Building Connections:
co-locating advice services in general practices and job centres

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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
Amina: The Muslim Women's Resource Centre
BEMIS Scotland
Burns/McKenzie GP practice
Calton Learning and Heritage Centre
Coalition for Racial Equality and Rights
Council of Ethnic Minority Voluntary Sector Organisations
Cranhill Development Trust
Deep End GP Group
Department for Work and Pensions Central District Office
Glasgow Association for Mental Health
Glasgow Disability Alliance
Greater Easterhouse Money Advice Project
Glasgow Centre for Population Health
Glasgow Community Planning Partnership
Glasgow Life
Glasgow City Council
Glasgow Council for the Voluntary Sector
Glasgow Homelessness Network
Glasgow Housing Association
Glasgow Kelvin College
Glasgow North East Foodbank
Health and Social Care Alliance Scotland

Jobs and Business Glasgow
Joseph Rowntree Foundation
Lafferty, MacPhee and Dames GP practice
Laurieston job centre
NHS North East Health Improvement Team
One Parent Families Scotland
Parkhead, Dalmarnock and Calmachie Thriving Places
Parkhead job centre
Poverty Leadership Panel (and members of)
The Prince's Trust
Project Scotland
Radiant and Brighter
Reach Community Health Project
Saheliya
Scottish Government Leading Improvement Team
Scottish Government Social Justice and Regeneration Division
Scottish Refugee Council
Skills Development Scotland
University of Glasgow
Volunteer Glasgow
The Well
What Works Scotland
Wheatley Group

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.

Introduction

This report presents the learning from the Building Connections programme. From November 2014 the programme helped develop a series of collaborative projects designed to improve social and economic outcomes for people living in poverty in Glasgow. Through evaluating the impact of each project, and their supporting processes, we intend to contribute to the evidence base on collaborative working and in particular, approaches to delivering co-located services. Our findings are based on data collected from three demonstration projects, detailed below.

- Co-locating advice services in Parkhead job centre, north east Glasgow. This included the provision of financial, debt, social security, lone parent, mental health and addictions support.

- Co-locating advice (e.g. housing, social security, financial and debt support) in two general practices in north east Glasgow.

- Co-locating advice services targeted at ethnic minority communities, in Springburn job centre, north east Glasgow.

Report structure

First we introduce the programme's funding arrangements and overall aims. We then examine the notion of collaborative working, with specific reference to its central position within contemporary public policy discourse. To illustrate the fundamental role of people in collaborative endeavours, we explore the concept of the 'boundary spanner' and boundary-spanning activities. These discussions pay particular attention to individuals who work across multiple professional environments to deliver shared objectives. This section of the report concludes through detailing the social and economic impact of poverty, through analysing the demographic profiles of the communities we worked with.

Against this contextual background the report details the history, main activities and underpinning ethos of the programme. The three demonstration projects are examined in further depth, including an analysis of the outcomes secured. Next, we introduce the qualitative findings. Specific attention is paid to the experiences of people delivering, and engaging with, the demonstration projects. The penultimate section discusses the implications of our findings, before detailing our key learning points.

Building Connections

Between November 2014 and March 2016, the Scottish Government funded Building Connections. During this time Glasgow City Council hosted the programme, by employing the programme manager[a]. Between April 2016 and August 2016, interim funding was provided by Glasgow Centre for Population Health, What Works Scotland and the NHS North East Health Improvement Team. In April 2016 Glasgow Kelvin College took over host responsibilities (i.e. employed the programme manager). Since September 2016, the Joseph Rowntree Foundation (JRF) has funded the work.

Across the three funding phases, the objectives of the programme can be summarised as:

1. Develop and test practical approaches to delivering collaborative service delivery projects within, and across, the public and third sectors.

2. Improve social and economic outcomes for local communities engaging with the projects.

3. Contribute to a better understanding of how collaborative service delivery projects work in practice at a local level, particularly those which involve co-locating services.

Throughout its duration the programme explicitly focused on developing approaches to, and demonstrating the impact of, collaborative working, which explicitly sought to improve outcomes for people living in poverty. This can be considered the foundations of the work, alongside the desire to contribute to the evolving evidence base regarding collaborative working and co-locating services.

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[a] During this time, the programme was a collaboration between Glasgow Council for Voluntary Services and Glasgow City Council (GCC). Since March 2016, the programme has been funded independently of these organisations.

Collaborative responses to poverty

The multi-dimensional nature of poverty and its ability to transcend traditional policy areas (e.g. health, housing, education, employment and travel) is of particular concern to policy-makers, academics, elected officials and practitioners[1-4]. As a result, collaboration between organisations is widely perceived as a working method which allows for diverse, yet cohesive, responses to the social and economic challenges created by poverty[5,6].

This type of working occupies a central position across a range of policy directives, strategic decisions and service delivery interventions[7,8]. For example, within the recent Scottish Government Fairer Scotland Action Plan, 50 actions are detailed which aim to reduce poverty[9]. Within the action plan and regardless of the thematic area of interest, regular reference is made to the collaboration across, and within, the public and third sectors. Further analysis of policy and strategies at a local and national level in Scotland and the United Kingdom reveals a growing appetite for working collaboratively[1,10-14].

More specifically, in Glasgow, a range of collaborative groups, strategies, policies and services aim to support people living in poverty. These include, but are not limited to, the delivery of financial advice from city libraries, the Macmillan Improving the Cancer Journey service, the Healthier Wealthier Children programme, the Epic 360 programme and the ongoing work of the Poverty Leadership Panel[15-19].

Despite the positive impact of these interventions (and others like them) the current evidence base illustrates the complexity of this way of working and states there is limited evidence regarding the relationship between this approach and improved outcomes. This is due, in part to the methodological difficulties associated with evaluating collaborative interventions[7].

However, there is a general recognition of several themes which are important for collaborative working. These include, but are not limited to, delivering appropriate interventions based on the needs of communities, adequate resources and developing shared aims[7,20,21]. Compatibility of working cultures, organisational motivations and aims, alongside the relationships between individuals from partner organisations, also shape collaborative endeavours[22,23]. Not to mention the broader influence of external forces, such as legislative, policy and funding requirements[24].

As a result, working collaboratively can be viewed as a complex tapestry of people, relationships, activities and processes. All of which are shaped by the physical environment the collaboration is based in, the issue it is responding to and the relationship of partners with broader influencing forces.

In recent times, the role of individual people, their relationships with one another and the way in which working cultures interact and shape collaborative interventions have also been recognised as important factors in impacting how collaboration works in practice. Through the concept of the boundary spanner and boundary-spanning activities, the next section explores these more nuanced elements in further detail.

The role of the boundary spanner in collaborative working

Defining the role of a boundary spanner

Originating from collaborative management theory in the business sector, the concept of the boundary spanner has received increased attention in public policy discourse in recent years[25-27]. Boundary spanners can be defined as people who:

"facilitate transactions and the flow of information between people or groups who either have no physical or cognitive access to once another, or alternatively, who have no basis on which to trust each other."
[Taken from Long, Cunningham, Braithwaite[28]]

Boundary spanners work across multiple professional environments to support the delivery of collaborative work[29]. Some roles involve significant boundary spanning, for example, partnership managers responsible for developing relationships with external parties[30]. Other roles contain an element of boundary spanning, for example, managers responsible for delivering core services and collaborative services with several partners. To varying degrees, all professionals, regardless of their position, engage in some form of boundary spanning[5].

Types of boundary-spanning activities

Boundary spanners work in a range of strategic and practice-based positions. Strategically, they perform the role explicitly or implicitly. That is, through a designated position, or as part of a broader set of responsibilities[31]. It can also be a requirement of a practice-based position, performed in a service delivery context. Figure 1 highlights different examples of this way of working.

These examples of boundary-spanning activities are not exclusive categories. They can occur sequentially, simultaneously as well as in isolation. The strategic or operational position of the boundary spanner and the environments they work within will also determine the type of activities they carry out.

The characteristics and skills of a boundary spanner

Due to the nuanced nature of the concept and its dependence on the organisational position of the person performing the boundary spanner role, it is difficult to definitively comment on the abilities required. However, the following themes provide some indication of the types of skills, qualities and characteristics required:

- Some knowledge of the area of work they are based within.
- An ability to build trust and effective formal and informal relationships.
- The ability to develop strong networks which can be used to the benefit of the collaboration.
- An ability to adapt and be flexible to the needs, concerns and objectives of partners.
- An ability to manage conflict within and across organisations working collaboratively.
- Leadership skills.
- An appreciation of the interconnectedness or dependencies between different areas of the collaboration.

Clearly, a fundamental component of the boundary spanner's role is their ability to work effectively with a range of people[33]. Perhaps more importantly, the value of a boundary spanner is grounded in their ability to understand and appreciate the perspectives and understandings of the people they work with[26-33]. Empathy is therefore vital, as it allows for an appreciation of how and why views are formed. Just as important is adopting a non-judgemental and curious mindset, which seeks to understand but not judge behaviours.

Figure 1: Examples of boundary-spanning activities[32].

BOUNDARY SPANNING ACTIVITIES

Vertical, between organisations

The boundary spanner supports the delivery of national policy directives at a local level

Vertical, within organisations

The boundary spanner works to reduce potential disconnect between management and frontline staff

Horizontal, across organisations

The boundary spanner works with multiple agencies to deliver collaborative work

The boundary spanner works within large organisations, for example, local authorities, to support the delivery of collaborative work

Horizontal, within organisations

In practice, these skills and characteristics will be exercised in relation to the boundary spanner's position and the type of boundary spanning they are involved in. For example, the advice worker working in a new environment must build relationships and trust with the people they work with, however, these relationships revolve around delivering a practical service.

Alternatively, the boundary spanner, in co-ordinating a collaborative programme, in which their role is officially recognised, will embark on the same relationship-building exercises, but possess some form of authority to direct the behaviours of partners[5].

Finally, there are boundary spanners with limited organisational authority but are still responsible for supporting the delivery of collaborative work[5,29-33]. Instead, this position relies upon relationships, informal influence and the ability to demonstrate value through delivering results which benefit the partners they work with. The role of the Building Connections programme manager falls within this category and will be explored in the remainder of the report.

Building Connections and the communities we worked with

The disproportionate impact of poverty

Poverty is widely recognised as a fundamental factor in limiting people's experience of, and ability to, engage with society[1]. It restricts social and economic opportunities and determines people's health. The Scottish Government's recent poverty and income inequality report states that in 2015-2016, 20% of the Scottish population were living in poverty after housing costs[34]. This equates to just over one million households and is a 2% increase from the previous year. In 2015-2016 levels of child poverty also increased, from 22% to 26%, or 260,000 children[34].

In addition, the report highlights that of the 650,000 working-age adults experiencing poverty in Scotland, nearly two-thirds, or 420,000 people, lived in working households. Recent work by the Joseph Rowntree Foundation expands on this data, stating that in households where all adults were in work, one-in-ten households were still living in poverty[35]. This figure increases to 25% when at least one adult was working and one was not, while just under two-thirds of workless households were living in poverty.

Expanding upon these figures, the JRF also highlighted the impact of poverty upon certain demographic groups[35]. Details are provided in Table 2.

Table 2. Scottish poverty rates by household status.

Year	Couple with children (%)	Lone parent (%)	Couple without children (%)	Single adult without children (%)
2013-2016	18	37	11	27

Limited income growth, inflation and its associated impact on the costs of essential goods and services are widely recognised as underpinning factors of current levels of poverty[36,37].

From a place-based perspective, the level and impact of poverty are heightened in Glasgow, particularly within certain communities. The Glasgow Indicators Project identfies[38-40]:

• 47%, or 238,000 people in Glasgow reside in the 20% most deprived areas
• 4%, or 26,000 people in Glasgow, reside in the 10% least deprived areas
• Levels of income deprivation range from 5% in some areas, to 37% in others
• Levels of employment deprivation range from 4% to 31%.

