



# Building Connections:

co-locating advice services in general practices and job centres

## Executive summary

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## Acknowledgements

First and foremost thank you to the practitioners and partner organisations involved in developing the Building Connections programme. Their input has been invaluable in shaping the direction of the work; improving the social and economic circumstances of local community members we worked with and generating the evaluative insight which informs the discussions presented in this report. Although not exhaustive, the following list details the organisations we worked with throughout the last three years.

Addaction	Jobs and Business Glasgow
Amina: The Muslim Women's Resource Centre	Joseph Rowntree Foundation
BEMIS Scotland	Lafferty, MacPhee and Dames GP practice
Burns/McKenzie GP practice	Laurieston job centre
Calton Learning and Heritage Centre	NHS North East Health Improvement Team
Coalition for Racial Equality and Rights	One Parent Families Scotland
Council of Ethnic Minority Voluntary Sector Organisations	Parkhead, Dalmarnock and Calmachie Thriving Places
Cranhill Development Trust	Parkhead job centre
Deep End GP Group	Poverty Leadership Panel (and members of)
Department for Work and Pensions Central District Office	The Prince's Trust
Glasgow Association for Mental Health	Project Scotland
Glasgow Disability Alliance	Radiant and Brighter
Greater Easterhouse Money Advice Project	Reach Community Health Project
Glasgow Centre for Population Health	Saheliya
Glasgow Community Planning Partnership	Scottish Government Leading Improvement Team
Glasgow Life	Scottish Government Social Justice and Regeneration Division
Glasgow City Council	Scottish Refugee Council
Glasgow Council for the Voluntary Sector	Skills Development Scotland
Glasgow Homelessness Network	University of Glasgow
Glasgow Housing Association	Volunteer Glasgow
Glasgow Kelvin College	The Well
Glasgow North East Foodbank	What Works Scotland
Health and Social Care Alliance Scotland	Wheatley Group

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## Author's note

The Building Connections programme focused exclusively on helping partner organisations to develop collaborative service delivery interventions which utilised their collective expertise and resources to improve outcomes for people living in poverty. The programme did not provide additional funding for partners to deliver the interventions. Instead, partners realigned current funding to resource their development and delivery.

Therefore, it is important to stress that the 'collaboration' achieved throughout the programme is a reflection of the willingness of partners to work with one another and redirect resources to develop and test different ways of working.

Throughout this report the terms 'the programme' and 'we' are used interchangeably. While these terms broadly describe the activities of the programme manager, many of these activities were performed in collaboration with partners. As such, the design and development of the demonstration projects would not have been possible without the input and collaboration of the partners.

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# Executive summary

## Introduction

Collaborative working occupies a central position in public policy discourse. It is presented as the medium through which complex societal issues, such as poverty, can be overcome, through utilising the expertise, knowledge and resources of multiple partners. Its prominence can also be viewed as a result of reductions in public sector spending; the consequential impact on third sector funding; and more generally, the reduced resources available to organisations which aim to support local communities across a broad range of services, for example poverty.

From November 2014 Building Connections helped develop a series of collaborative service delivery projects designed to improve social and economic outcomes for people experiencing poverty in Glasgow. Through analysing and evaluating the impact of these projects and the experiences of people delivering and engaging with them, it also sought to contribute to the evidence base on collaborative working and in particular, approaches to delivering co-located services. The three projects are detailed in Table 1.

**Table 1. Building Connections projects.**

Project	Overview
Springburn job centre	Improve social and economic outcomes for ethnic minority communities through delivering co-located volunteering, modern apprenticeship and employment advice in the job centre.
Parkhead job centre partnership suite	Improve social and economic outcomes for people through co-locating financial advice, social security, mental health, lone parent, young people, employment and addictions services in the job centre.
Deep End Advice Worker project	Improve social and economic outcomes for people accessing general practices and reduce the time medical staff spend on non-clinical issues through embedding an advice worker into two GP practices.

