Welfare Reform in Kirkcaldy

Themes emerging from event held on 18 May 2016

Strengthening Partnerships for a Fairer Fife: Working collaboratively with data that matters

Report co-produced by

Kirkcaldy Welfare Reform 'Partnership Innovation Team'

Summary

Kirkcaldy Welfare Reform 'Partnership Innovation Team' and What Works Scotland hosted a partnership event in Kirkcaldy on 18 May 2016 to explore the question:

How can we improve our knowledge of what data is available across partner agencies in Fife? And how can we use this to prevent people from being sanctioned, and better support those who have been sanctioned?

The event was attended by a good mix of people from partner agencies in Fife, with either a frontline focus in supporting people to adapt to welfare reform changes in the Kirkcaldy area, or operating in a more strategic Fife wide role. Presentations on Child Poverty Action Group's Early Warning System, and JRF Research on Destitution in the UK, set the scene for discussions. A mythbusting session tested out people's understanding of current and emerging issues in welfare reform in Fife. Through the use of vignettes, discussions at each of the tables allowed sensitive issues to be explored in-depth in a neutral environment. The main focus for collecting data at the event in support of our collaborative inquiry in Kirkcaldy around welfare reform, these table discussions raised issues about how, what, and who people know, and uncertainty about information sharing and data protection principles. Gaps in referral processes were also highlighted, as well as concerns about resources for delivery and how to cope with the additional demand of new sources of referrals.

The report recommends a number of practical steps around what we can do to improve data sharing, support referrals, build relationships, and work more effectively together to support people affected by benefit sanctions.

Who should read this report?

This report is for anyone who has an interest in improving the way in which agencies work together to support individuals affected by welfare reform changes, particularly, what can be done to prevent and mitigate the impact of benefit sanctions.

Background

In 2014 Fife Community Planning Partnership applied to be a case site partner for the What Works Scotland (WWS) project which explores and supports public service reform. As part of the What Works Scotland Collaborative Action Research Workstream, WWS is working with three groups of practitioners in Fife who come together to create partnerships to undertake a research inquiry into a local community planning issue. These groups are known as Partnership Innovation Teams (PITs) and are made up of individuals from various public sector and third sector organisations, who agree to work collaboratively to better understand an issue and create changes based on evidence, research, and improved partnership working.

The Kirkcaldy Welfare Reform 'Partnership Innovation Team' aims to improve the type and location of services aimed at supporting people affected by welfare reform, assist in joint working and efficiency in service provision, and ultimately reduce poverty and hardship for people living in Kirkcaldy.

Overall the Welfare Reform PIT is seeking to

a) Better understand what knowledge and data is collected and available
b) Build conversations and improve relationships at the local level to foster and develop ways to share knowledge and data
c) Influence and inform people not directly engaged in the PIT about welfare reform to enable a greater scope for data and knowledge sharing at the local level
d) Use and share evidence and research findings on welfare provisions, employment support, and ways to tackle and prevent poverty.

To achieve this the group have been:

1. Interrogating the DWP sanctions data base to explore: what data exists, and whether the data is available at the appropriate level to assist service planning and targeted support.

2. Communicating with Jobcentre Plus and other local practitioners to see whether there could be formal and informal ways of sharing information on individuals who have been, or who are likely to be close to being, sanctioned.

3. Arranging an event which brings together targeted local practitioners to systematically collect data through facilitated groups on:
   • Exploring if there is a shared understanding of welfare reform
   • Whether they could improve knowledge and data sharing, and if so how?
   • Views on perceptions on different types of welfare reform and the impact on different groups
   • Mapping the existing services and local data

4. Learning 'what works' and spreading this learning to other areas and practitioners.

Welfare Reform Event

Kirkcaldy Welfare Reform Partnership Innovation Team invited local Practitioners from Kirkcaldy, and other areas of Fife, to a welfare reform event on 18 May 2016 at The Adam Smith Theatre, Kirkcaldy.

We co-produced the event in order to collect data for our What Works Scotland research inquiry. Through the event we sought to gather views from practitioners on knowledge sharing regarding various aspects of welfare reform, through collaborative inquiry:

> How can we improve our knowledge of what data* is available across partner agencies in Fife? How can we use this to prevent people from being sanctioned? And better support those who have been sanctioned?
>
> *By data we refer to specific statistics but also general practitioner and local knowledge from different agencies, professionals, and communities.*

42 people attended from a range of services and organisations including Housing, Community Learning and Development, Employability, Area Services, Local Community Planning, Customer Service Improvement and the Scottish Welfare Fund. Third sector representatives included Citizens Advice and Rights Fife, Fife Gingerbread, Link Living, Greener Kirkcaldy, and Frontline Fife. There was good representation from the Department of Work and Pensions. The Leader of the Administration provided political support to the event. While there were attendees from NHS Fife and Fife Health and Social Care Partnership, there was a perception that this was a gap in representation at the event. No one attended the event from Revenues and Benefits, or from Education.

The current context

Experiences of deprivation

- The most common essentials that destitute people go without are food and clothes
- The least common is lighting (but note some staying in hostels, etc.)
- Sleeping rough very common for migrants and complex needs groups
- 'Other UK' group much more likely to go without heating (most likely to be living in own accommodation; tend to give higher priority to lighting/electricity)
- More similarities than differences between groups

I·SPHERE   Destitution in the UK
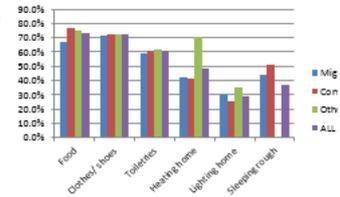
Hanna McCulloch from Child Poverty Action Group talked about the issues that are emerging for families through their early warning system.

Mandy Littlewood, Heriot-Watt University, presented findings from JRF Research into Destitution in the UK, of which was Fife was 1 of 10 case study areas in UK.

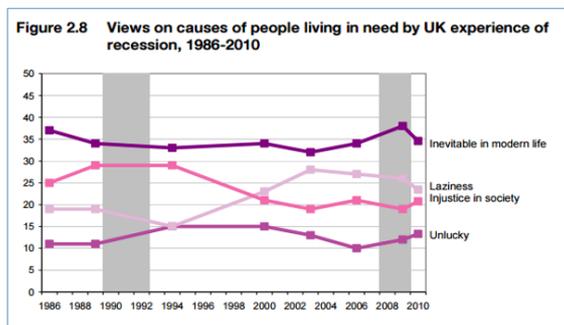## Understanding of welfare reform

Participants' understanding around welfare reform and sanctions was explored through an interactive mythbusting session.

A series of questions were posed to the audience. Interactive voting pads enabled people to answer anonymously.

Audience perceptions were followed up with information about the national or local picture.

People differ in whether they believe that poverty is caused by individuals (either being lazy or unlucky), or society (as a result of injustice, or the inevitability of modern life). The majority of the audience held a social view, that poverty is a result of injustice in society.


