

# Glasgow Bridging Services

An Overview

# Background

## Equal Access Strategy Focus

- Joining up
- Capacity building
- Culture change
- Mainstreaming
- Making best use of existing resources and services not necessarily about setting up 'new' projects....however, possible where gaps were identified

# Background Contd.

- Gap around linking Health and Social Works customers/ patients
- Reluctance to refer to Jobcentre
- Preference for single point of contact/ route
- Previous successful pilot programmes e.g. Equal Access REFOCUS and Compass
- Significant support from health, social work and regeneration agencies

# Models of delivery

- City-wide coverage now established since April '08
- All based in Regeneration Agencies
- 2 models emerging i.e.
  - centrally-based
  - outreach-based

# Service Capacity

- Varies from 3 members of staff to 14 plus
- Some services now integrated with GWs engagement teams
- Staff includes mixture of link staff, advisers, MH Work Development Co-ordinators, JCP. OTs, Volunteer co-ordinator plus LD Job coaches in future

# Funding

- Range of sources i.e.
- CHCPs, NHS, Social Work/ GCC, Glasgow Works, Local Regeneration Agencies plus in-kind support e.g. JCP, CHCP, NHS, LRAs

# Outcomes

- Target for Y1 '08/'09=1,000 referrals
- Achieved in 6 months however each service has varying targets dependant on capacity
- Monitoring via Employment Planning Implementation Group/ GWs and locally through CHCP Employment Action groups and LRAs
- Targets for Y2 yet to be agreed but very likely to increase.

# Employability on Prescription

- Developed in SE to enable equality of access to service, now being used in 2 other CHCP areas
- Most GP surgeries do not have space for outreach staff *therefore.....*
  - Interest from DWP nationally especially for rural areas
- Developed as a mainstream social prescribing option
- Significant support from CHCP & Clinical Director
- Very positive response – approx. 200 distributed in SE alone

# Lessons so far?

- Demand for service
- 'Buy in' from senior managers crucial
- Most referrals from Criminal Justice, Addictions and MH services
- Planned programme of training and awareness-raising for staff essential as are changes to processes and paperwork
- Joint funding can work
- Signposting alone is less successful
- Long-term case-loading can result in waiting lists
- Need for longer term study
- Questions??????

## Lessons Contd.

- Bridging Services singled out as one of the most beneficial supports since 2006
  - Particularly in SE workers much more likely to raise the issue with clients
  - Direct correlation between propensity to raise, knowledge of access to supporting services & percentage of actual referrals
  - Caseload numbers less of an issue
- \* *Based on update of Attitudinal Survey 2006 -2008, Equal Access*

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