## Methods

Quality improvement methodologies were utilised to make explicit, and improve, the practical processes underpinning the projects. This was complemented by more traditional data collection methods, including semi-structured interviews and the quantitative analysis of financial outcomes. Most importantly, the data collection and analysis was conducted concurrently and focused on identifying improvements to the projects as they were delivered.

The programme manager worked regularly from the job centres and general practices. This allowed for extensive engagement with practitioners delivering the services in an informal yet focused manner. This multi-dimensional process, which utilised quantitative data and the experiences of people delivering and engaging with services, helped capture a significant amount of knowledge regarding how collaboration works in practice. This learning informed several practical interventions across each project, designed to improve the services offered. It also informs the learning presented in this report.

## **Project outcomes**

Between October 2015 and December 2017, the programme worked with 12 service providers across the three projects. They achieved the following outcomes:

- 707 referrals.
- £992,778 worth of financial gain secured by income maximisation work.
- £212,831 worth of debt identified and management plans put in place.

### **Parkhead job centre**

Between January 2016 and December 2017 eight service providers worked with Parkhead job centre to improve social and economic outcomes for people accessing the job centre. They delivered financial, debt and social security advice. Specific services were available for mental health, lone parents, young people and people seeking to engage with alcohol and addictions recovery support.

Partners achieved the following outcomes:

- 359 referrals.
- £144,777 worth of financial gain.
- £57,065 worth of debt managed and identified.

Partners also achieved a range of softer outcomes. These ranged from supporting people to secure free bus passes, helping people engage with the recovery community and supporting people to use less expensive forms of credit.

### **Springburn job centre**

Between October 2015 and December 2016, Building Connections worked with four organisations and Springburn job centre to improve social and economic outcomes for ethnic minority communities.

In total 72 referrals were made to support agencies. Referrals were initially made to community settings, before support services were brought on-site. The project secured full-time employment for two people and helped four people access modern apprenticeship schemes. A further three people were supported to access English language classes and volunteering opportunities.

### **The Deep End Advice Worker project**

From December 2016 the project developed and tested approaches to delivering advice services (e.g. financial and debt advice, housing advice and social security support) in two general practices in north east Glasgow. Between December 2016 and May 2017, the project secured the following outcomes:

- 276 referrals, of which, 235 people had never previously accessed Greater Easterhouse Money Advice Project's (GEMAP) services (85% of total referrals).
- 165 people engaged with the service once referred (65% engagement rate).
- £848,001 worth of financial gain was secured through income maximisation work.
- £155,766 worth of debt was identified and managed.

## **What we know about the communities we worked with**

Due to the range of data collection methodologies adopted by the programme, it is difficult to make direct comparisons between the quantitative data collected from each project. However, we are able to use GEMAP's data to compare their experience of working in Parkhead job centre and the general practices.

Nearly two-thirds of people accessing GEMAP's services in Parkhead job centre and the general practice were tenants of registered social landlords. In the job centre, men (60%) were more likely to access the service than women. The opposite is true for advice in general practices, in which 65% of people accessing the service were female. In the job centre, 40% of people engaging with GEMAP were between the ages of 16 and 25. In general practices, the majority of people were over the age of 26. Across the two settings, people accessing advice generally had household incomes below £15,000.

More generally, there was a high proportion of people with long-term health illnesses accessing advice in general practices (58%) and there was a low proportion of people that classed themselves as 'unfit for work' in the job centre (10%).

This suggests that advice provision in different settings will be accessed by different members of the community. Therefore, it is clearly important that organisations entering into collaborative service delivery projects consider the physical location that advice is to be delivered from, as this will influence its accessibility for certain sections of the population.

## **Findings**

### **Co-located service delivery models improve accessibility of services**

Our experiences across the three projects make clear that people engage more with co-located services than with services which require them to travel, even small distances, to attend. Across each project, without exception, referral and engagement rates were higher when a co-located model was adopted.

Importantly, feedback from staff delivering services suggests that co-located services not only provide a more accessible form of support, but also, the presence of staff delivering the services provides a reminder to the host organisation that the service is available. Put simply, sharing the same physical space encourages frontline staff to interact with one another and utilise the available services.