Nearly one-third of children (37,000) in the city are living in poverty, around 10% higher than the Scottish rate[41]. This figure is also significantly higher than Dundee (28%), Edinburgh (22%) and Aberdeen (18%)[38]. As a more general indicator of the economic impact of poverty, Glasgow exhibits lower employment rates and median earnings, when compared with the Scottish and UK average[42]. While in 2014, 19% of households had an annual income of less than £10,000 per annum, the highest percentage in Scotland[38].

Drawing from the well established link between poverty and poor health, the number of people with long-term illnesses is higher in Glasgow (30%), when compared with Scotland (28%) and the United Kingdom (22%)[42]. Nearly 80,000 people of working age in the city receive out-of-work social security support. This equates to 18% of the population, in comparison with 13% in Scotland and 11% in the United Kingdom[42].

Recent research on the cost of poverty also details the relationship between reduced income and increased essential living costs[43]. The poverty premium highlights that the poorest people pay more for necessary goods and services. This is due to less scope, opportunity or capacity to utilise cost efficient fuel tariffs, payment methods and credit facilities. Currently the poverty premium equates to paying an additional £490 per low-income household, per annum (for every living cost)[44]. This suggests supporting people living in poverty is not simply about increasing incomes, but also, reducing essential living costs.

Working with communities in Parkhead and Springburn

To provide a more in-depth insight into the levels and challenges of poverty in the communities we worked with, Tables 3 and 4 present selected demographic information.

For context, Parkhead and Dalmarnock is a neighbourhood in the north east of Glasgow with a population of 6,989[45]. Springburn is a neighbourhood in the north east of Glasgow with a population of 12,064[46].

Table 3. Demographic information[45-50].

Indicator	Parkhead	Springburn	Glasgow
Lone parent households (%)	61	55	40
People from an ethnic minority (%)	6	16	12
Population of ethnic minority community under 25 years of age (%)	9	25	17

Table 4. Poverty, employment and education information[45-50].

Indicator	Parkhead	Springburn	Glasgow
Children in poverty (%)	46	42	29
Employment rate (%)	44	49	56
Highers and above (%)	26	31	48

There are clear differences between the demographic profiles of Parkhead and Springburn and Glasgow as a whole. Both areas have significantly higher levels of lone-parent households. As highlighted earlier, lone parent families are well recognised as disproportionately at risk of poverty. Levels of child poverty and people receiving out-of-work social security support are also significantly higher in the communities we worked with, when compared with the city average. Employment rates and educational qualifications (Highers and above) are markedly lower.

Table 5. Health information[45-51].

Indicator	Parkhead	Springburn	Glasgow	Scotland
Male life expectancy (years)	69	69	73	77
Male healthy life expectancy (years)	47	51	56	63
Female life expectancy (years)	76	77	79	81
Female healthy life expectancy (years)	50	53	56	65
Limited a lot or little by disability (%)	32	28	23	20

From a health perspective, the data demonstrates lower than average healthy life expectancy and life expectancy levels. People are also more likely to be impacted by disability.

Conclusion

Poverty simultaneously impacts social, economic and health circumstances and life opportunities. The scale of poverty throughout Scotland and its heightened impact on the communities we worked with also reinforces the need for concentrated societal efforts which aim to tackle the root causes of poverty. Although supporting individuals and households is clearly valuable, stronger legislation and policies which protect and support households living in poverty are needed. Potential interventions include progressive income and wealth taxation, 'fair work' and wage levels, effective use of newly devolved social security measures, an 'anti-poverty childcare system', measures to reduce the poverty premium, implementation of a 'living rent' and other actions on housing quality and affordability, alongside poverty-proofing of national and local government policies[52,53].

Programme history

Figure 2: Building Connections timeline.

BUILDING CONNECTIONS TIMELINE

Scoping and relationship building — Nov 2014 - Apr 2015

Adopting a collaborative & co-produced approach — May 2015

Event preparation — Jun - Aug 2015

Event: improving services in the east end of Glasgow — Sept 2015

Selecting and designing the demonstration projects — Oct - Dec 2015

Delivering the demonstration projects — Jan - Feb 2016

Improving the demonstration projects & Deep End Advice Worker project — Mar - Aug 2016

Event: improving outcomes for ethnic minority communities — Sept 2016

Evaluation & BME demonstration projects — Oct 2016 - Jan 2017

Deep End publication — Sept 2017

Building Connections evaluation — Dec 2017

Ongoing project delivery

This section introduces the core work phases of Building Connections. The programme intentionally sought to keep planning and objectives to a minimum and instead aimed to understand and then act upon the experiences of the communities and professionals involved.

The communities we worked with were not viewed as merely participants in the demonstration projects but people with aspirations, motivations and goals which were impacted by the social and economic conditions which characterised their circumstances.

Our non-prescriptive approach allowed the projects to develop organically and react quickly to emerging issues and ideas. This ethos underpinned our approach throughout its duration.

Scoping and relationship building

Between November 2014 and April 2015 the programme embarked on an extensive scoping and relationship-building exercise. This phase is reflective of the importance of relationships to the boundary spanning role. As a result, it focused exclusively upon building strong links with potential partners and to better understand the complex landscape of policies, strategies, organisations, services and initiatives which aimed to tackle poverty in Glasgow.

Approximately 60 meetings were held with staff involved in delivering services, policy-makers and senior managers from the public and third sectors. The programme also worked with communities in north east Glasgow to understand their experience of local services and previous programmes, with a view that this could inform the future work areas. This process was grounded in face-to-face interactions, relationship building and a drive to understand the broadest range of perspectives possible. It can be considered the foundations of the programme's development.

Adopting a collaborative and co-produced approach

The information gathered from the scoping phase informed the development of an action plan in May 2015. The plan detailed a series of work areas the programme could focus on, including benefit sanctions and targeted support for asylum seekers granted leave to remain.

After producing the action plan and through discussions with the Scottish Government, a more collaborative approach was adopted. Although the work areas reflected the engagement with local communities and organisations, they were not involved in its production. To ensure the programme worked with interested parties, as opposed to attempting to direct their involvement, a series of events were proposed.

Event design and continued relationship building

The events aimed to create a platform for interested organisations and local community members to decide work areas the programme could pursue. Between June 2015 and August 2015 the programme worked with the Glasgow Homelessness Network, Glasgow City Council, the NHS North East Health Improvement Team and the Scottish Government's leading improvement team, to design the events. During this time, the programme continued to engage with organisations and local communities to ensure the events and more generally, the programme, could complement existing work in the city.

Building Connections events

Two events were held in September 2015. The first involved approximately 35 organisations working with people living in poverty in the north east of Glasgow. The second event included organisations from the first session and around 45 community members from the surrounding area. Both events aimed to provide a platform for local organisations and communities to identify service delivery interventions, or improvements, which would be of most benefit to people experiencing poverty.

Participants were encouraged to reflect on how current interventions and funding could be realigned to achieve a greater impact. For further detail, Appendix 2 contains the agenda for the first event. Appendix 3 is a copy of the poster distributed to local community members to publicise the community event.

Selecting and designing the demonstration projects

From the two events approximately 50 potential projects were identified. In October and November 2015, the programme worked with interested partners to identify the most feasible pieces of work. This resulted in a shortlist of five projects, based on the commitment of partners, available resources and the timeframes required to set up each one. Appendix 4 details the shortlisted projects.

Ultimately, delivering co-located support services from Parkhead job centre was selected due to the availability of a physical space and the commitment of the job centre to test approaches to delivering co-located support services. In addition, several third sector partners had expressed an interest in working with the job centre during the scoping phase, however, they had not yet found the most appropriate method to do so.

The demonstration projects: service design and delivery

Between October 2015 and January 2016 the programme worked with partners to develop service delivery processes for the co-located services at Parkhead job centre. At this time, an opportunity to work with Springburn job centre to support ethnic minority communities emerged.

The Deep End Advice Worker project

In February 2016 the programme was invited to join the Deep End Advice Worker project to support its delivery and conduct an evaluation of its impact. At this point it is important to make clear this project was made possible by Wheatley Housing Group and the NHS North East Health Improvement Team's willingness to realign resources to develop and test approaches to delivering advice from general practice settings. It did not emerge from events in September 2015. The involvement of Building Connections was a result of the relationships developed throughout the initial phases of the work.

Real time evaluation and identifying service improvements

Between March 2016 and August 2016 the programme worked with partners to deliver and identify improvements to service delivery processes at the Springburn and Parkhead job centres, and the Deep End Advice Worker project. This was achieved through real time analysis and evaluation of the data emerging from the projects. Interventions designed to improve the services were also informed by the input of frontline staff involved in their delivery. Appendix 1 details this process. Appendix 5 provides an example of how we tracked the impact of the projects and interventions.

During this time, Building Connections also worked with the Department of Work and Pensions (DWP) Central District Office to identify interventions which could improve outcomes for ethnic minority communities accessing job centres in the district.

Improving outcomes for ethnic minority communities accessing job centres

The work with the DWP Central District Office resulted in an event in September 2016 which explicitly focused on improving services for ethnic minority communities accessing job centres. Staff from approximately 30 organisations and seven job centres attended. The session identified a series of proposed interventions which would be of benefit to this particular community. Unfortunately, despite the efforts of the programme and partners, time and resource restraints have meant the interventions are yet to be fully implemented.

Continued real time evaluation and service improvements

Between October 2016 and January 2017, Building Connections worked with partners to continue to refine the services and understand the experiences of people delivering and accessing them.

Deep End Advice Worker evaluation and publication

Between January 2017 and August 2017 significant time was invested into the Deep End Advice Worker evaluation, which was published in September 2017[54]. The work at Springburn job centre was continued by partners without the input of the programme. In addition, the range of services delivered from Parkhead job centre reduced slightly, due to difficulties faced by third sector partners in continuing to resource the co-located services.

Building Connections evaluation and publication

Since September 2017 we have focused on evaluating the Building Connections programme in its entirety. This process has also included a series of learning sessions with partners from throughout Scotland.

The demonstration projects

This section details the demonstration projects and their supporting processes. These distinct, yet inter-related pieces of work directly resulted from the relationships developed throughout the scoping phase and the events held in September 2015.

For context, the work at Parkhead and Springburn job centres did not receive financial support. However, as detailed below, in-kind resources were provided (e.g. the time and support of the programme). The Deep End Advice Worker project had already secured external funding and Building Connections joined the project to help develop and evaluate the project.

The contribution of Building Connections

At Parkhead and Springburn job centres, Building Connections supported the design and delivery of the demonstration projects. During the delivery phase of the projects, the programme manager regularly worked from the sites of the demonstration projects (approximately one day per week). Through conducting real time analysis of quantitative data (e.g. referrals, financial impact) and engaging with practitioners delivering the services, this approach aimed to better understand and identify opportunities to improve the project's supporting processes. Appendices 1 and 5 detail this process.

Parkhead job centre partnership suite

From the events in September 2015, an opportunity to utilise the vacant ground floor of Parkhead job centre emerged. With core DWP services delivered from the first floor, it was envisaged the ground floor could provide partner organisations with a private and accessible space to work from.

A series of support themes were identified through referring to the information gathered at the events in September 2015 and engaging with frontline DWP staff. These included financial, social security and debt advice, and explicit support for lone parents and young people.

Through utilising the network developed throughout the initial scoping phase of the work, the programme was able to identify several partners interested in delivering their services from the partnership phase. Once partners confirmed their interest, a series of face-to-face meetings were arranged between advice agencies and the job centre. These were facilitated by Building Connections. Table 6 details the organisations we worked with.

Table 6. Organisations working from Parkhead job centre.

Organisation	Type of service delivered
Greater Easterhouse Money Advice Project (GEMAP)	Financial, social security, housing and debt advice
Glasgow Association for Mental Health (GAMH)	Mental health support including, financial and social security support
One Parent Families Scotland (OPFS)	Lone parent support including financial childcare and social security advice
Addaction	Alcohol and addictions advice
Skills Development Scotland	Employment and education advice
Jobs and Business Glasgow	Employment advice
The Prince's Trust	Support for young people, including employment, volunteering and broader social development
Glasgow Kelvin College	Literacy and numeracy skills

The meetings aimed to identify appropriate referral processes. Both management and frontline staff were required to attend, with the latter group's thoughts occupying a central position in deciding how services would be delivered.