Figure 2.8   Views on causes of people living in need by UK experience of recession, 1986-2010

Source: British Social Attitudes Survey

If a 23 year-old single person is claiming Jobseeker's Allowance, how much money are they eligible to receive per week?

1. £57.90
2. £73.10
3. £114.85

The majority of people in the audience were aware that a young person under the age of 25 is eligible to claim £57.90 a week. Claimants need to be 25 or over to be eligible to receive Job Seekers Allowance of £73.10 per week.[1]

More than half of the audience over-estimated the percentage of Job Seekers Allowance claimants which accounts for less than 3% of the total spend on benefits in Fife.
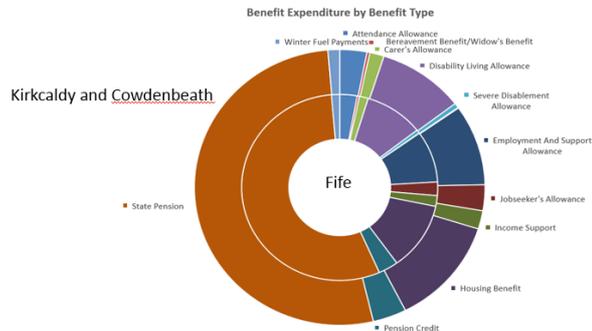

Source: Department of Work and Pensions, Expenditure by Parliamentary Constituency 2014/15
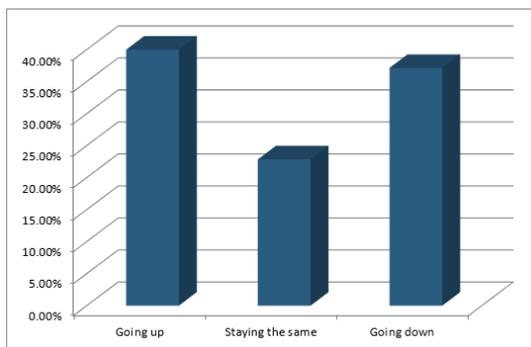
Views were divided on what has been happening to the level of sanctions in Fife. Many thought they were going up, others thought they were going down, or staying the same.

The real picture in Fife is that sanctions have been going down over the last two years across all Job Centre areas.

The audience's belief that the group most affected by sanctions are young people aged 18 to 24, was backed up the latest available data from DWP StatXplore, which has a six month time lag before publication.

Sanctions by Age Group

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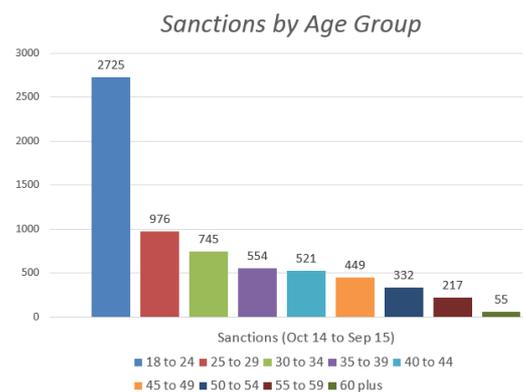
[1] Job Seekers Allowance Amounts are based on rates as at April 2016

Use of Vignettes

During the event, we collected data through table discussions using the vignette method as part of a piece of collaborative action research we are conducting within the What Works Scotland programme. Vignettes are a data collection method which centres on using a short story of an event as the topic of discussion. Vignettes are a useful technique for opening up discussions on sensitive topics.

We developed a number of vignettes (see Box 1), based on real examples of experiences in Kirkcaldy.   We used two anonymised stories at each table to prompt discussion, and to help to understand perceptions and knowledge of sanctioning, service provision, and views on people who are susceptible to being sanctioned. The vignette discussions were designed to help us understand how to improve the process of knowledge and data sharing.

To further develop our thoughts on how people experience welfare sanctions and examples of the reality of living in poverty, and to consider what responses and support might be available, we asked participants to read the vignettes and then consider a number of questions:

Questions

- What priorities or immediate concerns do you think a case worker would have for the individual presented?
- What services are available to support people in this situation?
- How might partners work better together to share knowledge or data to improve the situation?
- What could be done to prevent, or to mitigate the situation?

We systematically collected the views and discussions from each of the tables. As a group, the Kirkcaldy Welfare Reform Partnership Innovation Team collectively analysed the findings as part of our inquiry work and to inform future work.

Ian

Ian is a 56 year old male who came to the job club for support following a benefits sanction. He had been instructed to complete his job search for job seekers allowance online but had no IT skills.

Alice (welfare support assistant) who works at the job club, contacted Jobcentre Plus on Ian's behalf but the time period to appeal the sanction had elapsed. He had no money, no fuel and he was worried he would be evicted if his rent was in arrears.

Alice spoke with Ian and together they were able to establish what was in his claimant commitment. A claimant commitment sets out the responsibilities you have accepted in return for receiving benefits. It also explains what could happen if you don't do what you have agreed.

Alice also encouraged Ian to attend a digital skills class within the local community where he could get support with using a computer for job searching.

During his conversation with Alice, Ian mentioned that he had no heating and that his gas had been cut off.

Ian also shared that he had several physical health issues and he felt that neither his GP nor Jobcentre advisor were taking them seriously.

Questions

- What priorities or immediate concerns do you think a case worker would have for the individual presented?
- What services are available to support people in this situation?
- How might partners work better together to share knowledge or data to improve the situation?
- What could be done to prevent, or to mitigate the situation?

Emerging Themes

Four key themes emerged from the table discussions: **Knowledge, Referrals, Data Protection** and **Resources**. For each of these we were able to explore what is working, what is not working, and what might be done.

Knowledge

What people know, or don't know, emerged as a key theme. Typically discussion centred on knowing what support was available to help an individual, what staff know, and knowing how and where to access that support. Participants discussed how knowledge might be developed and shared. What the individual knows, and when they are known to services is also an area to consider. Relationships, and knowing who to contact, were identified as important. A minority of comments relating to knowing if what they are doing is making a difference, but also on knowing limitations in relation to being able to cope with increasing demand for services.

Referrals

There is generally good knowledge locally of who to refer people to. It is important to build relationships and trust, and to provide hands on support to assist people, and make sure that they get the support that they need. Upskilling frontline staff across sectors, including health, is key to improving referral pathways. There are some concerns about the ability of services to cope with increased demand resulting from referrals.

Data protection

Key themes that emerged around data protection were the difficulties involved in ensuring that relevant information was shared in an effective and uniform manner. Discrepancies across services and within services were identified, with participants highlighting that workers were often reluctant to share information due to an unfamiliarity with key legislation. Participants were agreed that failure to share information in this manner not only had significant ramifications for the quality of service that members of the public received, but increased the difficulties faced by organisations in trying to assess the wider context of the problem at hand.

