

Employability as a Routine Enquiry for Health Visitors- supporting new parents with sustainable pathways to training and employment opportunities.

How-to Guide

This guide offers more detailed information and advice for those who may be interested in adopting or adapting the initiative in their local area.

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Employability as a Routine Enquiry for Health Visitors- supporting new parents with sustainable pathways to training and employment opportunities.

Title	Employability as a Routine Enquiry for Health Visitors- supporting new parents with sustainable pathways to training and employment opportunities.
Lead Organisation	NHS Lanarkshire.
All Organisations	NHS Lanarkshire. Routes to Work North Lanarkshire.
Category	Promising. Early signs of impact.
Poverty Impact	Enabling Reduction.
Introduction to the Project	
NHS Lanarkshire's Health Visitors Employability Routine Enquiry project embeds employment support into Universal Health Visiting Pathway. Recognising the link between financial stability and family wellbeing, health visitors ask parents about their current work status and future aspirations during postnatal home visits. Through identifying potential barriers at this stage, the project aims to provide the family with viable employment pathways through direct referral to specialist employability services. This collaborative approach aims to address child poverty and associated negative health outcomes before crisis events occur. Supporting families holistically, the project provides families with the potential for long term economic stability and may improve health outcomes for the entire family unit.	

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Initial Idea

Who had the initial idea?	Collaboration between Health Improvement, Health Visiting Teams and Routes to Work	
How did the idea for the project come about?		
presented to all services in the Wishaw Locality. Health Visiting Team Leader recognised the benefits Routes to Work could offer families and quality improvement project was developed.		
Were plans informed by any published reports / papers / research evidence or practice from elsewhere?	Yes	
Poverty statistics for the Wishaw locality looking at employment deprivation: Wishaw HSCP Locality profile.pdf Joseph Rowntree Foundation: Home Joseph Rowntree Foundation was cited to analyse the effects of poverty on children Working for Families https://workingforfamilies.co.uk/		
Was anyone else involved in developing the initial idea of the project?	No	
Were those with lived experience of poverty involved in developing the initial idea of the project?	No	

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Was funding required to support the development of the initial idea of the project?		No
Were specific resources – other than funding - needed when developing the initial idea of the project?		Yes
Staff/Volunteer Time	Yes, Health Visiting staff time was required for the project with staff needing time to develop a better understanding of employability. Routes to Work received funding from Working for Families Project to support project https://workingforfamilies.co.uk/	
Facilities / Workspace	Yes, however facilities and workplace already existed for staff and were reused (desks etc.). No additional required.	
Equipment	Yes, equipment such as computers were required however no additional equipment was required for the pilot.	
Local Knowledge	Yes, local knowledge of the Wishaw locality and other areas of North Lanarkshire were required to understand the impact the idea could have. Poverty data and employment deprivation statistics were crucial.	
Food and Drink	No, food and drink are not required when developing the idea however food and drink was given in staff training sessions.	
Did any barriers have to be overcome when developing the initial idea of the project?		Yes
Whilst Health Visiting Team understand and recognise the barriers families face to gain sustainable employment and the negative impact of unemployment on health and wellbeing. Training was required to inform Health Visitors of the employability services and support available to families.		

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Did anything in particular enable development of the initial idea of the project?	Yes
Partnership between Health Visitors Team and Routes to Work enabled the development of the initial idea of the project. Health Visitor Team staff had previous experience with the financial wellbeing pathway and were able to successfully share this knowledge in the project development stages.	
How long did it take between having the initial idea and starting the project?	Six months.
Who made the decision to introduce the project?	The decision to progress with the project beyond the design stage was taken jointly between, North Lanarkshire based Health Visitor teams and Routes to Work staff.

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Early Development

Was there a pilot project or feasibility study or test of change?	Yes, had a pilot project.
What did the Pilot study. involve?	
The pilot study was executed only in the Wishaw demographic. Following creation of Routine Enquiry of Employability Pathway, Awareness session was provided and Routine Enquiry of Employability was include within for all universal Health Visiting Pathway Visits from 8months onwards. Health Visitor were already having sensitive conversations around financial wellbeing with families and employability was already being discussed as part of Unicef Baby Friendly conversation on infant feeding and returning to work/education following maternity leave and Scottish Child Payment and nursery provision. The referral forum was also created and allowed for testing and adjustments to be made to the forum during the process.	
Who was responsible for the Pilot study.?	
Routes to Work and NHS Lanarkshire Health Visiting teams including, Donna Wallace and Shona Moir.	
Were those with lived experience of poverty among those involved in the design or delivery?	No