Referrals were voluntary in nature and it was not mandatory for people to attend the support services. Therefore, non-attendance did not affect the conditionality of social security payments. Service delivery processes varied. Some partners operated a diary system, while others offered drop-in sessions, external referrals and self-referrals. The exact process was driven by the preferred choice of each organisation. Generally, services were delivered for half-day slots. The regularity of the services ranged from weekly to monthly sessions.

Springburn job centre

As mentioned, the scoping phases of the programme identified a distinct need to improve support for refugees and people recently granted leave to remain. In September 2015, the programme manager facilitated a roundtable discussion involving public and third sector partners with an interest in improving support for this particular group.

From the roundtable, a broader approach was identified. It aimed to improve social and economic outcomes for ethnic minority communities accessing Springburn job centre. Through increasing the demographic profile of the target group, it was predicted interventions could achieve a greater impact.

In October 2015, Building Connections worked with Springburn job centre and a Civil Service Fast Stream Officer, completing a three-month placement with the DWP, to better understand the current experiences of ethnic minority communities accessing the job centre. They also engaged with frontline staff in an attempt to ensure interventions complemented their existing working processes.

This resulted in the development of a process map detailing the experiences of ethnic minority communities and a broad project plan which focused on improving support in three key areas: employment and skills; volunteering; and English language classes. Utilising the network of Building Connections, four organisations with an expertise in delivering these types of support were identified. These are detailed in Table 7.

Table 7. Organisations working with Springburn job centre.

Organisation	Type of service delivered
Glasgow Life	Community-based English classes for speakers of other languages (ESOL)
Volunteer Glasgow	ESOL literacy classes with incorporated support into volunteering opportunities
Project Scotland	Volunteering and skills development advice
BEMIS Scotland (Empowering Scotland's Ethnic and Cultural Minority Communities)	Employment and modern apprenticeship advice for ethnic minority communities

Between November 2015 and June 2016 Building Connections worked with partners and the job centre to develop referral processes for each service. Each organisation invested significant time in attending meetings and holding awareness sessions for work coaches at the job centre.

During this process Building Connections, in its boundary spanner role, performed a linking function between each organisation. However, in June 2016, due to the programme's ongoing work with the Deep End Advice Worker project and Parkhead job centre, the ability of the programme to operate in this role reduced significantly.

Until December 2016 efforts were still made to develop an on-site hub. However, the reduced linking function of Building Connections, coupled with uncertainty regarding volunteering and conditionality requirements[b], contributed to only one agency, BEMIS, working regularly from the job centre. It is important to stress the relationships developed through this phase continue to offer opportunities for future collaborative work between partners.

The Deep End Advice Worker project: embedding an advice worker in general practice settings

The Deep End Advice Worker project developed and tested approaches to delivering advice from two general practices in Parkhead, Glasgow. Through the delivery of finance, debt, social security and housing advice from a trusted setting (i.e. general practice) the project aimed to improve social and economic outcomes for people in the local area. It also sought to reduce the time medical staff spent on non-clinical issues.

A GEMAP advice worker delivered the service for half a day per week in each practice. GPs and frontline staff made referrals through a secure online system. Referrals were explicitly framed as an additional form of support, not a replacement for a GP appointment. First meetings took place in a consultation room in the patient's practice. Home visits were also available. With the informed consent of the patient, the advice worker was able to access medical records to help inform the production of social security applications.

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[b] Up-to-date DWP guidance regarding volunteering and social security conditionality was still in development while this work was ongoing. Without the clarity this document offered (published February 2017[55]) there was uncertainty regarding how volunteering would effect an individual's social security payments. As a result, this impacted the ability of the job centre and volunteering organisations to work together.

Outcomes

In this section we present the outcomes secured by the three demonstration projects. Appendix 1 details the methodologies adopted by the programme.
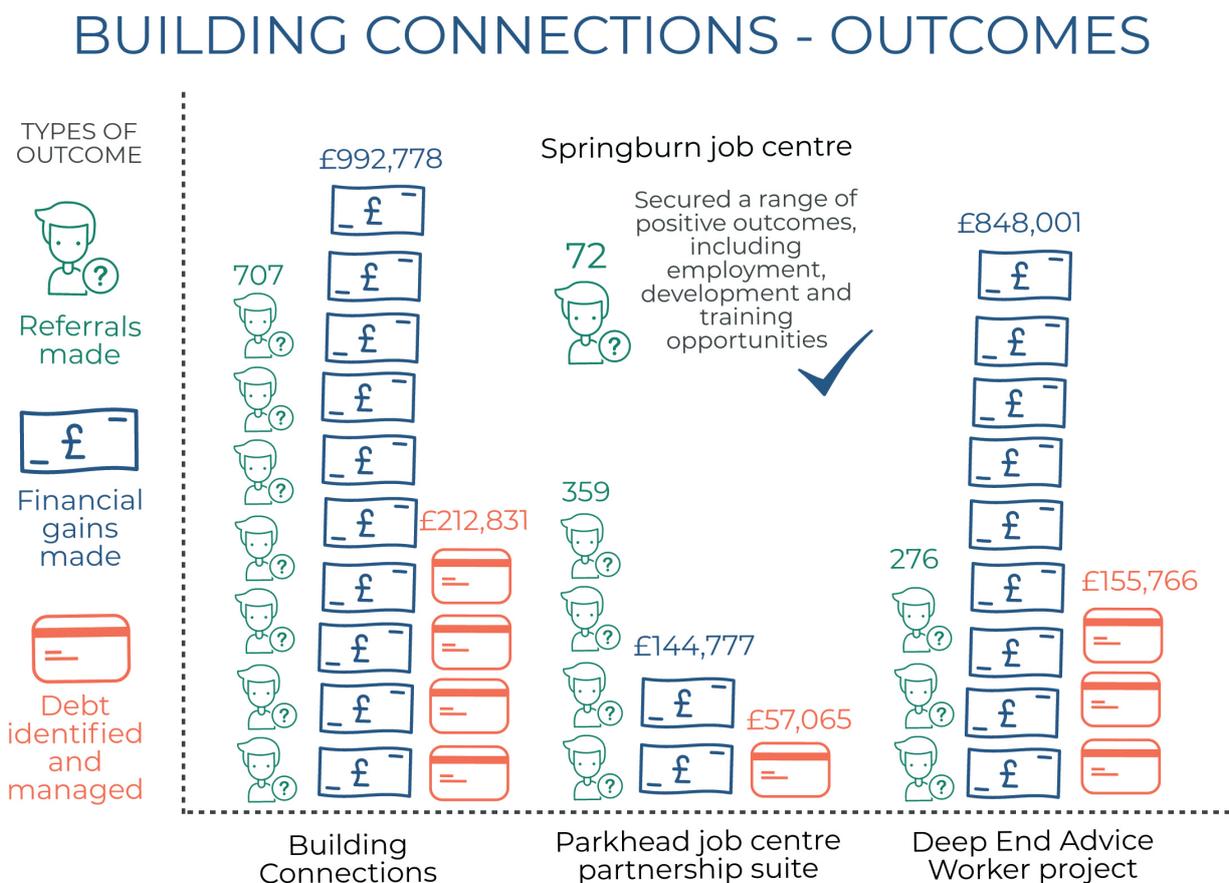
To minimise additional reporting requirements, we used the data our partners routinely collected to help assess the impact of the demonstration projects. The different measurement indicators reported in the next section reflect the breadth of data collected by the organisations we worked with. Real time analysis and evaluation of this data informed the development of several small-scale changes to the projects. These are discussed further in the findings section. Appendix 5 provides two examples of how referrals were tracked.

Delivering on-site advice from two job centres and two general practices

Referrals, financial gain and debt management

Between January 2016 and September 2017 Building Connections worked with 12 service providers to deliver co-located advice from two job centres and two general practices. Figure 3 details the outcomes achieved by partners.

Figure 3: Building Connections outcomes.

BUILDING CONNECTIONS - OUTCOMES

TYPES OF OUTCOME

Referrals made

Financial gains made

Debt identified and managed

£992,778

707

£212,831

Springburn job centre

72

Secured a range of positive outcomes, including employment, development and training opportunities

359

£144,777

£57,065

£848,001

276

£155,766

Building Connections

Parkhead job centre partnership suite

Deep End Advice Worker project

In addition to these figures, a range of other positive outcomes were secured through supporting people to engage with:

- additional community support (e.g. carers advice, community clubs)
- employment support (e.g. CV creation, professional skills courses)
- education programmes (e.g. English language classes)
- fuel poverty programmes.

The following section provides further details of these 'soft' outcomes. To better understand the programme, it also provides an analysis of the service delivery processes adopted in each demonstration project.

Parkhead job centre partnership suite

Between January 2015 and December 2017 eight organisations worked with Parkhead job centre to help improve social and economic outcomes for people in the local community.

Across the eight service providers, the following outcomes were achieved:

- 359 referrals to support services.
- £144,777 worth of financial gain secured through income maximisation work.
- £57,065 worth of debt managed and identified.

The contribution of each service provider to these outcomes is outlined below.

Greater Easterhouse Money Advice Project (GEMAP)

Between January 2016 and October 2016, GEMAP delivered financial, debt, housing and social security advice from the job centre. During this time, they accepted referrals from work coaches, self-referrals and drop-in appointments.

The following data indicates the impact of their work:

- 109 referrals.
- Approximately 60% of people referred to the service had not accessed GEMAP's support previously.
- £90,365 worth of financial gain secured through income maximisation work (102 individual cases).
- £57,065 worth of debt identified and managed.

Table 8 details selected financial gain figures by social security award.

Table 8. GEMAP and Parkhead job centre: financial gain by social security award.

Social security type	Number of people supported	Total financial gain
Personal Independence Payment	7	£20,874.59
Jobseekers Allowance	4	£16,281.20
Employment and Support Allowance	7	£14,708.10
Child Tax Benefit	2	£8,218.07
Housing Benefit	6	£7,890.40
Universal Credit	2	£7,473.96

Income maximisation outcomes presented in Table 8 represent the social security awards in which the highest amount of financial gain was secured. The total financial gain equated to £90,365 and included other forms of social security payment not featured here.

In addition to securing a significant amount of financial gain through income maximisation work, GEMAP identified and put management plans in place for £57,000 worth of debt. Nearly half of this was due to the council tax arrears of eight people (£24,202.70). Approximately one-fifth of the debt (£12,428) resulted from difficulties repaying various forms of credit. This included credit cards and doorstep loan arrears, bank overdrafts and personal loans.

Of the 51 demographic profiles available, 60% (31 people) were men. In total, 38% of people accessing the service were between the age of 16 and 25 (19 people), and 37 were single adults. This is important, as these people are 'target groups' for the advice sector and more generally, less likely to access public sector services

In addition, 61% (31 people) were tenants of registered social landlords and 60% (30 people) were seeking employment. Only five people (10% of referrals) classed themselves as unfit for work. Of the 51 demographic profiles recorded, 90% (46 people) reported a household income of less than £10,000.

Glasgow Association for Mental Health (GAMH)

GAMH delivered a co-located mental health service from the partnership suite. Between March 2016 and September 2017, they received approximately 100 referrals. They predominantly supported people to navigate the social security system, while simultaneously providing expert mental health advice.

Achievements secured by GAMH include securing approximately 50 free bus passes for people, achieving housing priority status awards and referring approximately one-in-three people onto additional forms of community support.

One Parent Families Scotland (OPFS)

Between April 2016 and November 2016 and then between February 2017 and May 2017 OPFS offered a holistic package of support to lone parents. Referrals were made by work coaches and lone parents were able to self-refer to the service.

During this period OPFS received 34 referrals securing a total of £54,411.80 worth of financial gain through income maximisation work. Complementing this, they also recorded

103 separate cases in which additional forms of support were delivered to people accessing the services. This equates to just over three cases per person. Table 9 provides further details

Table 9. One Parent Families Scotland: type of support and number of cases.