Resources

A number of issues were identified as contributing to strain on resources: funding, time, service approaches and the diverse approaches of individual workers. The demand placed on organisations was a key concern for participants, particularly in how this affected the quality of service and the successful transfer of knowledge. The difficulties in keeping staff upskilled, particularly at a time of short-time contracts and funding issues – was likewise a key concern.

Knowledge

Among the many points raised at the table discussion, knowledge – both at a service and individual level – emerged as a key theme. Much discussion centred on knowing what support was available to help an individual, what knowledge individual staff held, and how staff would know where to find and access such support. This led participants to consider ways through which knowledge might be developed and shared.

The knowledge of the service users' individual situations, and the stage at which they become known to different services was also identified as important. Accordingly, participants identified relationships between agencies and departments – each knowing who to contact and how to refer on – as important. A minority of comments related to how staff could ascertain whether their actions were making a difference, and how limitations in the ability of services to meet demand could be recognised.

What's working?

Participant discussion around what aspects of knowledge sharing were working revealed a number of issues. The points raised included:

Several participants brought up the fact that there appeared to be lots of good work going on in different areas of Fife.

> *"I have a Fife-wide remit and I know that every single locality is doing loads and loads of brilliant work."*

Participants stressed the importance of properly trained frontline staff, and how the right training and knowledge made a big difference to their ability at work.

> *"There's this skills and knowledge thing and if we can build relationships. A lot of frontline staff are relational and that's why they're doing what they're doing as well… investing and valuing our frontline staff and skilling them… I honestly think it's critical and that builds relationships as well."*

Participants highlighted a holistic service approach as being a desirable goal, was highlighted as a desirable goal, with some stressing the importance of putting the individual at the centre of things to helping the picture emerge. There was recognition among participants that some services are already providing intensive personal support.

"We're not going to get everybody with all the right information. It's also why it's important that [doors?] like the Scottish Welfare Fund is a holistic service there, and even if they don't know everything, the service probably knows more than most, so if there's a routing through the Licenced Scottish Welfare Fund then you could have a much better stab at getting the right people seen by the right agencies."

Participants highlighted knowledge of what support is available, both for staff members and individuals, as a key issue; FORT (Fife Online Referral Tracking System) was mentioned as an example of an effective referral system already in place. Discussion also revealed recognition that, at times, individuals might require more support than a simple referral or signposting, thereby helping them to move on.

"One of the key issues there is we can signpost and we can refer, but sometimes that's not as effective as being with others. So, in similar situations we can buddy you or encourage you and work together with social media, although it's not about that immediate crisis, it's a key element in helping to move them on in their situations."

Continuing this theme, participants debated the practicalities of agencies/services providing more intensive support to those individuals that needed it, recognising that this was necessary for many. Discussion revealed that some services, including Housing, were attempting to move towards a model of this type, and that it benefited workers to increase their knowledge.

"The neighbourhood officers have now… changed the way in which they work in housing and they have now… got a patch of houses and they're going to try and work much more closely, so that is a way in which to deal with it…. about 270 tenancies and there will be more out in their patches and what we want is them to know every single tenant, because he's right, the tenants that maybe need the most help we never see because their rent is up to date and things like that. So, this is going to give them [the] opportunity to chap every door and know every tenant and that should flag up or raise any [issues].

Participants also stressed the importance of building relationships, helping to increase inter-agency knowledge of who individual workers were and how they could work together.

"There's this skills and knowledge thing and if we can build relationships. A lot of frontline staff are relational, that's why they're doing what they're doing as well. Not to make a massive statement, but it's true. And I know for a fact that that's how I work and I'm much more likely to pick up the phone to somebody if I've met them and have a face-to-face with them. And…so, yeah, I don't know, investing and valuing our frontline staff and skilling them… I honestly think it's critical and that builds relationships as well."

What's not working?

Participant discussion around what aspects of knowledge sharing were not working revealed a number of issues. The points raised included:

Participants considered the issue of knowledge gaps and how to reach individuals who were not actively seeking help. There was general recognition that not all individuals know what to do when they receive a sanction, and that there was no guarantee that correspondence sent to a home address would be read or acted upon.

> "[I've been involved in] benefit advice, you know, money advice in my previous post and the take up of money advice, you can lead a horse to water, you know, and that's what it was like, the experience in…for me was they had lots and lots of people who were interested in getting advice at the frontline, but never actually getting it. And that's something we're working on."

Participants in the discussion were in broad agreement that it was difficult for staff to know everything about what services were available, and that the level of knowledge was heavily dependent on the individual staff member. There was recognition that different services had their own approaches to dealing with this training need, but that it was not always as joined up as it could be. Some participants raised that there was sometimes disconnect between staff knowledge of what was happening on a local or national level. What directories do exist were noted as being difficult to keep up to date due to limited resource.

> "It is very much about individual staff knowledge on what is out there and that and it's hard to keep up with that type of thing because for the voluntary sector, for instance, projects change all the time, staff changes all the time, funding changes, so numbers change. There was a big directory called the prevention first directory, which has all the organisations in Fife in it, everything from start to finish, and it's about 80 pages long, but someone keeping that up to date all the time, when it's got third sector and things like that in it is exceptionally difficult."

> "We shouldn't be talking about managing of services Fife wide, it should be decentralised and going down to local areas to make it easier. I've got 13 projects in CARF across the whole of Fife, now that's one organisation, there's hundreds and hundreds of organisations delivering different things. It's not fair to expect one directory to be able to be kept up to date with minimum resource and be able to be accurate as well, it's not possible.

Some participants pointed out that while there may be an assumption that staff are aware of changes around welfare reform, this may differ between services and between individual workers. Knowledge cannot be assumed and it is sometimes difficult for individual staff knowledge to keep pace with developments.

"But when I looked in to that training, even though I thought I knew lots about that, a lot of that was, wow, I never really got this, or, I didn't really think about that. So I think you assume a lot of frontline staff know what's happening but there's still benefits coming in. It's new to DWP, never mind frontline staff."

"If you're a front line worker who covers the whole of Fife you've got to know about seven areas, which is really challenging in that there is some projects that are valid in some areas and not in others."

"Well how do we sort it out? You know how do we…where's the network, how do I get in touch with someone in housing benefit? You know who do I speak to?"

It was clear from participants' discussion that the value of individual staff members to services – particularly in the knowledge and connections they may have accumulated – was often seen as being undervalued. Short-term posts were viewed as making it difficult for a knowledge base to be established, with short-term projects and funding leading to a turnover of staff and a reset of knowledge.

"And that's where the frontline staff knowledge and skills and experience is so critical. I just think that we undervalue it. There's so much with all of this work that…you know, I mean, we…you know, we talk about…it's less of an issue with this, but the short term contracts approach, how do you get staff that have long-term knowledge of who/what/where and good relationships with who/what/where if…they're on 12 month contracts or if the project pops up and then has to disappear."

The effectiveness of client handovers on individual support was raised as a key issue, with participants highlighting the demands this placed on staff and the difficulties in ascertaining whether the 'full picture' of client information was being seen.

