HWS had given his employer skills which could be applied to other members of staff**. HWS has changed how he feels about going into work:

> **This has made a big difference to how I feel at work....the pain isn't so bad when I come home, it's just given me the ability to do it. It's good going into to work now.**

Kerry's Story

Kerry lives in Dundee. She has been in employment for around 10 years, and has experienced depression for a long period of time. Her stress and anxiety was worsening when she **decided to speak to someone about her mental health.** She self-referred to HWS after hearing about it through her boss.

Accessing HWSP

Kerry **found the initial assessment straightforward** and was pleased that there was a **short waiting time** between her meeting with the case manager and her first appointment. Kerry got mental health support from HWS, helping her to **develop strategies to deal with stressful situations.**

> **[HWS] kind of taught me when I need to know the signs of when I am getting stressed and ways of dealing with it and made it easier.**

By January 2020, Kerry's support from HWS had concluded. She said the support had **"definitely" helped her in her daily life** and that she felt better able to manage stress and anxiety. She had embedded weekly yoga and meditation into her routine.

Kerry's work was disrupted by COVID-19, with periods of furlough. She said she coped with it quite well: "I surprised myself... I have got on with it and survived".

Impact

By May 2020, Kerry said her **health had never been better**, and she thought the pilot had contributed to the improvement. She reflected that the best element of the support she received was the **one-to-one relationship.**

> **"I'm pretty sure it has contributed [to how I feel], I feel that if I hadn't had it wouldn't have coped as well.**

In November 2020, **Kerry was still employed**. A year on from HWS, she **still thought HWS had a positive effect on her life**. However, Kerry was finding her personal circumstances so stressful that the strategies she had learned through HWS were having a more limited effect:

> **My circumstances are so stressful now that it can't have as much of an effect... HWS has had an effect, but maybe not as much as I would have liked.**

Craig's Story

Craig lives and works in Dundee. He has worked for over 20 years in security. Around 4 years he started to experience **back pain**, which increased in severity until Craig could "hardly work" and had to take some time off. **His GP referred him to HWS.**

Accessing HWSP

Craig thought he **probably wouldn't have heard about the service were it not for his GP**. He was called the day after his referral and seen within 6 weeks for physiotherapy.

Craig found the physiotherapy the most helpful element of the support, and felt the **support had helped him sustain his employment.**

When he was discharged, he had a check in with his CM, who made him feel that "if needed, the door was open for more support".

> **[I work] long days... often walking around, driving or sitting so it's a lot of movement and strain... so it really helped...I managed to go back to work.**

Craig had been able to continue working through the pandemic. He even felt more secure in his role as a result of HWS when we spoke to him in May 2020.
He said HWS **"made me feel a bit better about everything".**

Impact

A year on from HWS support, Craig was **continuing to follow his physiotherapy exercises**, and **was in work.**

> **The advice I was given through HWSP was great: to do my physio, to take care of my back more, has really helped, much more careful about the way I sit and the way I lift things.**

Craig said he would definitely recommend HWS to anyone else experiencing similar problems with the balance between their health and work.

> **I am at work on moment, so [that] shows the HWSP support helped. I try my best to stick to advice I was given, walking and exercising.**

Deborah's Story

Deborah lives in Dundee. She has worked for the same employer for over 40 years and does manual labour as part of her job. She took **5 months off work in early 2019** due to problems with her wrist.
Deborah's manager suggested she get in touch with HWS.

Accessing HWSP

Deborah was **pleased with the short wait time** and felt the CM understood what she was going through.

However, she felt that **she wasn't treated like an individual** by her physiotherapist.

Deborah said she felt she could have read the information about the recommended exercises online and felt her time had been wasted. Deborah did acknowledge that she **did not do the exercises "religiously**... just when I remembered and could fit it in".

> **She [the case manager] explained everything... it was pleasant.... she sympathised with me and was really understanding.**

Deborah was put on furlough in May 2019, which was a positive outcome for her as it **reduced anxiety about transmitting COVID-19** to other vulnerable people she lives with.

Impact

Having a CM meant Deborah had someone to talk to, which she valued. She thought that physiotherapy had not had a limited impact. She said other factors caused her pain to improve.