Type of support	Number of cases
Benefit check	34
Charity check and application	18
Fuel advice and crisis grant application	11
Childcare advice	10
Employment advice	8
Scottish Welfare Fund application	6
Other	16

In addition to these direct forms of support, OPFS were able to offer lone parents access to a family support service and a peer mentoring programme.

Addaction

Since June 2017 the charity Addaction have delivered ten alcohol and recovery clinics from the partnership suite. Their work is still ongoing. A total of 35 referrals were made to the clinics between June and December 2017, with 19 people attending appointments (54% attendance rate). More specifically, 16 people are now actively engaging with recovery services, while three people have recovery plans in place. Approximately half – ten people – referred to Addaction were new to their service.

Feedback from Addaction suggests the attendance rates, engagement with recovery services and percentage of new clients are significantly higher than other outreach services they deliver.

Skills Development Scotland, The Prince's Trust and Jobs and Business Glasgow

Skills Development Scotland (February 2016-June 2016), The Prince's Trust (March 2016-September 2016) and Jobs and Business Glasgow (March 2016-June 2016) also delivered support services from the partnership suite. Each partner invested significant time and resources into developing and delivering their respective services. In total 77 people were referred to the three partners.

Glasgow Kelvin College

Glasgow Kelvin College developed a support service for people with literacy and numeracy needs. Management and frontline staff attended meetings with the job centre to develop the referral process and held awareness-raising sessions with work coaches at the job centre. The college restructured their literacy and numeracy programme to allow for a class to be delivered at the local college campus, in close proximity to the job centre. Four people attended the service.

Springburn job centre

Between October 2015 and December 2016 Building Connections worked with Springburn job centre and four partners to improve social and economic outcomes for ethnic minority communities. A range of models were adopted during this time, including referrals to community settings and a co-located service delivery model.

BEMIS Scotland

Between December 2015 and April 2016 people referred to the service were expected to attend BEMIS's office in Glasgow city centre. In June 2016, BEMIS began delivering a co-located service on a fortnightly, then monthly basis. From June 2016, BEMIS worked directly with the job centre with very little input from Building Connections.

During the time Building Connections was involved in the work, BEMIS received 47 referrals. It is important to note that when the service was delivered off-site, 14 referrals were made, with eight people attending appointments (over five months). Once the provision was bought on-site (i.e. located in the jobcentre), 33 referrals were made, with 25 people attending (over three months).

In total, 38% (18 people) of referrals resulted in a positive outcome. It should be noted that ten referrals fell outwith the criteria set by BEMIS (i.e. 18-24 years old and with a good grasp of English).

Two people secured full-time employment and four gained places on modern apprenticeship schemes. An additional four people engaged with employability fund programmes, which support young people towards employment through a mixture of training and work placements. Seven people were supported with CV development and one person secured a place on an advanced English language course.

Volunteer Glasgow

Between October 2015 and February 2016 Volunteer Glasgow accepted referrals from the job centre for people to attend their city centre office. They offered volunteering, ESOL literacy classes and additional language needs support. During this time 15 people were referred to their service.

As well as accepting external referrals, Volunteer Glasgow also held a group session at the job centre, with ten people attending. Three people took up the opportunity to further engage with additional volunteering opportunities.

Despite significant efforts from Volunteer Glasgow, a combination of reduced funding and ongoing discussions regarding volunteering and conditionality, further sessions were not held. It should be noted that shortly after their involvement with the programme and in the absence of further resources, Volunteer Glasgow was forced to close its ESOL literacy classes and wider additional language needs service.

Glasgow Life and Project Scotland

Between October 2015 and June 2016 Glasgow Life and Project Scotland worked with the job centre to develop referral processes into their respective organisations. This included attending the job centre to hold awareness-raising sessions regarding the services they offered and the people they worked with. Attempts were also made to develop on-site services. However, as mentioned, as the involvement of Building Connections with this project reduced from June 2016, the potential of this work was not realised.

Deep End Advice Worker project

Since December 2016 (to present) an advice worker from GEMAP delivered on-site financial, housing, debt and social security support from two general practices, in the same health centre, for one day per week (half a day per practice). The data in this section details the impact of the project while Building Connections was actively involved in its development.

Between December 2016 and May 2017, the project secured the following outcomes:

- 276 referrals (of which, 235 had never accessed GEMAP's 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.

A detailed breakdown of the financial gain secured by GEMAP is provided in Table 10.

Table 10. Financial gain by social security award.

Social security type	Number of awards	Total financial gain
Employment and Support Allowance	48	£338,755.55
Personal Independence Payments	36	£217,496.56
Severe Disability Premium	10	£66,832.55
Housing Benefit/LHA	17	£61,402.49
Carer's Allowance	8	£33,567.10
Child Tax Credit and Child Benefit	6	£26,695.10
Jobseekers Allowance	5	£22,393.27
Council Tax Reduction	15	£15,533.27

Income maximisation outcomes presented in Table 10 represent the social security awards in which the highest amount of financial gain was secured. The total financial gain equated to £848,001 and included other forms of social security payment not featured here.

The median amount of financial gain for successful applicants amounted to £6,967 per person, per annum. Nearly one-in-five were supported with a housing issue, including 25 people for homelessness support services. Nearly two-thirds of people accessing the service were tenants of social landlords. Around half of the people accessing the service were referred onto additional forms of community support.

The majority of people engaging had household incomes of less than £15,000 per annum (78% or 128 people). Two-thirds (66% or 181 people) of the referrals were female. Those between the ages 26 and 55 were most likely to use the service. Health concerns were prominent among the 165 people engaging with the service, with 268 self-reported health issues. Within this group 68% (112 people) reported mental illnesses, 58% (96 people) stated they had a long-term illness and 21% (35 people) reported mobility or physical impairments.

What we know about who accessed the services

Due to different data reporting processes it is difficult to make direct comparisons between the job centres and general practices. However, there are instances where data is comparable, namely GEMAP's advice service 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, the high proportion of people with long-term health illnesses accessing advice in general practices (58%) and the low rate of people that classed themselves as 'unfit for work' in the job centre (10%), suggests the different sites are accessible to different people.

Conclusion

The significant levels of income generated demonstrates the importance of advice provision which supports people to navigate the social security system. In total £992,778 worth of financial gain was secured for people who engaged with the demonstration projects. For context, in 2015/2016 across the United Kingdom, 2.7 million families entitled to Housing Benefit; Income Support/Income-related Employment Support Allowance and Income-based Jobseekers Allowance did not claim their entitlement[56]. This resulted in approximately £9 billion worth of unclaimed social security support[56].

On this note, the types of support delivered in the demonstration projects also reflect the complex social and economic circumstances of the communities we worked with. Support services tended to focus on attempting to prevent individual crisis, with the view that becoming financially and socially stable could lead to further progression routes (e.g. employment and education pathways).

The next section examines the experiences of partners involved in the demonstration projects. It explores the similarities and differences between each location, with specific reference to the influence of social, cultural, policy, legislative and governance factors. Ultimately, it aims to generate knowledge regarding approaches to collaborative working, with the view that a detailed understanding of our work, can help inform future collaborative interventions.

Findings: collaborative service delivery models

In this section we introduce the different types of collaborative models adopted throughout the demonstration projects. We specifically focus on the importance of the physical environment and the need for regular face-to-face interaction.

Across the demonstration projects, organisations which co-located services achieved the greatest impact, in terms of both referrals and outcomes. 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.

In comparison, the initial three months of BEMIS's work with Springburn job centre resulted in 14 referrals to their service located in a community setting. Just under two-thirds of people engaged with the services once referred. After adopting a co-located service delivery model, 33 referrals were made in two months, with a 75% engagement rate.

When compared with approaches requiring people to travel to alternative locations, it is clear co-located service delivery models resulted in improved referrals and attendance rates. Put simply, they provide more accessible forms of support for local communities. This is particularly important when considering the complex social and economic circumstances of the communities we worked with.

From a service delivery perspective, partners highlighted the value of working in close proximity with one another. Sharing the same physical space acted as a platform for professionals making referrals and delivering services to interact with one another. These interactions acted as visual reminders of the availability of support services and were the first step towards developing professional relationships. Feedback presents these factors as fundamental components in maintaining referral rates to the support services:

"We've been told about loads of things going on, loads of support, it is round the corner, but we just don't use it. But with the advice worker here, it's a lot easier."
[GP 2]

Although co-located models within the programme achieved the greatest impact, our experience at Parkhead job centre further illustrates the importance of regular interactions between frontline staff. At the height of the work, several partners delivered support services from the ground floor of the job centre. Each worked for a specific half-day slot. Organisations worked from the job centre on either a weekly, fortnightly, or a monthly basis.

In an attempt to provide a holistic range of support, partners were encouraged to make referrals to one another. The programme facilitated two sessions to allow organisations to introduce the services they delivered. Laminated hand-outs detailing core areas of expertise and named contacts (including contact details) for each organisation were displayed in prominent positions in the shared ground floor space. However, this only resulted in a handful of cross-service referrals. One partner commented:

"There just wasn't any interaction between the other partners. From the DWP and us there probably was more interaction, but the other agencies using the partnership suite, no, there wasn't any interaction. We did have a few meetings to try and arrange referral processes… but they didn't seem to go anywhere."
[Service provider: frontline staff]

Although each partner delivered services from the same location, they did so at different times. Staff delivering services were therefore unable to interact with one another on a face-to-face basis. As mentioned previously, feedback presents one-to-one interactions as fundamental to reminding frontline staff of the availability of services. Subsequently, it is clear that sharing physical spaces, at the same time, is fundamental to co-located service delivery models which involve multiple partners.

Our experience also suggests co-located services provide a platform for frontline staff to engage with one another and develop professional relationships. They also increase the accessibility of support services for local communities. Frontline staff from the host organisations also illustrated how this model helped in their day-to-day work, through equipping them with a broader range of support options to offer to the people they worked with:

"It has made it that wee bit easier for us, we could just go into the diary (and see what organisations were working from the job centre on what day). Whereas before, we would have to find a local partner ourselves."
[DWP work coach]

"It is contributing to reduced time spent by GPs on paperwork relating to benefits, (it) lets us get on with the job we are trained to do."
[GP 3]

As well as increasing support options for host organisations, service delivery partners regularly stated that co-location resulted in more efficient services:

"We can go straight to the DWP; we don't need to phone or chase them up. I just had a wee lady come in last week, she is on Universal Credit and was stressing about her money. We told her about fortnightly payments and housing payments direct to the landlord. She agreed this would be the best approach for her, so we spoke to her work coach and changed the payment method straight away. She was so happy that the stress of dealing with rent payments and receiving money on a monthly basis was fixed immediately."
[Service provider: manager]

To conclude this section of the findings, co-located models offer a range of benefits for local communities, service delivery partners and host organisations. However, our experience suggests models differ depending on the location they are based in and the degree to which partners are able to make best use of their collective experience and expertise.

Findings: different locations produce different outcomes

The quantitative data from the demonstration projects illustrates significant differences in the outcomes secured in each site. This section explores these differences in further depth.

Organisational relationships with local communities

At this point it is important to make explicit the different relationships of job centres and general practices with local communities. Engagement with general practices usually begins at a young age, with longstanding relationships developed over decades. It is also informed by a perceived health need (although our evidence suggests attendance at general practices is now regularly the result of social and economic needs).

On occasion, local communities may also possess longstanding relationships with job centres. However, we suggest the nature of this relationship is different when compared with general practices. Not only does it begin at a later age, but the dynamic of the relationship, particularly in recent years, is guided by legislative requirements. Primary healthcare is a universal service, accessible to all, without limitations, whereas social security support is not universal and is impacted by certain conditions, depending on the form of support people are entitled to.