"And…you know, and I've come across it in the employability sector sometimes as well that the…people say, oh well I've referred them to…on to that, but they just didn't take it up. And it's like, well did you chum them along? You know, and it seems, kind of, basic but actually it's not always happening and in fact, that warmth of handover…and it's the same for the Jobcentre. I mean, even if you talk to the work programme providers they say, when there was a warm handover, they got much better engagement. And when it's just an electronic referral which, you know, was a change in the system and I just thought it was really interesting, you know, that that runs through quite a lot. And if there's a way of doing more of that."

"It's fine doing the electronic referral system, but it's getting that warm handover so you're building a relationship with individuals, so it's not here in an official capacity, here to our system and keep them in the…in that…and it's about the sharing of information as we've touched on with the… form, it's getting the consent to share and what is required is a consent to share to allow us to share information."

Participants deemed it a necessary requirement to work closely with individuals to help them through the welfare reform process, but this was recognised as an ongoing challenge at a time of funding cuts and often temporary funding for services. Participants voiced concern that it was difficult to know if the help provided was enough, or if referrals were followed through. If individuals are speaking to different services then they may only know a bit of their story. There is a concern that individuals could move from service to service, without anyone taking responsibility for their case, and services only knowing a bit of their story.

> *"The system is set up to be like that, but actually all that happens is that person bounces about from service to service, using up resources and draining resources and there's nobody for them either. So there's something about, kind of like, key workers being able to… regardless of whether they sit in housing or in DWP or where if a person opens up and strikes up a relationship then they shouldn't need to tell that story another hundred times to a hundred different services… the key worker could be [a] conduit to opening the doors and making sure that they get what they need when they need it. And job done. Better for everybody…"*

> *"I think that's what we were trying to be working to a new model whereby again you have your one work coach, so it doesn't matter now what benefit you're on, whether you're on job seekers and then if your situation started to change… or even income support or vice versa, that you have that one work coach who knows your kind of story. Then I always think, and I always say to the work coaches, it's like when you refer to different, you know, maybe different health practitioners at the start of and you tell everybody everything and then… at that point you're a bit tired and you go, oh, and you miss out a wee bit which is quite important.*

> *So, that person doesn't know that bit of your story, so they're a bit. I don't know that, and then you might go to somebody else and then they don't know, and there's two bits of the story missing and then perhaps by the time you get to the person number four of five then you've only got that wee slither."*

Participants agreed that there are still some key players missing from local groups and local discussions. The NHS was highlighted as a data gap by many participants, both in obtaining data but also knowing the right people to contact. While NHS data was viewed as providing important additional information about cases, some doubts were raised about the ability of services to cope with the increased demand that would come from more regular NHS referrals.

> *"I think the biggest potential source of referrals to any agency should be coming from the NHS, if you think about the amount of people who attend the NHS on a daily basis for a variety of reasons, yet how many people from the NHS who attend these then send them on to supporting agencies?"*

> *"We're talking [about] the NHS being that common denominator and it's probably quite an important point, they are a big potential source of referrals, but what we've got to ask ourselves is, do you really want to sort of open that tap of pool, and you know, given the capacity of organisations to cope at present, if you start going down that route you might end up not being able to service anybody to temporary satisfaction."*

What might be considered?

Participants identified a number of knowledge sharing aspects that were not working, putting forward a range of suggestions about how these could be addressed.

Group participants highlighted that there was a greater need for awareness of what to do when sanctioned, and how to appeal. It was noted that both individuals affected and case workers may not be aware of the potential options.

> *"So, I suppose I was just taken a bit aback being told that they absolutely can challenge it and I think I wouldn't have known that as a health professional maybe coming across someone to say, you can absolutely challenge that sanction, and I wondered if the people giving the advice that you are being sanctioned are saying, oh yes, absolutely able to challenge that."*

Participants stressed that the approachability of services was a key concern. There was general agreement that it takes a lot of courage for an individual to approach services and that services need to make their service as easy to approach as possible, taking care not to put people off with the jargon that they use. This first point of contact was viewed as key, helping to create an environment that builds trust and allows pertinent information to be disclosed.

> *"Probably just for us all to remember that the customer that we eventually do get on the phone or face to face, a lot of them are having to pluck up the courage to get there and a lot of courage to come up…mental, and if you're setting foot over an office threshold, you're supposed to get hit with jargon or policy procedure, it's just going to send them back into a wee spin again".*

Participants stressed the benefits of upskilling frontline staff from across sectors, particularly in relation to getting intensive support to the people who need it the most. More general training for frontline workers which develops knowledge was deemed advantageous: not just classroom learning but linking with partners and networking.

> *"I think some of this though is about what expectation we have of our frontline staff and how well equipped they are to provide initial advice, but also know enough about the wider environment to refer on to specialist agencies and that's why the Fairer Fife Commission, are so keen on supplying training. That's why I feel that ought to be one of the priorities for us, because that digital IT support worker may have all the right intentions, but may not have the information or understand it's his or her responsibility to move things on, so I mean it's a big one."*

Participants were keen to stress the importance of local connections and the role of knowledge as a social construct. The importance of working through local groups and local workers in each of the seven areas was stressed, in order to build relationships and bring people together to raise awareness of what is being done to help improve knowledge of referral pathways. Information could be made available via a Directory. This needs to be decentralised, but there is also a need to know where services cut across areas.

"It's the ones that are going to provide the one to one intensive support, it's all about personal skills, confidence building and working really closely to build these people's personal skills in order to get them to a point where they want to engage or they feel capable of engaging."

More could be done to help staff know where they could be referring. Most people will engage with a health professional and it appears that there is a role for the NHS in referrals to community-based activities, and developing their awareness of what services are available.

"Most people will engage with a health professional whether it be a dentist whether it be GP, it's kind of part and parcel of life, but that's as much as I think health should be a key player.

Participants recognised that it was important for services to have a good relationship with DWP, allowing information about individual clients to be shared more easily and helping then have a good relationship with the job centre.

"So, it would seem that dependent on which organisation they're from depends on what hoops you've got to jump through with the DWP."

"I think we need to…because there's almost, like, a…to some extent, you know, let's demonise the Department of Work and Pensions, because they're, you know, having to roll this out. But I think we need to get over that and develop the relationship so that…because that's going to be best for the client or the customer about…you know, the person that comes for your advice service. So it's making…I think those links…developing those links are really important…"

Next Steps for Knowledge

- Get better at knowing who does what

- Share good practice and activities across Fife, both within and between areas, between local groups / centre

- Make available simple, up to date, list of contacts

Referrals

The referral process emerged as a key issue for participants during the event's table discussions. Discussion suggested that there was generally good knowledge locally of who to refer people to, but this might differ depending on the individual staff member and their role. As a result, upskilling frontline staff across sectors was viewed as key to improving referral pathways, particularly in regards to health.