> **My pain got better because I am no longer working as much and not heaving as many heavy things rather than thanks to the exercises I think.**

By August, Deborah was **back at work.** She reflected that the **support from HWS did help at the time, but wore off gradually**. Other factors had also helped her maintain her improved physical health.

> **I'm feeling good at the moment. I suppose HWS has made a long term difference... I've had an improvement in my frame of mind, but it's hard to say if this is because of HWS or support at work.**

Ben's story

Ben lives in Dundee. He came to HWS during a college course, and was "in and out" of part time employment due to **longstanding mental ill health**. He was **referred to HWS by his GP** as situations with his employer were exacerbating his problems

Accessing HWSP

Ben quickly got support with his mental health through HWS. This helped Ben to manage his feelings, improve coping mechanisms and to look at the root causes of his experiences.

When asked if he felt he was treated with respect and dignity he said "yes – 100%".

Ben said the support he received, once a month for 6 months, was really good, but he did wish it had been more regular.

Ben was so pleased with the support that he **recommended HWS to another colleague.**

> "[HWS] generally helped me get to a better headspace ... **talking to professional about it, gave me the tools I needed to really make a change.**"

Ben continued with his college course online throughout the pandemic and said he felt he was handling lockdown well: **"my mood hasn't deteriorated massively being isolated".**

Impact

By May 2020, Ben reflected that HWS had made a "generally positive impact". He had been rejected from his first choice university, feeling his next steps were "a bit up in the air". **He felt the support from HWS had helped him to cope with this challenge.**

> "It would have definitely thrown me off more to get rejected beforehand, still annoyed me that I didn't get my first choice [university] but **it didn't get under my skin as much as it would have before.**"

In August 2020, Ben still felt that HWS had made a positive impact and was continuing to help him manage his mental health.
Ben was employed as a waiter, on furlough but pleased to be in work and earning. He was also receiving further counselling and said he **still put what he learned from HWS into practice.**

> "Looking at how everything turned out with COVID it **seems like I made the right choice** [to delay going to university]."

Richard's story

Richard lives in Dundee and was working in a warehouse when he began experiencing **muscular pain** in his arm, which prevented him from working. He was **referred to HWS by his GP** and his **case manager quickly organised physiotherapy.**

Accessing HWSP

Richard appreciated the case manager approach, and felt listened to. He said "[It was] so nice to come on the phone and explain what was going on from the very beginning... **I felt that if I needed anyone to speak to I could**".

> **If I hadn't been through this process I would be in a worse place in life... my injury would be much worse.**

In January 2020, Richard was coming to the end of his physiotherapy. He had seen benefits from the treatment, with the **pain "nowhere near as bad"** and was continuing with exercises as part of a long-term recovery.

Richard acknowledged that the pandemic had taken it's toll, but had also given him an opportunity to get back to work in warehousing

Impact

By May 2020, Richard was happy to be back at work, where his job was less physical. He was seeing improvements in his arm as a result of continued physiotherapy exercises.

> **Things are looking positive... I am very happy to be back to work. I have regained that sense of purpose in my life, and my mental health is doing a lot better too – I just hope things keep going this way!**

At the end of 2020, Richard felt HWS had made a **profound impact on his work and life,** and acknowledged that changing employer had also benefitted him. He said HWS "didn't feel like a service – **the people I dealt with were so so genuine**. I will always be thankful to them for that".

> **I could have been left with complete unemployment and no sense of hope without HWS. It was one of the most positive things at a really really bad time. I've got them to thank for being back in the workplace.**

Paul's story

Paul lives in Fife. He has been with the same employer for over a decade. During that time, he took two significant periods off work due to mental ill health, including work-related stress. When Paul's mental health and wellbeing started to decline again his **mental health nurse referred him to HWS.**

Accessing HWSP

Paul found the referral process "straightforward" and said **"they called when they said they would, which doesn't usually happen"**. He also liked having one main person to speak to, who understood his situation. He thought HWS complemented other mental health services that he was accessing.