In our experience, these differences influence the relationships job centres and general practices have with local communities. Reinforcing this perspective, partners highlighted the contrasting experiences of working with people at each site:

"The people we work with, sometimes it's difficult for them to attend the job centre because of their personal circumstances, or previous experiences."
[Service provider: manager]

"People know and trust the general practices. The physical environment is fundamental."
[Service provider: service delivery staff member]

It is important to appreciate that relationships between organisations and local communities are fluid and can change over time. Throughout the duration of the project, partners continually articulated their commitment to improving relationships with, and opportunities for, local communities:

"Through working at the job centre, we are able to normalise their attendance and offer help there and then. We want to get them comfortable about going to the job centre. Which I think we have succeeded in doing."
[Service provider: manager]

"We want to work with local communities. Through having partners with expertise in specific areas, we can offer better support. That's what has worked best, the added support that's available."
[DWP manager]

More broadly, it is apparent that the function of an organisation will influence its relationship with local communities. Our quantitative data adds another dimension to this discussion, it illustrates how different settings will provide opportunities to engage with specific communities. For example, younger people and men were more likely to engage with services at job centres. Whereas, older people and women, particularly those with long-term health conditions, were more likely to use services in general practices.

As a result, it is important to pay careful consideration to the function of the host organisation and its role within local communities. These elements will determine how communities access future co-located interventions in the future.

Co-located services: from sharing spaces to embedded models

Co-located services can adopt several different models. They may simply involve sharing a physical space, with limited interaction between partners. Some can be considered 'embedded', in which the expertise and experiences of each partner is valued and utilised to deliver a collaborative support service. Alternatively, interventions may sit in the middle ground and involve sharing a location and collaboration between partners.

The Deep End Advice Worker project is illustrative of an embedded co-location model. Through gaining the informed consent of people accessing the service, the advice worker accessed medical records, engaged with GPs regarding people's circumstances and worked collaboratively with the practices to produce supporting medical statements for social security applications. This process reduced GP workloads, increased the ability of advice workers to represent people and achieved significant economic outcomes for people accessing the service. More generally, the advice worker was viewed as a fundamental part of the practice team.

Although the co-located models at the job centres involved some collaboration between work coaches and advice workers, it tended to occur on a more administrative basis. Examples of this include work coaches and advice workers working with people to help them navigate the social security system through ensuring the correct documentation is submitted to the appropriate department, or changing payment terms from a monthly to fortnightly basis.

A potential explanation for this may be that although third sector agencies and the job centres both aim to support people, they are accountable to different organisational and legislative structures. In recent years, it is fair to say this had led to a slightly strained relationship between them. In turn, although they were willing to work together, the different organisational objectives which guided their individual activities, influenced the extent to which they could work collaboratively.

A manifestation of this was the difficulty encountered in sharing data between job centres and partners. Although data was shared on occasion, with permission of the individual accessing the service, people tended to either work with the job centre or the partner organisation. Rarely were there opportunities for either partner to utilise their expertise collaboratively to support people.

Taking these factors into consideration also helps explain the relatively short timeframes that advice services worked from job centres. With the exception of Glasgow Association for Mental Health, who adopted a slightly different model through utilising the job centre as a 'satellite' office, from where they delivered services, or progressed other pieces of work, no organisation worked on-site for more than 11 months.

As the demographic data detailed previously demonstrates, there is a clear need for support services in the communities we worked with. However, this did not seem to translate into continued referrals to the advice agencies working from job centres. In comparison with the work in general practices, the key difference appears to be the nature of the collaboration between job centres and advice agencies. Although they collaborated, the extent to which they worked together to support people was influenced by their respective overarching objectives. In turn, this created difficulties sharing information and resulted in a more administrative form of collaborative working.

However, it is important to stress the services delivered were clearly beneficial, and did in fact lay 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 opportunity to work in this way directly resulted from trust and relationships developed during the delivery of the initial support service. Feedback regarding this model has been positive. To some extent, the original approach helped develop the relationship between the job centre and advice service in question. More generally, the change in service delivery model represents how collaborations can evolve and develop over time.

The importance of accessible advice provision

Against this backdrop, it is clear that co-located services involve different types of collaboration and are dependent on several interconnected elements. Perhaps most importantly, our experience suggests this approach generally provides an invaluable service for local communities, particularly those disproportionately impacted by poverty.

For example, engagement with beneficiaries of the services presents a high percentage of people accessing advice services for the first time:

"I wouldn't have known anywhere to go anywhere near where I am. I am 100% sure the service is a good thing. I didn't even know it was available."
[Focus group participant: accessed advice in GP practice]

"I don't know what I am entitled to, I didn't know what support was out there."
[Focus group participant: accessed advice in GP practice]

"When I came in for my appointment, my internet was cut off, my gas was cut off. I was introduced to the advice service. I didn't know they existed. I think it's a great idea."
[Focus group participant: accessed advice in job centre]

Further conversations illustrated the importance of the type of advice delivered:

"When you're filling in these forms it's technical words or questions. They are repetitive and you've sometimes not got a clue what you're writing about. They are 40 pages long, you get mixed up, you get confused."
[Focus group participant: accessed advice in GP practice]

"If I say, 'I feel shit today', he (the advice worker) would be able to put that into a more educated sentence, rather than me putting down the words, 'I feel shit today'."
[Focus group participant: accessed advice in GP practice]

Co-located services: the importance of discreet services

As well as articulating the importance of accessible advice, beneficiaries of the services touched upon the physical location that advice was delivered from. In particular, the private and discreet nature and familiarity of the general practices was continually framed as a contributing factor to people's engagement.

For context, the advice worker dressed in similar attire to practice staff and GPs and mirrored the traditional GP call for attendance when people were waiting in the practice waiting room. By adopting a similar approach to the existing practice staff, the nature of the work carried out by the advice worker remained discreet:

"It's not like walking into a big office, it's not intimidating, no one knows what I am there for, no big glass windows or anything. Because of that I don't hold back, I say what needs to be said."
[Focus group participant: accessed advice in GP practice]

The availability of a private space in Parkhead job centre was also highlighted as important for people accessing and professionals delivering support services. Saying this, one of our partners stated their preference for working in an open plan environment:

"I don't like to be closed off or anything, it would probably intimidate the individual as well. So it's good that we're in an open plan office."
[Service provider: service delivery staff member]

In conclusion, a range of service delivery methods can be utilised to deliver co-located services. Most importantly, they appear to work best when they reflect the preferences of partners and account for the relationship between the organisations involved and communities they are working with.

Findings: people, relationships and experiences

This section explicitly examines the human element of collaborative working. It explores the benefits, complexities and tensions inherent within multi-organisational collaborative interventions.

Relationships and changing attitudes between organisations

Throughout the demonstration projects, the programme observed a softening of professional attitudes between partner organisations. Although co-located models are complex and include different levels of collaboration between partners, they provide opportunities for professionals from diverse backgrounds to engage with one another at an individual level. Our experience suggests these interactions can change long-held perspectives:

"Our staff always had this view of the DWP, which was that they were cold and calculated. Working with them has shown us, that a lot of work coaches do care and a lot are frustrated because they didn't know how to help people. With us there, we can help them, help people."
[Service provider: manager]

Feedback from staff delivering services suggests increased understanding of the roles and pressures of partners contributed to softening the views of people involved in the project. For example, advice workers in general practice developed a solid understanding of the pressures faced by GPs. DWP work coaches gained a more robust insight into the support that advice agencies provide to people in complex social and economic situations. Third sector staff delivering services from job centres meanwhile stated they had an increased understanding of the pressures and challenges faced by work coaches.

The relationships developed through the course of delivering co-located services informed these improvements. They educated all parties in the activities of, and pressures faced by, one another. Importantly, working in close proximity with one another created personal connections between individuals, which in turn, let to a more in-depth understanding of their respective job roles.

Relationships between frontline staff and local communities

Relationships between frontline staff and people accessing services were fundamental to the demonstration projects. Without exception, beneficiaries of the services stated the ability of frontline staff to build trust and develop relationships was a primary driver in their engagement:

"We clicked right away (referring to the advice worker), I felt comfortable telling to her. She chats away as normal, I just did feel very comfortable with her because I suffer from a lot of anxiety and can't deal with change and stuff like that."
[Focus group participant: accessed advice in job centre]

"Yeah she is the main one (referring to the advice worker). She could tell you my life story. If it wasn't for that lassie I'd be living under a bridge."
[Focus group participant: accessed advice in job centre]

"She speaks to you like she's been in your position. You know she tries to understand your situation. (referring to a work coach)."
[Focus group participant]

As a result, we suggest the expert knowledge of practitioners responsible for delivering services can only be utilised effectively if they are able to build strong relationships with the people they support. Our experience suggests the more autonomy they possess, the easier it is to build these relationships and exercise discretion in regards to the most appropriate forms of support. The opposite of this statement is true, the more rigid, or perceived rigidness of a professional role, the less likely it is for frontline staff to build relationships which are strong enough for people to articulate their circumstances and the support they require.

Increasing understanding and changing attitudes through collaborative working

Against this backdrop, mention must be given to how existing attitudes and understandings of frontline staff influence service delivery. Throughout the past three years the programme observed multiple interactions which suggest further work is needed to challenge the stigmatisation of people living in poverty.

Often, individual motivations were framed as the sole factor in people's social and economic situations, with very little consideration given to the social, structural and cultural determinants of poverty. These experiences are perhaps reflective of broader attitudes towards people experiencing poverty. For example, in the 2013 Glasgow Household Attitudes survey, one-in-five people thought poverty was a result of individual laziness and lack of willpower[57].

In addition, further work is needed to improve attitudes towards people from ethnic minority communities. Recently Glasgow has experienced rapid demographic change. In 2011, 12% of the city's population were from an ethnic minority, a 7% increase from 2001[50]. As a result, this has required frontline staff from across the public and third sectors to engage with a more diverse population.

Our experience suggests this increase in diversity has created significant operational challenges. Frontline staff from across the public and third sectors must be better supported to understand the social and economic challenges some ethnic minority communities experience, particularly refugees. Only through this understanding will they be able to exercise discretion and deliver services which are sensitive to the experiences and needs of this particular group.

Skills, competencies and values

A more detailed analysis of the interactions between professionals involved in the programme raises questions regarding the individual skills, competencies and values required to work in collaborative service delivery projects.

Our experience suggests that projects of this nature work best when they involve people with a distinct set of complementary technical abilities and interpersonal skills. For example, knowledge of a certain area (e.g. the social security system) and the ability to develop authentic relationships with people. Listening and respecting the opinions and perspectives of others (even if they don't always agree with them), is fundamental to this process. Also fundamental is the ability to engage in dialogue, due to its focus on meaningful conversation between two or more parties.

Relationships are grounded in their individual contexts. They are dependent upon the willingness of individuals to interact with one another, and require people not only to understand the perspectives of others, but also to understand how these perspectives have been formed. Our experience suggests this is a complex and time-consuming process.

Subsequently, it is clear that technical competencies and interpersonal skills cannot be viewed as abstract terms or concepts. They are embodied by people, each of whom possesses their own values, worldviews and thoughts. In this type of work these skills and values are fundamental due to the explicit focus on working with people. As a result, we argue that a deep-seated interest in other people's opinions and experiences; a curious mindset which asks why, instead of what; and a willingness to challenge organisational boundaries and behaviours, are fundamental qualities for people working in similar endeavours.

Findings: utilising practitioner experience to design and improve collaborative service delivery projects

Across the demonstration projects, the experiences and professional knowledge of frontline staff were utilised to inform service delivery and referral processes. For example, services delivered from Parkhead job centre were based on the initial six months of information gathering conducted by Building Connections and also, significant engagement with work coaches:

"The services were identified through finding out what people needed. For example, if we felt we didn't have the resources to help claimants with their CV, or if they had health issues, Building Connections would contact partners locally and we would engage with them to see if what they could deliver would suit our customers' journey."
[DWP work coach]

The regular presence of Building Connections in the three sites allowed for the development of trusting relationships with people delivering the projects. The programme's conscious positioning purely as a support mechanism, appeared to contribute to a degree of openness from partners. Importantly, this trust allowed the programme to encourage practitioners to reflect on their practice in a non-challenging manner.

For example, moving from an external referral system to co-locating services in Springburn job centre and creating opportunities for receptionists to make referrals to the advice worker at the general practices resulted from feedback provided by frontline staff.