Participants stressed the importance of building trust and creating positive relationships, providing hands-on support that would assist people and ensure the support that they need. Although improved links between services were viewed as a positive in ensuring that individuals did not 'fall through the cracks', some participants expressed concern about the ability of their service to cope with increased demand.

What's working?

Participant discussion around what aspects of referrals were working revealed a number of issues. The points raised included:

Participants stressed the benefits of local knowledge in allowing case workers to make effective referrals, helping to speed up the process of assisting the individual in need.

> *"Well, first of all, I think they're in a crisis situation in both case studies and that appears to be triggers with no heating, not able to cook food and rent arrears, so possible eviction, so I think that as a case worker doing the crisis things first of all has to be priority, and I suppose the only way to do that is to have knowledge of who they refer clients to in those situations."*

Participants generally agreed on the merits of an electronic referral system, with FORT being mentioned as a system that was achieving some success in allowing different agencies to share information.

> *"If we're going to share knowledge and information and do that effectively to get people to the right places for the right advice in Fife, Fort is very important."*

Participants were clear in their view that referrals could not be an impersonal process, with great benefits being seen where agency workers were more hands-on with individual clients.

> *"So it's more about… and this is resource intensive which flies in the face of some funding cuts, we're obviously trying to move away from that. But the support that people like yourself provide and employability support the advocacy workers provide. Support that mental health organisations provide, they are the ones I suspect, that are likely to be more in tune to actually engaging with these people rather than your local authority."*

Participants in every table discussion stressed the importance of building trust and forming a relationship with the client to the success of the overall referral process.

> *"It's going on, I work with Shelter Scotland, and I know people could come to help the eviction part. Shelter Scotland also offer a service which is very similar to what you've spoken about. So, the housing officers could refer and advisors, say the money and debt advisors around fuel poverty, so they can get debts written off. Make sure people are on the right tariffs, help with difficulties with pre-payment meters. So, there must be lots of other organisations that are doing similar things that people can be referred on to."*

> *"Particularly the DWP, its recognising that you have to work within a particular framework and directions and we shouldn't be blaming you for things that we think should be done better."*

Participants had tried various methods of increasing referrals. Co-location of services – thereby gaining access to a group of individuals that might not otherwise come 'on the radar' – was viewed as a desirable goal and one that has achieved success where it has been trialled to date.

> *"What I've been doing in the Welfare Fund is actually co-locating advisors within food banks. Welfare Fund, it traditionally came out as a phone, pick up the phone or an online application, so it's just that point really. I can see by the figures that we're not hitting every single types of customers, like they're not picking up the phone to us. For me, I could either have gone and put my advisors on a job club or the food bank. I chose the food banks because I feel that customers that are going into the job clubs are maybe getting that little bit more support than what the people who are just going to the food banks constantly and not hitting any other service within the council at all."*

> *"So, so far they're in Glenrothes and Levenmouth with the hope that we can get into Dunfermline next as well. But, that's been working really well. But, obviously that then puts pressure on the fund because we're not there to answer the phone calls or make the decisions as well, so it's a very fine balance, but it's working so far."*

What's not working?

Participant discussion around what aspects of referrals were not working revealed a number of issues. The points raised included:

Participants were clear in their concern over the potential information loss caused by individuals being passed from service to service, without any central record of their story being collated. There was concern that people in crisis were having to repeat their stories multiple times, with no guarantee that all the pertinent information was being recorded or passed on.

"We'll pass you on. Pass you on. Pass you on. And then as he'll get further down the map, some place down the tree, we've forgotten why that person accessed in the first place and we've actually forgotten about them until they get to the point that somebody says… that's me."

"The system is set up to be like that, but actually all that happens is that person bounces about from service to service, using up resources and draining resources and there's nobody for them either… if a person opens up and strikes up a relationship then they shouldn't need to tell that story another hundred times to a hundred different services."

"So, that person then doesn't know that bit of your story, so they're a bit, I don't know that, and then you might go to somebody else and then they don't know, and there's two bits of the story missing and then perhaps by the time you get to person number four or five then you've only got that wee slither."

"I don't think that that works in reality though, that was a good point, yes, somebody would refer it, but it's not their case, so they don't know if that's being referred to the right people or I suppose being taken up until the family then have reason to hit, well not hit, but in the radar of another area then they might refer them to something, but there's nobody actually overseeing the whole journey of this customer support needs."

Participants recognised that there were a variety of options available for individual referrals, but each group raised the point that the efficiency of the referral process was tightly-bound with staff member knowledge of what's available.

"It's about the knowledge about what is there for people who are in certain circumstances, and how do you know what's there? I don't know everything. I don't know what's out there, I know a lot of the things that we can refer into, but by no means do I know everything that's out there.

"I don't think that works in reality, though that was a good point, yes, somebody would refer it, but it's not their case, so they don't know if that's being referred to the right people or I suppose being taken up until the family then have reason to hit… the radar of another area then they might refer them to something, but there's nobody actually overseeing the whole journey of this customer support needs."

A key concern for participants was how to ensure that those individuals in need were referred and, crucially, followed through on the advice given. It was recognised that, for some individuals, merely proving information was not enough, and they needed more hands-on support.

"I think the most vulnerable people are the least likely to go anywhere unless somebody is… that they've established a trust with is going to go… no matter how dire their circumstances are, in fact the more dire the circumstances are, the less likely they are to go to the refer appointment."

"People like Mandy, you can do as much online stuff as you like, you can have as many frontline officers as you want, you can put as many phone numbers out, and you will get people who are not going to engage. It's how you tackle that. Is it because they don't want to? Is it because they lack support? Is it because they lack confidence?"

A 'warm handover' was of key importance for many participants, recognising the fact that without support and assistance, people might fall through the cracks in the referral process.

"It's even making sure that when they do to come to us for a fuel voucher, that because they will just tell us a figure and we don't know, we can't see their meter, so we will give them that figure. We don't know if that's getting them out of debt."

"I think the frustrating thing for us is that I made the point before, all we do is refer on though, we take a very holistic approach, we'll refer them on, but we don't then get to find out what happened or do they still need support, do they still need referred on somewhere? They will just get moved on from one place to the other, rather than an overarching area taking that case."

What might be considered?

In response to the issues raised, and taking cognisance of what has already proved successful, participants suggested a number of areas for further action.

Ensuring that there was a human face to referrals, with the most vulnerable individuals supported on their journey, was recognised as being a necessary step for agencies to take.

> *"People say, oh well I've referred them to… on to that, but they just didn't take it up. And it's like, well did you chum them along? You know, and it seems, kind of, basic, but actually it's not always happening and in fact, that warmth of handover… they got much better engagement."*

> *"Because… just having a five minute pitch about your service, you can send e-mails and write directories, but actually getting a human face is really valuable isn't it?"*

Two issues raised that are somewhat interlinked are for frontline staff across sectors to be upskilled, and for referral pathways to be improved. This was in recognition of the fact that knowledge of available routes may see great variation across staff members, potentially affecting the quality of service an individual may receive when they are referred.