Through HWS, Paul was **supported to open up to his employer about his mental health,** to set personal goals and to start an online course. o Paul said that HWS helped him "100%... It **helped me build my confidence up** because my confidence had hit rock bottom".

> **Being a guy you don't tend to open up about things... I was worried about the stigma,** but telling my employer about it [mental ill health] has really changed things for the better.

Due to COVID-19, Paul started working from home full time. While he was missing his colleagues, **he managed the transition well.**

Impact

Paul thought his case manager was approachable and friendly, and liked that he didn't have to re-explain his situation each time they spoke.

> **[The CM] got to know you... it wasn't just like with GPs for instance, where you go and see a different doctor each time, and then it's not so easy to explain [your situation] over and over again.**

A year on from HWS, Paul was still in work, and was pleased to say he had **"not been off sick once... Now I am better than I have been in years and years"**. He was feeling resilient. He attributed much of this to HWS, which he said was a "fantastic service" which he had recommended to others.

> **I thought it would never get better...** but HWS helped me to get perspective on things. There have been times where things have been challenging but **I'm a lot more resilient now because of the support I received.**

John's story

John lives in Fife and works in agriculture. He developed a problem with his shoulder which started affecting his work. He was referred to HWS by his GP, and found it easy and straightforward to access the pilot's services

Accessing HWSP

John had four sessions with a physiotherapist, which he said "**got it** [the problem] **sorted**".

In January 2020, after his support from HWS had ended, John said **the support had helped with his daily life**. He was still getting some "trouble" with his shoulder, but it not to the extent that he could not work.

> **Being a guy you don't tend to open up about things... I was worried about the stigma, but telling my employer about it [mental ill health] has really changed things for the better.**

John continued working through the pandemic. He found the experience "a bit isolating" but commented that he felt fortunate to have a stable job.

Impact

By May 2020, John was continuing to work. He said he was "going about my job now not even thinking about my shoulder". He said he would definitely recommend HWS to others, as he felt he had received specialist, personalised support with short wait times.

In both August and November 2020, John reported no reoccurrence of the problems with his shoulder and was still in full time employment. **"[HWS] definitely meant I could keep working."**

> **The doctor just gives you painkillers and tells you to rest...I can do that on my own. Going and getting a physical examination made a big difference... I feel it's more worthwhile.**

> **I had calls from the person helping me from HWS checking in, I didn't feel like a referral was made and then I was forgotten about.**

Mark's story

Mark lives in Fife and is a recent university graduate. He works in consultancy and had mentioned to a colleague that he was experiencing joint pain which was affecting his work. Mark first heard about HWS when he was receiving private physiotherapy.

Accessing HWSP

It was **"really easy"** for Mark to access physiotherapy through HWS, and he felt he had the right level of support and assessment from the case manager. He received four sessions of physiotherapy.

> **I felt like I didn't have to do much after the initial phone call, except book the appointments. It was all hunky dory. I even recommended [HWS] to a co-worker.**

The support helped Mark with his daily life. He felt he was treated with **dignity and respect** by both his case manager and the physiotherapist. He said the physiotherapy had worked: "It used to be quite sore sitting down so it could hurt... it's definitely helped in that aspect."

Mark continued to work full time, including some essential office work, which meant he felt work had "not really changed for me" during the pandemic.

Impact

In May 2020 Mark was feeling positive, and reflected that the pilot had had longer term benefits: "it helped at the time and now it is easier with my job you know, I was sitting in the office and it was giving me bother, it's all fine now... it got me back on my feet".

> **I keep doing the stretches and working on it, the same stuff that the physiotherapist told me to do... I feel like I'm all good.**

By Summer 2020, Mark felt his physical health problems were broadly "resolved" and by the end of the year, Mark remained positive about the long term impact that HWS had made on his life.

> **It definitely helped. At the time I was really struggling with it and going to the gym wasn't helping at all. With the physio it got better and now I can do everything.**

Peter's story

Peter lives in Fife. He he lost his job due to a mistake at work which cost his company money. The experience triggered problems with mental ill health, so Peter went to the GP who referred him to HWS. He was unable to access counselling through other channels because of a previous criminal offence.