However, for some partners the lack of structure limited the work:

"Now I understand as a project you need to try stuff, but to have more of a structure to start off with, and then you could look at 'right that's not working, can we change that'. But maybe that's just me, maybe I like structure. I just like to know exactly what I need to do."
[Service provider: frontline staff member]

Considering traditional hierarchal service delivery processes, it is clear this approach demanded a different type of engagement than that usually expected from frontline staff. Accordingly, further attention could have been given to the different working preferences of practitioners involved in the work.

More generally, the programme's work with multiple organisations, in multiple settings, made explicit the different ways in which people work. Our experiences also suggest it can be difficult for frontline staff to articulate their preferred method of working. This is due to the complex social dynamics which characterise service delivery workplaces and traditional service design models, which do not regularly incorporate the views and experiences of frontline workers.

As a result, there is a need to ensure future collaborative interventions consider the breadth and depth of the working preferences of partners. Equally importantly, it is vital that people are given the opportunity to articulate these preferences. Feedback from practitioners suggests people operating in boundary spanning roles, similar to the programme manager, can support this process.

Findings: the boundary spanner role and boundary spanning activities

This section examines the programme manager's role in supporting the demonstration projects through the concept of boundary spanning.

Understanding multiple perspectives

Throughout the demonstration projects the programme supported the design, delivery and evaluation of the service delivery interventions. The multi-dimensional nature of the programme manager's position offered a unique insight into the processes supporting, and experiences of delivering, the projects.

The position helped generate evaluative insights from multiple perspectives. This included the views of frontline staff, support staff (e.g. receptionists), service delivery managers, senior management and policy-makers. Importantly, the programme manager did not seek to critique people's behaviours and activities, but rather, attempted to understand their origins. These understandings practically informed the demonstration projects, while also contributing to development of an evaluative body of knowledge.

A relationship-based position

The opportunity to operate in an independent, yet actively involved role across the demonstration projects can be considered a direct result of the relationships developed by the programme. Every opportunity and activity was based on a relationship with an individual, within an organisation.

At no point did the programme manager possess the organisational authority to direct the behaviour or activities of others. Instead, they sought to work with people to help them identify a course of action suitable to their contexts. This approach, 'working with', as opposed to 'doing to', could be considered as the foundations of the programme.

Central to the programme's acceptance by partners was the programme manager's ability to quickly identify and then adopt the working behaviours and practices of the organisation they worked with. This included the appropriate use of language, demonstrating some form of technical knowledge (e.g. social security, advice service provision, approaches to service improvements) and an ability to personalise their involvement in the work.

Leading without organisational authority

Although the programme did not possess any organisational authority, through its relationships, networks and approach, it was able to support multiple partners to deliver a range of services in different locations. Working with over a dozen partners in different sites, helped gain a balanced insight into the motivations, aims and objectives of the organisations and people we worked with.

Most importantly, through operating in a boundary-spanning capacity, the programme was able to share insights and thoughts between partners, in a supportive manner. This occurred at an organisational level between managers involved in the projects and also between staff involved in delivering the work.

Considering the high levels of trust required to work collaboratively, particularly from job centres and general practices, the boundary-spanning activities of the programme manager provided partners with a buffer of sorts. The position created a safe and non-judgemental space for people to articulate their ideas, experiences and concerns. The programme manager's knowledge of, and acceptance within, the organisations he worked with, allowed these insights to be fed back to partners through appropriate mechanisms.

This was achieved through using sector and organisational terminology, reframing concerns or problems into areas where improvements could be achieved and perhaps most importantly, identifying the appropriate time and place to share information. As the strength of the relationships developed between partner organisations, this element of the role decreased.

The continued delivery of advice in the general practices, the ongoing working relationship between BEMIS and Springburn job centre and the embedded service delivery model at Parkhead job centre are indicators of the programme's reduced involvement in service delivery processes.

Building Connections: a reflection on the experiences as programme manager

In order to make explicit the programme's role in supporting the delivery of the work and generating the findings in this report, this section offers a reflection on the programme manager's experiences. It also draws out the behaviours and approaches found to be helpful throughout the programme.

The programme manager sought to work with people on an individual basis to understand their motivations for involvement. Simple questions, asked in an open and curious manner, such as 'why do you want to be involved in this?', 'what could be done to improve the service?', 'what do you like/dislike about your role?', or 'how have you found working with partners?', elicited responses which acted as the catalyst for an in-depth understanding of the projects, while simultaneously encouraging frontline staff to identify potential improvements.

Building Connections did not provide partners with additional funding to deliver the demonstration projects. Instead, it offered the time, expertise and networks of the programme. Subsequently, it was important that the projects helped partners achieve their individual and collaborative goals. Although capturing learning and generating evaluative insight regarding this way of working was important, the organisations we worked with were still accountable to their internal governance structures, which invariably included meeting certain performance levels (e.g. number of people in employment or supported by the service on offer).

This added another degree of complexity to the programme. Not only was the programme attempting to support partners to achieve their collaborative goals, within this, individual organisations also had their own objectives to meet.

However, by adopting an overtly collaborative and optimistic perspective on what could be achieved through working together, we were able to navigate many of these complexities. Equally helpful was the conscious framing and reframing of the same issue in a manner which would sit well with varying partner objectives. As the projects developed, the frequency of framing the same issue in multiple ways decreased significantly, as trust between partners grew.

In conclusion, it appears that the programme offered time-constrained people and organisations the space to think differently about their work.This involved a significant investment of time from the programme. Upon reflection, several collaborative opportunities could have been progressed further, but due to the range of work the programme was involved in, their full potential was not realised. However, clearly the relationships developed during this phase were valuable and offer the opportunity for further collaboration in the future.

It is clear that although the boundary spanner role can help develop collaborative interventions, they still require constant nurturing and attention. This can be provided by an individual operating in the same vein as the programme manager, or by individuals involved in the delivery of the services. However, our experience suggests the boundary spanning role is fundamental to the impact future interventions achieve.

Discussion

The challenges of collaborative working

The evidence presented so far makes explicit the range of factors which influence collaborative working. These are heightened when adopting co-located models of service delivery, which in themselves can involve variable levels of collaboration. The relationships organisations build with communities and with one another are probably the two most important factors influencing this type of working.

However, it is also important to stress the impact organisational structures and cultures have upon the activities and behaviours of operational staff and how they collaborate. It is clear that the partners we worked with were accountable to different governance structures which influenced the activities of staff from respective partners. Every organisation was driven by different objectives. As a result, even when people and organisations are committed to working together, in practice, these commitments will be realised within the parameters of the expected activities of the organisations involved.

This is not to say that such challenges cannot be overcome. As the demonstration projects have shown, significant positive outcomes and learning can still be achieved. However, it is clear that attention must not only be paid to shared goals and objectives, but also to the organisational structures, cultures and accountabilities which determine the extent to which partners are able to collaborate.

The importance of appropriate performance measurements

Throughout its duration the programme drew upon data collected regularly by partners to better understand the impact of the demonstration projects. It became clear that despite the current drive for person-centred and holistic services across the public and third sectors, accountability is still based mainly on organisational performance measures which prioritise quantifiable measures.

Examples of this include services which aim to deliver holistic support to people experiencing complex social and economic circumstances, but whose funding is dependent upon the numbers of people they engage with in a given timeframe. Employment services which are measured by employment outcomes secured, but which fail to capture the suitability of employment or the progression routes offered also fall into this category. Our experience suggests that even with a concerted attempt to be person-centred, performance indicators (on which services are gauged) can significantly impede the way in which services are delivered.

This issue is magnified in collaborative interventions which are not directly funded to deliver certain outcomes, as each partner is still responsible for delivering outcomes specific to their organisation. Therefore, although organisations involved in collaboration may have a shared objective, agreeing how progress towards this objective is measured is important, as this shapes how frontline staff interact with people accessing services and with one another.

Strategic significance

Our findings suggest delivering advice from general practices and job centres can increase accessibility for specific communities. However, we appreciate these locations may not be suitable for everyone. As a result further thought is needed regarding how organisations can utilise community locations to extend the reach of support services.

People engage with job centres and general practices for diverse reasons. However, a common driver underpinning these interactions, is need. For example, the need to find employment and/or meet conditionality requirements attached to social security payments or the need for advice regarding a health concern. However, it is important that future interventions are not restricted to locations where attendance is perceived as a necessity, as is the case of the sites we worked in.

As a result, exploring the use of locations which people use in their day-to-day lives would be of value (e.g. libraries and community centres, which are already being used to this effect). Local communities must be involved in this process. Acting upon their input; adopting a balanced approach which considers delivering services from 'locations of necessity' and those used every day; and developing accessible and discreet referral processes, may go some way to removing the concept of 'hard to reach communities' from the public policy vocabulary.

With this in mind, the programme offers a set of valuable learning themes for organisations and individuals with an interest in both collaborative working and co-locating services. In particular, our work has potential to inform the Scottish social security agency's commitment to deliver outreach services in co-located settings to help people access their benefit entitlements. It offers colleagues from across the third and public sectors an insight into the programme's experiences, which we would encourage are utilised in a manner specific to their setting and overall objectives.

It should also be stated that Parkhead job centre will shortly close, moving its staff and services to Shettleston job centre. The learning in this report suggests that collaborative work should be developed at Shettleston and that other local settings could be considered as places to deliver suitable face-to-face support for those who need, or choose to access advice in this way.

A spectrum of collaborative working

Across the demonstration projects, partners achieved different levels of collaboration. These were influenced by six core elements:

1. The *location* services were delivered from and their relationship with local communities.
2. The *relationship* between partner organisations and local communities.
3. The histories and *relationships between partner organisations*.
4. How people accessed services, for example, through *signposting, referrals or co-location (often involving real-time referrals)*.
5. The *collaborative skills and abilities* of professional working.
6. The degree to which *shared objectives* could be achieved, without impacting upon each partner's individual aims.

Our experience suggests that these factors will determine the extent to which organisations are able to work together. However, collaboration is dynamic and it is important to pay particular attention to the outcomes emerging from future interventions and the experiences of people delivering the work. Importantly, the experiences and views of people accessing and interacting with collaborative projects are a vital source of knowledge and feedback.

Throughout the programme, we sought to position these sources of information as interlinked and complementary, which in turn allowed deeper insights into how a collaboration is progressing and how it can be improved. Upon reflection, a stronger focus on community participation is needed in future work, as although we worked with local communities, their involvement was not as collaborative as it could have been.

Conclusion

In conclusion, it is our intention that the report highlights the benefits and challenges of working collaboratively, providing insights for people and organisations involved in collaborative projects. We have attempted to frame complex and challenging situations in a manner which encourages readers to reflect on their own circumstances and experiences of collaborative working.

This way of working offers the potential to harness the expertise of multiple professionals and through further engagement, the experience and knowledge of local communities, to solve complex issues. However, as we have demonstrated this process is complex and involves an array of interconnected organisational, contextual and human elements. The notion of relationships between professionals and local communities, and also between people from organisations working collaboratively is perhaps the most prominent theme emerging from the programme.

These relationships are dynamic. They will also be impacted by a range of factors including the histories of partner relationships, organisational commitment and resourcing, and the skills of people working at the frontline as well as wider contextual influences (e.g. organisational structures, legislative requirement, funding objectives).

Subsequently it is clear that in future work a strong understanding of both the people involved in, and engaging with, collaborative service delivery projects is fundamental. Forging new relationships and maintaining existing ones, as well as paying attention to the local context will strongly influence how similar projects progress.

Most importantly the programme demonstrates how small-scale projects can improve social and economic outcomes for people in and on the margins of poverty. Findings presented in this report demonstrate what can be achieved and offer insight into the nuances of collaborative working. As a result, we encourage readers to draw from our experiences as appropriate to their own practice, noting that each working environment will be different and that careful consideration will be needed regarding how their local context will impact on future collaborative work.

Key learning points

The evidence in this report points to clear learning themes for elected officials, policy-makers, practitioners, funders and commissioners to reflect on, and where possible, act upon, the evaluative insight generated by the programme. As a result, we recommend the following key learning points are considered:

- Local communities and frontline staff should be involved in the co-design of policies and services. Their lived experiences offer 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 on 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 deliver genuine outcomes for the people that need them most.