> *"Are we reaching some of those who aren't in council tenancies? Are we getting those that are demanding a response and looking for help or are we truly getting people in need who aren't readily able to tap into that help or necessarily always looking for it?"*

> *"There's a bit of upskilling frontline staff from across sectors, but also bringing people together, raising awareness of what each other are doing and also improving referral pathways hopefully… There would be something around broadening the reach and the understanding of each other's… and so whilst you're not saying, each key worker has to do this, by upskilling people you're giving them the tools to be able to do that."*

There was a recognition from group participants that individual circumstances should always be considered, with people needing different levels of support. Whether someone needs more intensive case work or merely pointed in the right direction, recognition of this is key to a successful referral process.

> *"Getting to the root of the issues, so for Iain the initial priority would be to try and ensure the kind of commitment that will be adapted until he's got his skills, I mean where he can fulfil on his own kind of thing."*

> *"There seems to be an easier route out for Iain, whereas Mandy there's a whole load of different things that you're going to have to work on, and that will be a longer period, longer sustained sort of support in place there. How to deal with demand if referral pathways were expanded."*

While recognising some of the current difficulties in implementing this, group participants were agreed on the importance of building on referral routes from the NHS. Discussion revealed that a significant proportion of cases seen by all participants had an NHS link, yet this information was the hardest to come by, making it harder to ascertain the overall picture.

> "For both there seems to be underlying health issues, for Iain, physical health issues, and also with Mandy, sort of depression and mental health issues that would, maybe wouldn't be the crisis response, but would be something that you would be hoping to get support or..."

> "…there's a sense also that they're kind of isolated socially and otherwise, and I think that needs to be addressed and similar looking at the good work that our community job clubs do, etcetera, it goes beyond what just is written on the tin, you know, it's about bringing people together, sharing issues and problems and how people through that network start to build their own capacity and their own confidence and get her roped into other support and advice."

> "Sometimes we've got to be bold and put services into GP surgeries to take some of the burden off GPs and they are in the place where people have to go anyway."

Some participants, although seeing an increase in referrals from the NHS as a desirable goal, viewed this with some trepidation due to the potential increase in workload this could engender.

> "I think that's what we were trying to be working to a new model whereby again you have your one work coach, so it doesn't matter now what benefit you're on, whether you're on job seekers and then if your situation started to change or even income support or vice versa, that you have that one work coach who knows your kind of story. Then I always think, and I always say to the work coaches, it's like when you refer to different, you know, maybe different health practitioners at the start of and you tell everybody everything and then at that point you're a bit tired and you go, oh, and you miss out a wee bit which is quite important."

Participants saw great potential for an increase in multi-agency use of shared databases/information systems, allowing information to be shared more easily and referrals made to other services. The DWP becoming users of 'Fort' was identified as a desirable goal, allowing them to more easily share information and referrals with other services.

> "One we need to move on if we're serious about partnership is getting DWP in Fife hooked up to Fort as a referral system."

Next Steps for Referrals

- A warm handover is needed for the most vulnerable people.

- Build relationships and networks

- Making sure the right people are involved and knowing who is best placed to support an individual.

Box 2 – A new model for Housing Management in Fife
(Source: Housing, Fife Council)

In 2015 and 2016 a number of changes were happening in relation to the Housing service and how they work with tenants. A key change was that the debt recovery function, i.e. housing arrears, moved from Housing to Revenue and Benefits, giving Housing Management teams a renewed focus on supporting tenants to maintain their tenancy, particularly in light of welfare reform changes.

Support to tenants includes:
- Before being offered a tenancy with Fife Council, a Housing Option interview is carried out and advice is given regarding benefits check and referral to appropriate agencies, and when setting up a new tenancy agreement.
- Where referrals are made, where appropriate use a warm hand over process
- At sign up, those eligible are encouraged to apply on-line for Housing Benefit, and where there is identified Universal credit claim in, ensure that they go to DWP to ensure rental charge is applied for, where they are on Benefit Cap, an assessment on Income and Expenditure is carried out, advised on shortfall on rent and application for Discretionary Payment made for shortfall. Also where applicable customers would also be assisted with applying for Social Welfare Fund
- 4 week follow-up visits are carried out once a tenancy has assumed to further advise of Rental charge/application for benefits, and refer to other agencies where required, i.e. Foodbank, Greener Kirkcaldy (utilities).
- For new customers now on Universal Credit, Housing Management Officers will visit within 5 working days to offer assistance in relation to Foodbank, Meter/utility top ups, referrals to other agencies through FORT or by telephone, and check eligibility, i.e. free school meals, or referral to Hardship though Welfare Fund
- For those subject to Sanctions on Universal Credit a telephone referral will be made to the Community Job Club
- Where there is severe vulnerability 'Cause for Concern' will be raised with Social Work
- Annual Welfare visits will be carried out to ensure customers have maximisation on income and address/refer where applicable to other agencies

Data protection

Key themes that emerged around data protection were the difficulties involved in ensuring that relevant information was shared in an effective and uniform manner. Discrepancies across services and within services were identified, with participants highlighting that workers were often reluctant to share information due to an unfamiliarity with key legislation. Participants were agreed that failure to share information in this manner not only had significant ramifications for the quality of service that members of the public received, but increased the difficulties faced by organisations in trying to assess the wider context of the problem at hand.

Box 3 – How should agencies be dealing with personal data?
Source: Office of the Information Commissioner

Data Protection

"Data protection law reinforces common sense rules of information handling, which most organisations try to follow anyway. It is there to ensure that organisations manage the personal information they hold in a sensible way. Some organisations understandably err on the side of caution and do not release information when they could do so. Unfortunately, some organisations continue to use the Data Protection Act 1998 as an excuse not to do something, rather than seeing it as good business sense to treat their customers and their information with respect." Office of the Information Commissioner

Data Sharing

The Information Commissioner's Office have developed checklists to help people to decide whether there is need for systematic or one off data sharing between agencies

Checklist	Key points to consider
Is the sharing justified?	• What is the sharing meant to achieve? • Have potential benefits/risks to individuals and/or society of sharing/not sharing been assessed? • Is the sharing proportionate to the issue? • Could this be achieved without sharing personal data?
Do you have the power to share?	• The type of organisation you work for • Any relevant functions or powers of your organisation. • The nature of the information you are asked to share (for example, was it given in confidence?) • Any legal obligation to share information
If you decide to share	• What information needs to be shared • The organisations that will be involved • What you need to tell people about the data sharing and how you will communicate that information • Measures to ensure adequate security is in place to protect the data • What arrangements need to be in place to provide individuals with access to their personal data if requested • Agreed common retention periods for the data. • Processes to ensure secure deletion takes place

For advice on sharing data with Fife Council contact: dataprotection@fife.gov.uk

What's working?

