| **Barrier** | **Description and required evidence** |
| --- | --- |
| **From rural areas (1)** | **These refer to the classifications laid out in Scottish Government's '8 Fold Rural Classification': for remote and rural areas, a list of eligible postcodes in the Highland Council area is available for checking at:** [**https://www.highland.gov.uk/downloads/file/17211/rural\_and\_remote\_and\_employment\_deprived\_areas\_postcodes\_in\_the\_highlands**](https://www.highland.gov.uk/downloads/file/17211/rural_and_remote_and_employment_deprived_areas_postcodes_in_the_highlands)**Evidence required:** bank letter or similar with address including postcode, SEEMiS printout may be accessible to coordinators if this is an issue**If you require further clarification speak to the Activity Agreement coordinator about this**  |
| **From employment deprived areas (1)** | **These refer to the Scottish Index of Multiple deprivations, a list of eligible postcodes in the Highland Council area is available for checking at:**[**https://www.highland.gov.uk/downloads/file/17211/rural\_and\_remote\_and\_employment\_deprived\_areas\_postcodes\_in\_the\_highlands**](https://www.highland.gov.uk/downloads/file/17211/rural_and_remote_and_employment_deprived_areas_postcodes_in_the_highlands)**Evidence required:** bank letter or similar with address including postcode, SEEMiS printout may be accessible to coordinators if this is an issue**If you require further clarification speak to the Activity Agreement coordinator about this**  |
| **Long term registered unemployed** | **This refers to those, under the age of 25, being registered unemployed with the Job centre for 6 months or more and in receipt of Job seekers allowance or Employment and Support Allowance** **(Work related Activity Group)****Evidence required:** Award letter for the benefit claimed / ES40 (Job Seekers Card) or, “My Work Plan” demonstrating current status / Local Authority Account Information, e.g. Citizens Account, where data has been supplied or verified by DWP.**If you require further clarification speak to the Activity Agreement coordinator about this** |
| **No, or limited, work experience**  | **Individuals who have no, or limited experience of paid employment**This can include individuals who have a notable gap(s) within their work history e.g. due to being inactive from the labour market because of family / caring responsibilities, periods of ill health etc.In addition, this can include individuals who have worked for very limited periods of time e.g. Christmas cover. **Evidence Required**: Evidence should be provided by the participant to confirm whether they have any work experience (in this case, a signed registration form is acceptable). **OR** Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (DWP, Local Authority Service etc). **If you require further clarification speak to the Activity Agreement coordinator about this.** |
| **Low Skilled** | **Individual’s highest level of qualification is at ISCED Level 2 or below.** E.g. National 4, Intermediate 1 or general Standard grade or below.**Evidence Required**: Evidence should be provided by the participant to confirm whether they are low skilled (in this case, a signed registration form is acceptable).**OR**Signed referral from recognised agency/service who can reasonably be considered to have an accurateKnowledge of the participant’s circumstances. (DWP, Local Authority service, SDS, specialist services, etc) **If you require further clarification speak to the Activity Agreement coordinator about this.** |
| **Living in a Jobless****Household (2)** | **Households where no member is in employment i.e. all members are either unemployed or inactive.** A household is defined as having common arrangements, sharing household expenses or daily needs and is a shared common residence.**Evidence Required**: Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (Housing Association, Local Authority Service etc). **OR**Evidence should be provided by the participant to demonstrate that they are living in a jobless household – in this case a signed registration form is acceptable. **Written confirmation of this will be required from an involved professional.(3)****If you require further clarification speak to the Activity Agreement coordinator about this.** |
| **Living in a jobless****household with dependent****children (2)** | **“Jobless" and "households" are defined in the previous section. “Dependent children” refers to individuals aged 0-17 years****(and 18-24 years if inactive) and living with at least one parent.****Evidence Required**: Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (Housing Association, Local Authority Service etc). **OR**Evidence should be provided by the participant to demonstrate that they are living in a jobless household with dependent children – in this case a signed registration form is acceptable. **Written confirmation of this will be required from an involved professional. (3)****OR**If in receipt of benefits an award letter detailing benefits i.e. Child Benefit or copy of the individual’s bank statement showing benefit payments**If you require further clarification speak to the Activity Agreement coordinator about this.** |
| **Living in a single adult****household with dependent****children (2)** | **“An ‘adult’ is a person above 18 year of age” , “household" is defined in the previous sections****Evidence Required**: Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (Housing Association, Local Authority Service etc.) **OR**Evidence should be provided by the participant to demonstrate that they are living in single adult household with dependent children – in this case a signed registration form is acceptable. **Written confirmation of this will be required from an involved professional. (3)****OR**If in receipt of benefits an award letter detailing benefits i.e. Child Benefit or copy of the individual’s bankstatement showing benefit payments**If you require further clarification speak to the Activity Agreement coordinator about this**  |