References

1. Joseph Rowntree Foundation. *UK poverty: causes, costs and solutions.* York: JRF; 2016. Available at: https://www.jrf.org.uk/report/uk-poverty-causes-costs-and-solutions (accessed November 2017)

2. Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health. Final report on the social determinants of health.* Geneva: World Health Organization; 2008.

3. Williams P. *Special agents: the nature and role of boundary spanners*. Cardiff: University of Wales Institute; 2010.

4. Sodha S, Bradley W. *3D poverty*. London: Demos; 2010.

5. Williams P. We are all boundary spanners now? *International Journal of Public Sector Management* 2013;26(1);17-32.

6. Improvement Service. *Briefing paper six: achieving outcomes through collaborative gain.* Edinburgh: Improvement Service; 2010.

7. Cook A. *Partnership working across UK public services.* Edinburgh: What Works Scotland; 2015. Available at: http://whatworksscotland.ac.uk/publications/partnership-working-across-uk-public-services/ (accessed November 2017)

8. Bland N. *Pioneering collaborative leadership: a facilitated approach to learning in action.* Edinburgh: What Works Scotland; 2017.

9. Scottish Government. *Fairer Scotland action plan.* Edinburgh: Scottish Government; 2016. Available at: http://www.gov.scot/Publications/2016/10/9964 (accessed November 2017)

10. Renfrewshire Council. *Tackling poverty strategy 2015-2017.* Renfrewshire: Renfrewshire Council; 2015.

11. Liverpool City Region. *Child poverty and life chances strategy 2015 -2018*. Liverpool: Liverpool City Region; 2015.

12. Manchester City Council. *The Manchester strategy 2016 -2025.* Manchester: Manchester City Council; 2016.

13. Dundee City Council. *Dundee Fairness Action Plan*. Dundee: Dundee City Council; 2016. Available at: http://www.dundeepartnership.co.uk/content/dundee-fairness-commission (accessed November 2017)

14. Poverty Leadership Panel. *People make Glasgow fairer strategy 2016*. Glasgow: Poverty Leadership Panel; 2016. Available at: http://povertyleadershippanel.org.uk/node/96 (accessed November 2017)

15. Glasgow Life. *Free advice sessions*. http://www.glasgowlife.org.uk/libraries/pages/free-advice-sessions.aspx (accessed September 2017)

16. Glasgow City Council. *Improving the cancer journey service.* https://www.glasgow.gov.uk/index.aspx?articleid=17159 (accessed September 2017)

17. NHS Greater Glasgow and Clyde. *Healthier Wealthier Children.* http://www.nhsggc.org.uk/your-health/campaigns/healthier-wealthier-children/ (accessed September 2017)

18. Epic 360. *Glasgow's big partnership for welfare.* https://www.epic360.co.uk/ (accessed September 2017)

19. Poverty Leadership Panel. *Making poverty a thing of the past.* http://povertyleadershippanel.org.uk/ (accessed September 2017)

20. Rees J, Mullins D, Bovaird T. *Third sector partnerships for public service delivery: an evidence review.* Birmingham: Third Sector Research Centre; 2012.

21. Carley M, Chapman M, Hastings A, Kirk K, Young R. *Urban regeneration through partnership. A study of nine urban regions in England, Scotland and Wales.* Bristol: The Policy Press; 2000.

22. Bennett H, Brunner R, Bynner C, Chapman C, Henderson J, Watson N. *Reflecting on what works in developing authentic relationships in complex settings.* Edinburgh: What Works Scotland; 2016. Available at: http://whatworksscotland.ac.uk/publications/what-works-in-developing-authentic-relationships-in-complex-settings/ (accessed November 2017)

23. Chapman C, van Amersfoot D, Watson N. *What works in public sector leadership: exploring the potential.* Edinburgh: What Works Scotland; 2017. Available at: http://whatworksscotland.ac.uk/publications/what-works-in-public-service-leadership-exploring-the-potential/ (accessed November 2017)

24. Keast R, Mandell M. The collaborative push: moving beyond rhetoric and gaining evidence. *Journal of management and governance* 2014;18(1):9-28.

25. Weber EP, Khademian A. Wicked problems, knowledge challenges and collaborative capacity builders in network settings. *Public Administration Review* 2008;68(2):334-349.

26. Chapman T, Brown J, Ford C, Baxter B. Trouble with champions: local public sector – third sector partnerships and the future prospects for collaborative governance in the UK. *Policy Studies* 2010;31(6): 613-630.

27. Lindsay, C, Dutton, M. Promoting healthy routes back to work? Boundary spanning health professionals and employability programmes in Great Britain. *Social Policy and Administration* 2012;46(5):509-525.

28. Long JC, Cunningham FC, Braithwaite J. Bridges, brokers and boundary spanners in collaborative networks: a systematic review. *BMC Health Studies Research* 2013;13(158):1-13.

29. Williams P. *Collaboration in public policy and practice: perspectives on boundary spanners.* Bristol: Policy Press; 2012.

30. Nicholson J, Orr K. Local government partnership working: a space odyssey. Or, journeys through the dilemmas of public and private sector boundary-spanning actors. *Policy and Politics* 2016;44(2):269-287.

31. Williams P. The competent boundary spanner. *Public Administration* 2002;80(1):103-124.

32. Meza-Guarneros V, Martin S. Boundary spanning in local public service partnerships: coaches, advocates or enforcers? *Public Management Review* 2016;18(2):238-257.

33. Kislov R, Hyde P, McDonald R. New game, old rules? Mechanisms and consequences of legitimation in boundary spanning activities. *Organisation Studies* 2017;38(10):1421-1444.

34. Scottish Government. *Poverty and income inequality in Scotland: 2015/16*. Edinburgh: Scottish Government; 2016. Available at: http://www.gov.scot/Resource/0051/00515392.pdf (accessed November 2017)

35. Joseph Rowntree Foundation. *Annual poverty monitoring report Scotland 2017*. York: JRF; 2017. Available at: https://www.jrf.org.uk/report/poverty-scotland-2017 (accessed November 2017)

36. Cribb J, Hood A, Joyce R, Norris Keiller A. *Income growth in 2015-2016 modest but widespread, leaving inequality and poverty roughly unchanged*. London: Institute for Fiscal Studies; 2017. Available at: https://www.ifs.org.uk/publications/9001 (accessed November 2017)

37. Padley M, Hirsch D, Valadez L. *Households below a minimum income standard: 2008/09 – 2014/15*. York: JRF; 2017. Available at: https://www.jrf.org.uk/report/households-below-minimum-income-standard-200809-201415 (accessed September 2017)

38. Understanding Glasgow. *Poverty, overview*. http://www.understandingglasgow.com/indicators/poverty/overview (accessed September 2017)

39. Understanding Glasgow. *Income deprivation, income deprivation across Glasgow neighbourhoods*. http://www.understandingglasgow.com/indicators/poverty/comparisons/within_glasgow/income_deprivation (accessed September 2017)

40. Understanding Glasgow. *Employment deprivation, employment deprivation across Glasgow neighbourhoods*. http://www.understandingglasgow.com/indicators/poverty/comparisons/within_glasgow/employment_deprivation (accessed September 2017)

41. Understanding Glasgow. *Child poverty, overview*. http://www.understandingglasgow.com/indicators/children/poverty/overview (accessed September 2017)

42. NOMIS. *Labour market profile – Glasgow city*. http://www.nomisweb.co.uk/reports/lmp/la/1946157420/printable.aspx (accessed September 2017)

43. Tinson A, Kenway P, Bushe S, MacInnes T. *Poverty and the cost of living: an evidence review*. York: JRF; 2014. Available at: https://www.jrf.org.uk/report/poverty-and-cost-living (accessed November 2017)

44. Davies S, Finney A, Hartfree Y. *The poverty premium – when low-income households pay more for essential goods and services*. Bristol: Bristol University; 2016. Available at: http://www.bristol.ac.uk/geography/research/pfrc/themes/finexc/poverty-premium/ (accessed November 2017)

45. Understanding Glasgow. *Profiles, neighbourhood profiles, Parkhead and Dalmarnock*. http://www.understandingglasgow.com/profiles/neighbourhood_profiles/1_ne_sector/21_parkhead_and_dalmarnock (accessed September 2017)

46. Understanding Glasgow. *Profiles, neighbourhood profiles, Springburn* http://www.understandingglasgow.com/profiles/neighbourhood_profiles/1_ne_sector/7_springburn (accessed September 2017)

47. Understanding Glasgow. *Profiles, children and young people's profiles, Parkhead and Dalmarnock.* http://www.understandingglasgow.com/profiles/children_and_young_peoples_profiles/1_ne_sector/21_parkhead_and_dalmarnock (accessed September 2017)

48. Understanding Glasgow. *Profiles, children and young people's profiles, Springburn.* http://www.understandingglasgow.com/profiles/children_and_young_peoples_profiles/1_ne_sector/7_springburn (accessed September 2017)

49. Understanding Glasgow. *Profiles, children and young people's profiles, Glasgow.* http://www.understandingglasgow.com/profiles/children_and_young_peoples_profiles (accessed September 2017)

50. Understanding Glasgow. *Profiles, neighbourhood profiles, Glasgow.* http://www.understandingglasgow.com/profiles/neighbourhood_profiles (accessed September 2017)

51. Understanding Glasgow. *Profiles, interactive children and young people's data.* http://www.understandingglasgow.com/profiles/interactive_children_and_young_peoples_data (accessed September 2017)

52. Walsh D, McCartney G, Collins C, Taulbut M, Batty D. *History, politics and vulnerability: explaining excess mortality.* Glasgow: GCPH; 2016. Available at: http://www.gcph.co.uk/publications/635_history_politics_and_vulnerability_explaining_excess_mortality (accessed November 2017)

53. Joseph Rowntree Foundation. *A Scotland without poverty: the Joseph Rowntree Foundation's manifesto briefing for a prosperous and poverty free Scotland*. York: JRF; 2016. Available at: https://www.jrf.org.uk/report/scotland-without-poverty (accessed November 2017)

54. Sinclair J. *The Deep End Advice Worker Project: embedding an advice worker in general practice settings*. Glasgow: GCPH; 2017. Available at: http://www.gcph.co.uk/publications/728_the_deep_end_advice_worker_project_embedding_advice_in_general_practice (accessed November 2017)

55. Department of Work and Pensions. *Volunteering and DWP welfare benefits.* Available at: http://www.volunteerglasgow.org/volunteer/guidance/welfare-benefits/ (accessed November 2017)

56. Department of Work and Pensions. *Income-related benefits: estimates of take up: financial year 2015/16*. https://www.gov.uk/government/statistics/income-related-benefits-estimates-of-take-up-financial-year-201516 (accessed November 2017)

57. Ipsos MORI. *Glasgow household survey 2013.* Edinburgh: Ipsos MORI; 2013. Available at: https://www.glasgow.gov.uk/index.aspx?articleid=17712

Appendix 1: Methods

Here we present the evaluation questions guiding the Building Connections programme and the methodological framework. Data collection methods and analytical approaches which aided our understanding are also provided.

Evaluation questions

To support our understanding of the programme and the practical delivery of the demonstration projects, the following questions were utilised to generate evaluative insight:

1. To what extent have the collaborative efforts of partners involved in the Building Connections programme, at Parkhead job centre, Springburn job centre and the Deep End Advice Worker project improved social and economic outcomes for people?

2. What were the experiences of people accessing the services delivered in the job centres and general practices?

3. What were the experiences of professionals (across the public, third and health sectors) delivering the service?

4. To what extent did the methodologies adopted by the Building Connections programme manager contribute to the impact of demonstration projects?

Through focusing our efforts on answering these four key questions, the programme sought to simultaneously understand each project's supporting processes; their differences and similarities and the experiences of people delivering and engaging with them. It also aimed to improve the projects in real time and contribute to the evidence base regarding collaborative working and in particular, the co-location of support services.

Methodological approach

Quality improvement methodologies were utilised to make explicit, and improve the practical processes underpinning the projects. Underpinned by a systems thinking approach, it is concerned with positively disrupting normal working practices and encouraging different working behaviours. This is achieved through testing small-scale changes to existing service delivery processes, collecting data regarding the impact of these changes and ultimately, measuring interventions against agreed targeted outcomes.