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Were specific resources – other than funding - needed for the Pilot study?		Yes
Staff/Volunteer Time	Routes to work required funding from working for families project to support project no extra support required for health visiting as universal pathway visits already being conducted.	
Facilities / Workspace	Yes, however facilities and workplace already existed for staff and were reused (desks etc.). No additional required.	
Equipment	Yes, equipment such as computers were required however no additional equipment was required for the pilot.	
Local Knowledge	Yes, local knowledge was required to understand family conditions.	
Food and Drink	No, food and drink are not required for the service.	
Was the Pilot study. evaluated?		Yes
Number of referrals were recorded, and feedback was received from families that received visits reporting their experience.		
Was there evidence from the Pilot study. that confirmed that it was working / it would work?		Yes
Quantitative data of referrals increasing and qualitative data of interviews with families all showing positive impacts. Case study showed positive impact.		

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Who made the decision to continue with the project beyond the xxx?

The project was presented to the Children's Young People's forum. After evidence of the pilot projects effectiveness, health visiting teams showed interest resulting in the project extending to different localities.

Was the design of the project proper modified following the Pilot study.?

No

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Accessing the Service and Engaging with Service Users

Are potential users referred to your Service.?	Yes
Health visitors have conversations with families within their home and refer the families to Routes to Work.	
Are there ways, other than referral, that are used to make potential users aware of your Service.?	Yes
Parents who have had contact with their local Health Visiting Team, can self-refer.	
What is the most common way through which users typically access your Service?	
Health visitor referrals.	
Do you take steps to keep in touch / reach out to users?	Yes
Contact details of the parents are recorded by Health Visitors for follow up visits with Health Visitors. Routes to Work also record referral and follow up/ reach out to families	

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Working with People with Lived Experience of Poverty

Are those with lived experience of poverty involved in <u>delivering</u> the project?	Yes
NHS Lanarkshire project partners, 'Routes to Work' have employed many of the parents who have been referred to their services by the Health Visiting Team.	
Are people with lived experience of poverty involved in <u>managing</u> the project or in project <u>governance</u> ?	Yes
Not specified.	
Are people with lived experience of poverty involved <u>in any other aspect</u> of the project?	No

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Leadership, Governance and Partnership Working

Who is responsible for managing the project?	
Joint responsibility for the project is shared between, Routes to work and NHS Lanarkshire's Health Visitor Teams.	
Is this the only responsibility of the person managing the project?	No
Health Visitor Team have other responsibility within their daily work roles including monitoring of baby and mother health, and vaccinations. Routes to Work have other responsibility outside the project with services to support confidence and motivation through mock interviews. Routes to Work have other responsibilities for all workstreams of employability which includes Working for Families.	
What proportion of the manager's overall workload is given over to this project?	
Not specified.	
Is there a Project Steering or Advisory Group?	Yes
Who is involved?	• Shona Moir. • Donna Wallace. • And Routes to Work employees including Cat Leatherby. • Health Visitor representative.
How does it work?	Regular meetings are arranged with members discussing referrals numbers and potential adjustments to the project. Frequency not specified.
Are any other governance arrangements in place to review strategy and performance?	No

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Links to Wider Policies, Strategies and Statutory Requirements

To the best of your knowledge, is the project aligned with national and/or local anti-poverty strategies and priorities (e.g., local authority or health board priorities)?	Yes
• North Lanarkshire Child Poverty Action Plan. • Local outcome improvement plans for North Lanarkshire. • Employability Funding from Routes to Work. • Working for Families Program. • No one left behind.	
In your opinion, has the project benefitted from being part of this anti-poverty strategy?	Yes
The umbrella of organisations is helpful and helps with giving feedback and exchanging statistics.	
Is the project part of any other strategy?	No
Is the project delivering a service that is a statutory commitment?	No

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Funding

Is funding used to support the work?	Yes
If no funding was used, would work benefit from funding?	
Has external funding been secured to support the work?	No
Is future funding from the same external source a possibility?	No
Which organisations might provide funding?	
Is future funding dependent on achieving pre-agreed outcomes or outputs?	
What are these conditions?	
Has a specific sum been secured from your organisation to support this work?	No
How much funding was secured?	
For how long has funding been secured?	
Is future funding from your organisation a possibility?	No
Is future funding dependent on achieving pre-agreed outcomes or outputs?	
What are these conditions?	
What are the future - longer-term - prospects for this work if existing funding sources were no longer available?	