Accessing HWSP

Peter **accessed support quickly**: "It was less than a month before I saw someone... It was quick, three weeks I think". Peter was supported with breathing techniques and other coping mechanisms to manage his mental health. **He felt he was treated with respect and dignity.**

> **It more or less opens your eyes when you read into it [mental health support]– how to relax and things like that.**

Peter felt the support had helped with his daily life, in particular with his sleep. While he was applying for work regularly and claiming universal credit, he was **struggling to gain employment due to his criminal record.**

HWS signposted Peter to services that help those with a criminal record to gain employment, but these **services were unavailable due to Covid-19**

Impact

> **I am still using the techniques, mainly breathing techniques, relaxation, letting it go.**

Following the onset of the pandemic, Peter's mental health had improved, but he was still seeking work with his criminal record holding him back.

By the end of 2020, Peter was still looking for work and claiming universal credit. He said: **"I couldn't fault Health and Work at all not gonna knock it. I think it's so important**, mental health affects people so badly.... unfortunately the people I've dealt with have just failed me because of my history.

> **I've done my time and I worked on things while I was inside and got treatment there... I think people don't think about it like that... they don't see that someone might have changed from the past.**

Linda's story

Linda lives in Dundee. She had been working in customer service for over 20 years when she lost her job due to long periods of sick leave. Linda was experiencing both physical and mental health problems, and part of this was caused by her job being "a horrible place to work". Linda's GP referred her to HWS.

Accessing HWSP

Once Linda phoned HWS it was "very straightforward" and she was **seen within a week**. Linda accessed physiotherapy through HWS and accessed counselling elsewhere.

> **She explained everything that was going wrong with my back... she cared, she wanted me to be better... [she took into] account the whole of me rather than just what was bothering me at the time.**

Linda was really impressed with the support from the HWS physiotherapist. By January, things were "much easier" for Linda and this had positive effects on her work: "**When I first lost my job I thought that's it**... but then getting the right support, I **got back into work after a couple of weeks**".

Linda began working from home in Spring 2020 due to Covid-19. She felt that working from home was positive, and said she would like to continue working in this way.

Impact

> **In my last job, I had been there 20 years, then had difficult personal circumstances and they said my work wasn't good enough – my self–esteem was rubbish...**

By May, Linda was back with a new employer – She felt the **physiotherapy had been the best element of the support she received**, and that a change in employer had also contributed to her improved wellbeing.

By the end of 2020, Linda reflected that not only had HWS helped her physically, but by making her feel that her illness was "not her fault" it had helped her to **boost her confidence**. She was continuing to use the techniques she had learned through physiotherapy.

> **...HWS really helped... they showed me that it was the employer that was the problem, not me. With my depression, and things being really difficult, I needed that support.**

Alan's story

Mark lives in Fife and works as a driver. He was injured and the pain from his injury was affecting his sleep, which affected his ability to work. He was referred to HWS by his GP.

Accessing HWSP

Alan was keen to try HWS as a way to help him stay in work. He was really impressed by how quickly he accessed physiotherapy through HWS: "From first going to see my GP, I was **seeing a physio within a month. That was amazing** cos normally you're waiting several months".

Alan said he felt a difference "almost immediately" after the physio and was "**more or less back to normal**" after 6 sessions. He felt the level of support was right for him and that **he had been listened to.**

> **It meant that I avoided having to take time off work.** It was getting to the point where I was struggling to sleep at night so I wasn't fit to do my work. If I'd been self-employed at that time, I wouldn't have been able to lighten the load.

As a sef-employed driver, his business was affected by COVID-19 with a reduction in the number of customers available. However, he was able to work when work was available, thanks to HWS.

Impact

It took Alan a month to six weeks to fully recover from his injury, and in May 2020 reflected that HWS had **definitely helped him get back to work.**

> **I'm much better, I occasionally still get twinges but nothing like it was before. The physio was really good,** she gave me stuff to work on at home as well.

Alan couldn't think of any way he would improve HWS "because the service really worked" for him. **Alan would definitely recommend HWS** as it "does what is says on the tin...it avoids you having to take time off work".

> **I got the support and I got better so I can't really say more than that!**

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