In the context of the Building Connections programme, this approach challenged the programme manager and partners to reflect on:

- how professionals from different sectors interact to deliver collaborative services
- the relationship between frontline staff and operational management in the design and delivery of services
- the relationship between operational staff and senior management in regards to the identification and delivery of strategic objectives
- the processes supporting the delivery of the projects and the emerging social and economic outcomes
- whether these outcomes can be improved through changing elements of the processes underpinning the projects
- how people experience these processes, dependent upon their relationship with the them and one another
- whether these experiences can be improved through changing elements of the processes underpinning the services.

Against these areas of interest, the programme adopted several data collection and analysis processes.

Qualitative data collection

Ongoing data collection

Since the project's inception, the Building Connections programme manager kept a regular diary and notes of their engagements with professionals and local community members. This included details of the initial community engagement phase; the design and delivery of the Building Connections events; and the delivery of the practical projects at the job centres and general practices.

The regular presence of the Building Connections programme manager at the job centres and general practices facilitated more informal engagement with staff from across the public and third sectors. This included frontline staff, operational managers, senior managers and healthcare professionals. Between January 2016 and September 2017 their attendance at the sites at least once per week and holding informal conversations with at least three professionals on each occasion, resulted in a minimum of 250 discussions regarding the ongoing delivery of the work.

These engagements focused on gaining an explicit understanding of practitioners experiences of delivering the projects, while making their supporting mechanisms explicit. It also helped develop knowledge regarding how the projects fitted into the day-to-day delivery of the partner organisations (e.g. delivery of primary healthcare, employment and advice services). Extensive notes were taken throughout all discussions. These conversations occurred as and when appropriate, they were not recorded.

Reflective practice

Throughout the programme the Building Connections programme manager kept an extensive journal detailing their observations and reflections of the project. This also detailed their personal experiences of working with partners to deliver the projects. Written notes and formal minutes from meetings with partners and advisory group meetings also contributed to this reflective process.

Interviews and focus groups

Between January 2016 and April 2017 the Building Connections programme manager conducted semi-structured interviews with the GPs involved in the delivery of the Deep End Advice Worker project.

Due to the practical involvement of the Building Connections programme manager in the design, delivery and evaluation of the demonstration projects and their closeness to the work, it was decided that to offer an alternative understanding of people's experiences, partners from the advisory group would also conduct interviews with several practitioners involved in the demonstration projects. As an overview, between August 2017 and September 2017, the following people were interviewed on behalf of the programme:

- A Department of Work and Pensions (DWP) senior manager.
- A DWP operational manager.
- A DWP work coach.
- A third sector senior manager.
- Two frontline staff from third sector providers.
- A member of the Building Connections advisory group that had been involved in the project since its inception.

This approach was adopted to ensure a more rounded understanding of the programme was achieved.

In addition, the Building Connections programme manager and a member of the advisory group conducted a focus group with nine people with experiencing of using the services in the job centre and general practices.

The interviews and focus groups were recorded and transcribed.

Qualitative data analysis

Handwritten notes from the informal conversations with practitioners were transcribed electronically on the day they occurred. Notes from meetings were also transferred to electronic formats. Journal entries were recorded electronically. The focus group with participants and interviews conducted by partners of the programme were recorded and transcribed.

It should be noted that after conducting the interviews with practitioners, the interviewers met with the Building Connections programme manager to give an insight into their experiences of the interviews.

All of the data collected (e.g. ongoing discussions, interviews conducted by the programme manager, interviews conducted by partners) was organised by demonstration site and/or participant (e.g. Parkhead job centre: DWP work coach). The data for each demonstration site was then read through twice, before developing an initial set of codes. The codes for each site were then applied across each demonstration site and used to develop a series of themes. The themes were then applied to the dataset in its entirety. This approach aimed to identify similarities and differences across and within each site.

A draft version of the report was then distributed to Building Connections advisory group and the people that conducted the interviews on the programme's behalf. The findings specific to each site were also distributed to practitioners involved in the practical projects. This approach was intentionally selected to minimise bias and ensure the analysis of the data reflected the experiences of the people involved in the delivery of the project (and collecting the data).

The Building Connections advisory group and practitioners were encouraged to question and constructively critique the presented learning themes. This process ensured the data reflected the experiences of the project, highlighted future areas for exploration and confirmed the emergent learning themes.

Quantitative data collection

Throughout the delivery of the demonstration projects, partners provided the Building Connections programme manager with referral figures and high level outcomes (e.g. financial gain, debt identified). At this point it is important to stress the programme did not attempt to implement a standardised reporting process, but rather, sought to utilise the existing data collection and reporting approaches of partners.

Although pragmatic, this approach did result in a diverse range and depth of data being collected. For example, some partners would simply send through a short note regarding the number of referrals and outcomes. Others provided more detailed breakdowns, including demographic profiles, percentage of people accessing their services for the first time and for example, onward referrals.

Where possible, this data was plotted longitudinally to track trends in the volume of referrals in each site. The graphs provided in Appendix 5 provide an example of the referrals made by the Deep End Advice Worker project and Springburn job centre.

To ensure a level of robustness, the quantitative findings detailed in the report were confirmed with all partners via telephone or email before publication.

Ethics

Ethical approval for the practitioner interviews and focus groups was confirmed by the University of Glasgow. Data referring to the experiences of the work with general practices did not require ethical approval, as the work fell into the category of 'service evaluation', using the Health Research Authority 'is my study research?' tool.

Written informed consent was granted by participants of the formal interviews and focus groups. Verbal informed consent was provided contributing to elements of the report which fell outwith these data collection methods. Every individual who contributed to data within the report was given the opportunity to examine sections of the report that contained their response. Requests for amendments and removal of sections were acted upon immediately.

Appendix 2: Building Connections 2nd September agenda

Building Connections
2 September 2015, 9.30am – 12pm
Calton Learning and Heritage Centre
Agenda

9.30am – 9.45am
Registration (tea and coffee available)

9.45am - 10am
Welcome and background to Building Connections
Jamie Sinclair, Building Connections
Introduction to the session
Martina Johnston Gray, Glasgow Homelessness Network

10.00am – 10.45am
Discussion one:
What is working well in the East End?
What can we improve in the East End?

10.45am-11.55am
Break

10.55am – 11.35am
Discussion two:
How can we involve people from the East End in our work?
How can we work together to improve outcomes in the East End?

11.35am – 11.50am
Feedback and discussion

11.50am – 12pm
Next steps and evaluation

Services in the East End
What do you want them to look like?

Thursday 10 September 9.30am – 2pm
Calton Learning and Heritage Centre
423 London Road G40 1AG

Employment Money Advice Education Benefits Advice Housing Adult Learning

Friendly, lively and very informal -
Come along and have your say about services in your area:

· Work with people who plan and provide services in your area
· Help develop ideas and solutions to local issues
· Work with others to improve services in your area

Lunch provided   Childcare available   Travel expenses covered

To book your space, contact us:
Email james.sinclair@glasgow.gov.uk
Phone 0141 287 3535
Text 0746 940 0069

*If you require childcare, help with access, or any special dietary requirements,
please let us know when you book your space, by Friday 28 August.*

GCVS Glasgow Council for the Voluntary Sector   Building Connections GLASGOW   Glasgow CITY COUNCIL   The Scottish Government Riaghaltas na h-Alba

Appendix 4: Potential interventions identified from the Building Connections project development events.

Project overview	Strategic fit	Target population
Delivered on-site support services from Parkhead job centre. This focused on: social security; financial; debt; housing; and additional employment support. It also targeted particular demographic groups (e.g. lone parents, ethnic minority communities).	Single Outcome Agreement Glasgow City Council City Strategy Poverty Leadership Panel DWP strategy	All people accessing the job centre and in receipt of social security support
Delivered ESOL courses which integrate some form of financial capability component. This could only take place once people reached a certain level of English proficiency. There were also opportunities to embed some employability support within, or after ESOL classes.	Single Outcome Agreement Glasgow City Council City Strategy Poverty Leadership Panel Glasgow City ESOL Strategy	People with English requirement needs living in the east end of Glasgow
Delivered targeted digital learning sessions from community venues in the east end of Glasgow. Services were delivered from existing community assets (i.e. where people already go). Services focused on certain demographic groups.	Single Outcome agreement Glasgow City Council City Strategy Poverty Leadership Panel	People with digital learning needs. Within this, targeted and bespoke support for certain communities
Developed a community management group, consisting of community members, to help guide any projects which emerge from the Building Connections events. They also helped shape broader work in the area.	Single Outcome Agreement Community Empowerment Act Poverty Leadership Panel	All residents of the east end

Project overview	Strategic fit	Target population
Developed a regular platform for welfare rights officers in the east end to engage with one another. This ensured they were able to build relationships and identify common issues (and solutions) faced by welfare rights workers in the areas.	Single Outcome Agreement Poverty Leadership Panel Glasgow City Council City Strategy	Welfare rights officers
Provided training and development opportunities for volunteers at food banks. This ensured they were able to signpost people to appropriate support services.		Foodbank volunteers

Appendix 5: Examples of real time evaluation and analysis

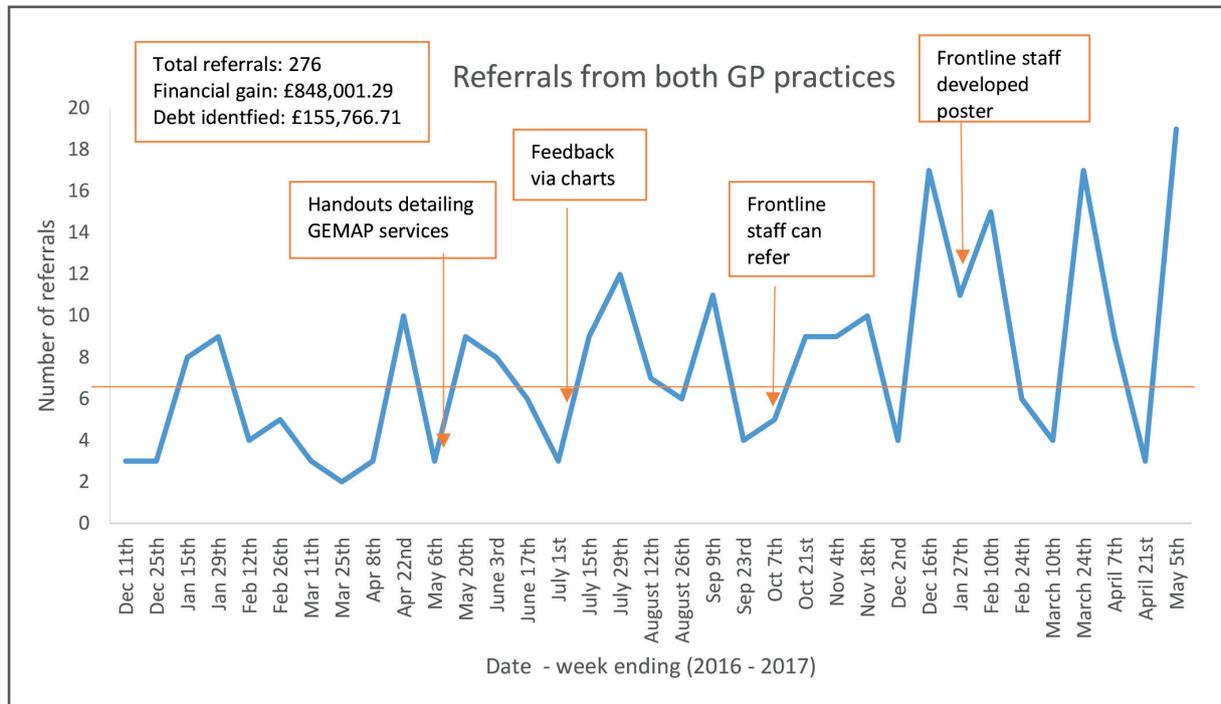**Figure 1: Referrals from general practices and service development interventions.**

Figure 2: Referrals from Springburn job centre to BEMIS.