Data protection was a topic of discussion that frequently emerged during the participant table discussion, though it was notable that even successful procedures were often linked with caveats about whether they were utilised to their full potential. The points raised included:

Participants agreed that there were examples of good practice with individual cases, but there was some concern that the correct approach was not widely embedded. Consistency of contact was highlighted as an important goal, avoiding detail being lost in the (re)telling.

> *"There are a lot of meetings that go on throughout Fife, mutual delivery group meetings between local authorities and DWP, voluntary sector. I think the difficulty is that a lot of these are crisis interventions, so they are individual approaches…It's not about the data sharing being relevant, it's actually about being able to speak to someone who can help solve that problem."*

Participants were in broad agreement that Fife had a variety of resources that could facilitate information sharing, but were not being used to their full potential, due – in part – to concerns over data protection.

> *"We have got the tools in Fife, which nobody has, nobody else has got a referral tracking system, to my knowledge. So it's actually being able to join that up. I think we probably don't do ourselves justice in some respects…"*

What's not working?

Participants were largely in agreement that while they individually recognised the importance of data sharing, there were often barriers erected at an organisational level. Compounding this issue was different interpretations about the consent required, not only between different organisations but also between staff members in the same organisation.

> *"I think for me is the understanding of what consent is and about increasing the consent and that each different organisation has usually some kind of implicit consent that you can work within and it's not being frightened of it and all that again. They're all, oh, we can't talk to you, oh no, we can't talk to you no, no, we definitely can't talk to you, but actually sometimes it's going, do you know what, there's a person here, this person is human, breathing and we can't lose sight of that, so what have we got within our scope where we can get some things in motion? I think that we have spent a lot of time understanding for us what it means to actually know, whereas Fife consenting when it's implicit and levels of what we can actually give out and we kind of share."*

From examples given by participants it became clear that the inconsistency of organisational approach was tied to people's understanding of data protection rather than what would be practical to do. This interpretation of data protection legislation is an important factor in determining how it was applied by individuals and organisations.

> "It's about the sharing of information… it's getting the consent to share and what is required is a consent to share to allow us to share information. Some services require it in writing. Some services do it verbally and there [are] systems out there that we can't use for a better word of it, top other services to even assist that individual. There's electronic systems there that [we] can't tap into."

> "[It] can vary from officer to officer which is where we're not getting that consistency, depending on what case."

There is a perception that organisations hide behind data protection legislation. The general consensus expressed was that uncertainty over the nature of the legislation, and fear of rules, led to many users erring on the side of caution, thereby choosing not to share valuable information. This not only hinders the ability of services to help users, but means that users are constantly faced with retelling their story and recapping their past experiences, leading to the risk that they may eventually choose to disengage from any service interaction.

> "Some will accept verbal consent, some won't, and… we want to be able to share information about clients, but there seems to be a real difficulty about… or an inconsistency of approach about what organisations need and don't need, that comes down to interpretation of complex law, but it's data protection of course."

> "We all seem to come up against a difficulty dependent on who it is that you're trying to contact about how do you help that client. Are they willing, is that organisation willing to give you the information and how do you go about breaking that barrier, if you like, because I think a lot of people hide behind data protection, oh, I can't tell you that. I think a lot of organisations are a bit concerned about that and rightly so. But we need to be able to tackle that if we're going to be able [to] assist in [a] crisis."

Representatives from multiple organisations highlighted that the NHS, and GPs in particular, would typically deal with a huge number of people who would benefit from being referred to other services, but that there was currently no mechanism in place to allow this. The scale of the NHS and, linked to this, the large number of GP centres across Kirkcaldy, left participants confused about the best point of contact to progress these issues, and what would be of greatest benefit.

> "Healthcare deal with health, it doesn't go any further."

What might be considered?

One aspect that was highlighted was the importance of 'social knowledge'. Not only knowing the specifics of the legislation, but how this could be applied in a local context. The importance of individuals was highlighted in this process, particularly the informal connections that help information travel and knowledge be shared. The suggestion was made that such avenues could be formalised, increasing the effectiveness of partners working together.

> *"Maybe we could think more about how the partners might work together to share knowledge or data to improve the situation. And I think one of the things for me is that knowledge is social, it's about knowing who, knowing what and knowing where as much as data information that you hold."*

A key theme that emerged from discussion was the importance of building new working relationships, recognising that advances in legislation or technology may have made previous practises obsolete.

> *"I did have one-on-one contact with quite a few of your staff… but then the data protection came in, housing benefits information came in, council tax information came in, which we couldn't share regrettably… If we can discuss… you then tend to find the whole picture starts to emerge potentially, of what's actually happening, what can be done."*

Participants discussed the practicalities of having a shared mandate that would allow easier transferral of information between partners, and a shared standard to work towards, and whether a mandate to share for the benefit of the client would assist with prevention and early intervention. While participants were agreed that this would be desirable, there was some scepticism about whether such a method could be successfully introduced and receive sufficient buy-in from all partners.

> *"If there was a general mandate for all partners involved, that would be a handy thing to use. The problem with that is… within [the] council there would have to be a copy of that put into the house file for future references for modalities… So, if we all had identical mandate. So, say if he came to you first and you said, well look I've got a mandate here, and then you phoned to say the mandate's in, I'll get a copy for you or whatever, you know what I mean?"*

Next Steps for Data Protection

- There are some very good examples of where it has been possible to have good data sharing practice to support the most vulnerable, such as those affected by benefit cap changes. We need to unpack how and why that worked in that situation.

- We need to review our paperwork and systems to make it easier for us to share data to protect the most vulnerable

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Resources

Resource strains and the demands placed on organisations were identified as key issues by event participants. While a number of different points were raised, funding, time, service approaches and the diverse approaches of individual workers were all identified as key. Central to concern over the demand placed on organisations was how this affected the quality of service and the successful transfer of knowledge. The difficulty in keeping staff upskilled – particularly at a time of short-term contracts and ongoing funding pressures – was likewise a key concern.

What's working?

Participants noted that merely throwing resources at a problem did not work, and that it was more beneficial if they were targeted and used in the most useful way.

> *"This is resource intensive… but the support that… employability, advocacy workers, mental health organisations provide, they are the ones I suspect, that are likely to be more in tune to actually engaging with these people rather than your local authority, the DWP [Etc.] It's the ones that are going to provide the one-to-one intensive support, it's all about personal skills, confidence building and working really closely to build these peoples' personal skills."*

Services are recognising the importance of relationships and trust – both between each other and between individuals and services. The DWP was discussed as an example of an organisation making great efforts to modify its service model to reflect this.

> *"We were trying to be working to a new model whereby again you have your one work coach… who knows your kind of story…This new service model that we're working with and we will be starting to implement and work with, I think work coaches go a long way about having that kind of consistency."*

Participant discussion emphasised that there was rarely a quick fix to the problems of individual clients, and that a holistic approach – such as that used by the Scottish Welfare Fund – was preferable.