For example, between December 2015 and September 2017, the two practices involved in the Deep End Advice Worker project made 276 referrals to the advice agency. In the same 17-month time period, the other 42 practices in north east Glasgow (without embedded advice workers) but who were still able to refer patients via an online system, made 24 referrals to GEMAP's services.

However, the project at Parkhead job centre also highlights the importance of sharing the same space at the same time. In this case, several organisations worked from the job centre throughout the project's duration. Each one at a different time (e.g. morning or afternoon) and with different frequencies (e.g. weekly, fortnightly or monthly).

Although the programme encouraged referrals between partners, cross-service referrals did not materialise. This could be considered a reflection of the limited opportunities of frontline staff from each partner to interact with one another, as they did not work from the job centre at the same time.

## **Organisational relationships with local communities**

Co-location of services increased the accessibility of services for local communities and improved the range of support options available to staff for onward referral. The work also identified how the core function of the services impacted on how people engaged with them. Their core function, that is, of delivering a health service, or supporting people into employment, also had an impact on the level of collaboration they achieved with partners delivering services.

The historic relationship of job centres and general practices and the previous interactions between them and partner organisations impacted how they worked together. The Deep End Advice Worker project embedded the advice worker into the day-to-day work of the general practices. They worked from a spare consultation room, had access to medical records and worked collaboratively with GPs to produce supporting medical statements for social security applications.

Although partners working with job centres involved some collaboration, this occurred on a more administrative basis. Data was not regularly shared and therefore, they were unable to make best use of one another's expertise to support people. Instead, individuals tended to be supported by one party or another. Collaboration revolved around helping people navigate the social security system or ensure the correct documentation was submitted to the correct department.

It is important to stress the services delivered were beneficial and laid the foundations for the development and testing of more embedded models. At Parkhead job centre an advice agency is working exclusively with a work coach to support people furthest from the labour market. Similar to the work at general practices, this approach involves gaining the informed consent of people accessing the job centre, which then allows the two organisations to utilise their expertise to support people across a range of areas (e.g. employment, finance, social security, housing).

## **The importance of accessible services**

Throughout the projects, people accessing the service continually reiterated the importance of accessible advice, in terms of increasing their awareness of support available and the practical help it could offer. An important aspect of this, particularly at the general practices, was the discreet nature of the service, which meant it was difficult to distinguish whether people were accessing an advice service, or a GP appointment. This was achieved through the advice worker using a spare consultation room, dressing in the same attire as GPs and using the traditional GP call to attendance to people in the waiting room.

## **Attitudes**

Through co-locating services, partners were able to regularly interact with professionals in a productive manner. Feedback suggests this resulted in a softening of attitudes towards one another. Through regular interaction, staff delivering services were able to better understand the roles and pressures of partners. In turn, this helped challenge long-held perceptions.

However, our work across the programme suggests further attention is needed regarding attitudes towards people living in poverty and ethnic minority communities. Often, very little consideration was paid to the impact poverty can have upon people's day-to-day circumstances and life opportunities. Instead it was viewed as a consequence of an individual's decisions. In addition, there was a clear lack of recognition of the broader structural barriers that many people from ethnic minority communities experience, particularly refugees.

## **Skills and characteristics necessary for collaborative working**

Our experience makes clear that frontline staff are experts at delivering the services they are employed to deliver. However, working across multiple professional environments with partners who work in different ways, have different objectives and are driven by different motivations requires a distinct set of skills and characteristics.

This includes adopting an approach which values the opinions of partners, even if they do not always agree with them and a commitment to engage in dialogue, as opposed to simply promoting a single point of view. Perhaps most importantly, it is important for partners to appreciate the contrasting pressures of the people they collaborate with, as each organisation is underpinned by their own working cultures, social dynamic and accountabilities.