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Staffing and Resources

Do existing staff from your organisation contribute toward the work of this project?	Yes
Role: Health Visitors.	
Are existing staff from the host organisation paid extra (for example, taking on extra hours) to contribute toward the work of this project?	No
Extra hours worked:	
Have additional paid staff been employed to contribute toward the work of this project?	No
Role:	
Is the post permanent or fixed term?	Yes
Duration: Not specified.	
Are volunteers involved in delivering the project??	Not specified.
Role:	
Are specific resources – other than staff/volunteer time and money - needed to support the delivery of the project?	Yes
Facilities / Workspace	No additional facilities required.
Equipment	No additional equipment required.
Local Knowledge	Local knowledge supports the delivery of the project being able to better understand family circumstances.
Food and Drink	No food and drink required.
Are any of the resources needed to deliver the project provided in-kind, rather than budgeted from project funds?	Not specified.
Who provides:	
Were new IT systems, additional software, or upgrades existing software (databases, Apps) required to deliver this project?	No

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Was additional training – for staff or volunteers - required to deliver this project?	Yes
Training sessions for Health Visiting Teams was required to bridge pathways to employment and barriers to employment knowledge gap. This was provided in six training session post pilot and included information on how Routes to Work services can help parents into paid employment with case study examples.	

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Monitoring and Evaluation

Do you – or other organisations - collect data on the project for monitoring or evaluation purposes?		Yes
Is there baseline data to describe what things were like before the start of the project?		No
Is the difference that the project is making measured or monitored by the host organisation?		Yes
Who within the host organisation is responsible for monitoring the impact of the project	Routes to Work.	
How often is the impact of the project monitored or measured by the host organisation	Quarterly.	
What methods, techniques or strategies are used by the host organisation to impact of the project	Quantitative statistics.	
What information is collected by the host organisation about the project?		
Number of users		Yes
Profile of users		Yes
Experience of users		Yes
Outcomes for users		Yes
Anything else		Yes
There are six different stages in the model used by 'Routes To Work'. Client progress is measured by stage completion. This is referred to as a "Stages Through Change" model of evaluation.		

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Has the data that has been collected by the host organisation been used to adapt the way the project works?		No
Has an external organisation been employed to formally evaluate the project?		No
Who conducted the evaluation		
Details of the evaluation		
What were the key findings from the evaluation		
Has the data that has been collected from this evaluation been used to adapt the way the project works?		No
Is there an intention to employ an external organisation to evaluate the impact of the project in the future?		No
Is there an intention to undertake your own formal evaluation in the future to estimate the impact of the project?		No

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Impact

To what extent have the aims of the project been achieved?	Making progress toward meeting aims.
What difference has the project made?	
Raised awareness in NHS staff of the barriers to employment and in work poverty faced by many parents.	
Have conditions or demand changed since the project was introduced?	No
Has the project changed through time?	No
Has the project had any unexpected or unintended outcomes?	Yes
Family members of clients and staff gained better insight and understanding of barriers to, and routes into employment through ongoing conversations.	
In your opinion, is the project having an impact on tackling poverty?	Yes
- The project has made a positive impact on tackling poverty. This has been evidenced by nine clients completing the stages to employment. Four individuals securing paid employment. Four clients entering accredited training and one client progressing into further education. - Through addressing these core drivers of socioeconomic stability, the service had directly improved the long-term economic prospects of families in Lanarkshire.	

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Learning from Experience

What is working well?	
The partnership with Routes to Work has worked well.	
What, if anything, is working less well?	
Nothing	
What are the key learning points that you'd like to share with other practitioners?	
Motivated staff having working knowledge of the Financial Inclusion Pathway. Strong partnership with Routes to Work helped significantly in establishing the project as a viable option through which parents could access routes to employment. Strong relationships were built between families and staff through open communication. This helped to build trust in the project.	
Are there plans to develop or expand the project in the future?	Yes
Expansion to South Lanarkshire Health Visitor Teams is in the early stages of design and implementation.	
How easily do you think this project could be replicated in another setting?	
Very easily recreated and can be implemented in other health disciplines and localities. Why this is the case is not specified.	

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