> *"We're not going to get everybody with all the right information. It's also why it's important that doors like the Scottish Welfare Fund is a holistic service there, and even if they don't know everything, the service probably knows more than most, so if there's a routing through the Scottish Welfare Fund then you could have a much better stab at getting the right people seen by the right agencies."*

Participants were united in agreement that it was a desirable goal to pull together relevant information and services, for the benefit of both staff and service users. This was deemed of particular importance due to the potential for staff changes and funding gaps, and to prevent any knowledge being lost. This joined-up approach for services was described as working well in Kirkcaldy, but it was acknowledged that it was an ongoing task to keep resources up-to-date, and this was often difficult when no specific person had responsibility for its maintenance.

"We've put a credit union and an advice service in to Linktown and Templehall and we just started up a … what's called Valley Templehall Advice and Support Service. There's also a credit union there. And both of these seem to be things that the community are really benefitting from. And the idea is, you know, you don't come here for one thing, you can walk across the door and ask anything."

"The Welfare Fund is actually co-locating advisors within food banks… we've given out quite substantial sums of crisis money to customers that wouldn't have come or picked up the phone to us."

"Sometimes we've got to be bold and put services into GP surgeries to take some of the burden off GPs and they are in the place where people have to go anyway."

"We're trying to pull together a list of… all employability services in Fife… we're never going to get it perfect, but the more we can do to make it easier for the workers to identify all the different services there are… then the better it's going to be."

What's not working?

Participants identified service 'silo approaches' as an issue likely to cause resource strains, with these service more likely to focus on a single issue (e.g. Universal Credit, sustainability, income maximisation, or health) being harder to engage.

"So it would seem that dependent on which organisation they're from depends on what hoops you've got to jump through with the DWP"

"One thing that we often come across that it's very hard to get yourself into NHS to meet them in the first place to get to a team meeting or to get any group to actually introduce your own agency to something."

A common frustration voiced by participants was the size of the task in pulling together the variety of different systems and information sources relating to this field. The importance of this was recognised, due to people, premises and contact details all changing regularly. However, it was felt that this could not be an ad hoc process and had to something that was maintained regularly and, crucially, kept up to date.

"I think we've probably got so many different systems, access so many different things… the difficulty is we've never actually funded to take somebody on to create that and manage it, keep it going. Because people change services, premises change, phone numbers change, you know."

It was clear from discussion on the day that there were differences between those front-line workers based in Kirkcaldy and those that had a Fife-wide remit. Workers with a broader remit found it harder to make connections and determine what local services were available, particularly when points of contact keep changing. This is again something that a maintained resource might be able to assist with.

"There's different things across Fife and it would be nice just to be able to plug into something across Fife, because there's bits here, and I'm talking with my Welfare Fund hat on, there's bits here, there's bits here, there's bits in this part of Fife, there's an initiative here or there's temporary funding here, and it's just difficult for the Welfare Fund advisors to try and remember where everything is or right, do they still get funding or what exactly do they now do?"

In a more general sense, staffing instability was also deemed detrimental to individual knowledge. Keeping staff knowledge up-to-date was thought to be particularly challenging in the voluntary sector, where there were concerns over funding, contracts, remits and other issues.

"If you're a front-line worker who covers the whole of Fife. You've got to know about seven areas, which is really challenging in that there is some projects that are valid in some areas and not in others."

What might be considered?

Participants discussed the long-term benefits that would be achieved by upskilling staff members and giving them the confidence to provide the support needed by individuals. This was deemed important due to workers often having to cover a wide area, or take on a referral and attempt to understand the work that had gone on to date.

"What if we had something … around… the bigger picture? By upskilling people you're giving them the tools to be able to do that and to feel confident to do that and not to be fearful."

While participants agreed that the NHS/GP services represented a valuable source of detailed information, some expressed concern about whether there was a capacity issue involved. This concern appeared to be that if referral routes were opened up from the NHS there would be no quality control on what was deemed necessary to refer on, leading to resource strains for the receiving services.

"You don't want every single potential advice service/support worker/key worker/doctor's surgery phoning up… you'd never get on top of your workload."

Next Steps for Resources

- Plan together more effectively how we can support people affected by welfare reform changes
- Be honest about the resources we've got
- Change is constant, and we need to find more effective ways to upskill staff and to raise awareness of the support that is available to those who need it

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Box 4 – Medical Evidence for benefit claims

Source: Citizens Advice Scotland

Supporting clients with disabilities and health problems through the process of getting sickness and disability benefits is the **biggest single area of advice** provided by Citizens Advice Bureaux in Scotland, accounting for 1 in 4 cases.

Getting evidence from medical experts and other professionals working with claimants can be a significant factor in whether a correct decision is made. Many clients experience problems when trying to provide medical evidence to support their benefit claim. This can lead to claimants experiencing delays in payments, or losing their entitlement to benefit payments.

Issues

Poor administration Medical forms and sick notes are regularly lost or delayed in the system. Requesting further copies puts pressure on claimants and medical services.

The cost of medical evidence GPs in some parts of Scotland are charging up to £100 to provide supplementary evidence. Some GPs now refuse to provide medical evidence to patients.

Providing evidence as part of the claim procedure Better use of the ESA113 form could reduce the need for supplementary information at later stages, and reduce the burden on medical services.

Clients can find themselves **stuck in the middle** between DWP requirements for medical evidence and medical professionals' inability to provide it.

Where someone has been declared fit for work, but still has a sick note from their GP they can end up **not sick enough for one benefit, too sick for another**

Areas for action

There is a need to influence **consistency across GP practices** to prevent a postcode lottery.

Citizens Advice are undertaking **research on how many medical requests are applied for by DWP** prior to medical assessments, appeals and tribunals.

Ensure **financial support for clients unable to pay to obtain medical records** (Legal Aid is available through the Fife Law Centre)

Consider Pilot/Project: **Co-location of Advice Workers with Consensual Access to Individual Medical Records** in Medical Practices

Conclusions

In exploring how partners work together to prevent and mitigate welfare reform changes, it is clear that people find ways to make it work at a local level.

Local relationships are important, knowing who to contact and how others can help. This makes a very practical difference to how people work together on the ground.

It's important but challenging to keep staff connected and well informed about welfare reform changes.

It is clear that there is an untapped resource in relation to Education and the NHS who are in contact with individuals but do not have a specific welfare reform role. They need briefed about welfare reform changes so they can spot when people need help and talk credibly about support that is available.

The collaborative inquiry, initiated with the support of What Works Scotland, will be mainstreamed through the Kirkcaldy Welfare Reform and Anti-Poverty Group.

We will seek to encourage active sharing of learning between the 7 local welfare reform and anti-poverty groups in each area of Fife.

We will encourage the virtual sharing of knowledge and information around welfare reform changes through the **Fife: Welfare Connect** community practice on the Knowledge Hub.

This will include the development and promotion of cross-sector training opportunities for upskilling front line staff.