## **Building Connections**

A key component of Building Connections was the linking role performed by the programme. This position of supporting partners to develop relationships and identifying opportunities for collaboration helped inform the development and refinement of the projects. Throughout the report, this is referred to as operating in a boundary-spanning position. That is, a position which works across multiple professional environments to help partners achieve their individual and collaborative aims.

The nature of the position allowed for significant engagement with the partners. In turn, it underpinned the development of multiple understandings of how collaboration works in practice and also, the influences which practically impact it. This includes, but is not limited to, overarching organisational aims which result from policy or legislation, but also, the extent to which partners are willing to test the boundaries of acceptable working practices within the organisations they work for.

It is important to make clear that the programme did not possess the organisational authority to direct the behaviours and activities of partners. Instead, it sought to use its relationships to help them identify opportunities to work together. Through interacting with them in a supportive manner to better understand how the projects were developing, the programme encouraged partners to reflect on current practice and identify opportunities to improve the services.

## **Conclusion**

Building Connections has demonstrated what can be achieved through collaborative working with multiple partners. Importantly, it improved social and economic outcomes for a significant number of people. It also acted as the catalyst for the development of relationships across the public and third sectors. On occasion, the work did not realise its full potential, however, it is clear that programmes of this nature offer both the capacity to practically support people at the current moment, but also, help build organisational relationships which offer opportunities for future collaborative working.



## Key learning points

- Local communities and frontline staff should be involved in the co-design of policies and services. Their experience offers a vital source of knowledge to help inform effective approaches. Careful consideration should be given to how local communities and frontline staff co-design policies and services, as this will influence people's willingness and ability to contribute effectively.
- Future co-located services should consider the function of the host organisation. Their function and subsequent role in the local community will strongly influence the relationships local people have with them, and how these change over time. Different organisations will offer different opportunities to engage with specific communities. It is vital these nuances are considered at the outset of future collaborative work. This will also determine the extent to which organisations co-locate, for example, from simply sharing the same space, through to delivering embedded services.
- Managers and frontline staff involved in delivering collaborative services should be supported to develop and refine the skills necessary to work in this way. Considering the current drive for collaboration across public policy, this is fundamental if shared and individual objectives are to be realised. Our experience makes clear that while staff are experts at delivering their own services, working collaboratively – particularly with a broad range of partners with diverse objectives – demands a different set of interpersonal skills and abilities.
- The strength of relationships has a significant role in the impact achieved in any collaborative project. Therefore, time for relationship building should be built into the development process. This is particularly important for co-located services which involve multiple partners sharing the same space. There must be opportunities for regular face-to-face engagement between frontline staff delivering services. This is a fundamental aspect of the relationship-building process and can only be achieved through purposeful, regular interaction.
- Frontline staff should be supported to understand the context they are working in and the communities they serve. This is particularly important for organisations working with a broad range of communities. Our experience makes clear that further work is needed regarding increased understanding of how poverty and people's characteristics and circumstances – notably, ethnicity, disability, health, gender, parental roles and age – influence their everyday lives and future opportunities.
- The boundary spanner role should be explored in further depth within the service delivery context, in particular, the value of the position as an external source of support, not employed by partner organisations. The evolving nature of the position in relation to how it supports the identification, development and nurturing of collaborative projects should also be considered, as each stage requires a distinct, yet complimentary skill set.
- Elected representatives and senior officials should consider the complexities of collaborative working when developing national and local policies and strategies. Careful consideration of the location, its history, the organisations, people involved and their relationships with one another in collaborative endeavours is required. These factors will determine the extent to which the potential of a collaboration is realised.

- Funders, commissioners and organisations involved in delivering services should consider how rigid performance measurement frameworks influence the behaviours and activities of staff delivering services. Although it is necessary to track the impact of services, performance frameworks should be flexible to the complexities of people's everyday circumstances, particularly those living in poverty. Put simply, a reliance on predefined quantitative measurements (e.g. financial gain, employment outcomes) has the potential to encourage practices which simply aim to achieve these measures, as opposed to delivering services which focus on genuine outcomes for the people that need them most.