| **Primary Carer of older****person** | **Primary carer for a person over the age of 65 (this is the threshold used to qualify for Attendance Allowance).**Evidence Required:In receipt of benefits: Award letter detailing benefits e.g. Carers Credit, Carers Allowance OR Copy of the individual’s bank statement showing benefit payments.Not in receipt of benefits: Evidence should be provided by the participant to demonstrate that they are the primary carer of an older person. (in this case, a signed registration form is acceptable) **Written confirmation of this will be required from an involved professional. (3)****OR**Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. **If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Primary Carer of a****child/children or adult** | **Primary carer of a child/children (under 18) or adult.****Evidence Required**:In receipt of benefits: Award letter detailing benefits e.g. Carers Credit, Carers Allowance OR Copy of the individual’s bank statement showing benefit payments OR Signed referral from DWP.Not in receipt of benefits: Evidence should be provided by the participant to demonstrate that they are the primary carer of a child/children (under 18) or an adult. (in this case, a signed registration form is acceptable)**OR**Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (DWP, Local Authority service, specialist services, etc)**If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Disability** | **“Participants with disabilities” are people who are registered disabled according to national definitions.****Evidence Required**: Evidence that the individual is registered disabled where available.In receipt of benefits: Award letter detailing benefits e.g. Disability Living Allowance OR Copy of the individual’s bank statement showing benefit paymentsNot in receipt of benefits: Evidence that the participant can demonstrate that they have a disability. (in this case , a signed registration form is acceptable) **Written confirmation of this will be required from an involved professional. (3)****OR**Signed referral from recognised agency/ service who can reasonably be considered to have an accurate knowledge of the participants circumstances (DWP, Local authority service, Specialist 3rd Sector Agency, etc.)**If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Mental health issues** | **Mental Health issues affect the way an individual thinks, feels and behaves, often has an impact on their day-to-day life and their ability to relate to others.****Evidence Required**: Evidence should be provided by the participant to confirm whether they have any mental health issues (in this case, a signed registration form is acceptable). **Written confirmation of this will be required from an involved professional. (3)****OR**Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. **If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Long- term physical illness****condition** | **“Long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”**The Equality Act (2010) states that ‘long-term’ is defined as a period of 12 months or more.**Evidence Required:** In receipt of benefits: Award letter detailing benefits e.g. Disability Living Allowance, Employment Support Allowance, and Personal Independence Payment etc. **OR** Copy of the individual’s bank statement showing benefit payments.Not in receipt of benefits: Evidence should be provided by the participant to demonstrate that they are affected. (in this case, a signed registration form is acceptable)**OR**Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (DWP, Local Authority service, NHS, specialist services, etc.)**If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Homeless or affected by****housing exclusion** | * Rooflessness (people living rough and people in emergency accommodation)
* Houselessness (people in accommodation for the homeless, in women’s shelters in accommodation for immigrants, people due to be released from an institution and people receiving long-term support due to homelessness)
* Insecure accommodation (people living under threat of eviction or violence),
* Inadequate housing (living in unfit housing, nonconventional dwellings e.g. in caravans without adequate access to public utilities such as water, electricity or gas or in situations of extreme overcrowding).
* Adults living with their parents should not be registered under this indicator unless they are all homeless or living in insecure or in inadequate housing
* The definition of homeless can also include ‘sofa surfing’ - the practice of staying temporarily with various friends and relatives while attempting to find permanent accommodation.

**Evidence Required:** Confirmation from Local Authority Housing Service**OR**Signed referral from recognised agency/ service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (housing Association, Local Authority Service, etc.)**If you require further clarification speak to the Activity Agreement coordinator about this** |
|  **Looked after (care experienced) Young Person** | **'Looked After Children' are defined as those in the care of their local authority.** The majority will come into one of these categories: Looked after at home, Looked after away from home**Evidence Required:**Confirmation from Local Authority.**OR**Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (DWP, Local Authority service, specialist services such as Barnardos Aftercare service)**If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Substance related****conditions** | **The continued misuse of substances (typically alcohol or drugs) that severely affect an individual’s physical and mental health, social situation and responsibilities.****Evidence Required:** Evidence should be provided by the participant to confirm whether they have any substance related conditions (in this case, a signed registration form is acceptable). **OR**Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (DWP, Local Authority service, NHS, specialist services, etc) **If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Criminal Convictions** | **This relates to any crime that an individual has been convicted of that has not been ‘spent’ or is exempt from becoming ‘spent’.****Evidence Required:**Evidence should be provided by the participant to confirm whether they have any criminal convictions. (in this case, a signed registration form is acceptable) **Written confirmation of this will be required from an involved professional. (3)****OR**Signed referral from recognised agency/service who can reasonably be considered to have an accurate knowledge of the participants circumstances. (DWP, Local Authority service, Criminal Justice, specialist agencies etc.)**If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Migrants** | **Non-national permanent residents in a country people with a foreign background or national from a minority (according to national definitions).****Evidence Required:**Copy of passport/ Visa/ work permit to confirm nationality and that the individual has the right to resideand work in the UK**If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Asylum Seeker** | **An individual who ‘has applied for asylum and is waiting for a decision as to whether or not they are a refugee.**An asylum seeker is someone who has asked a government for refugee status and is waiting to hear the outcome of their application.**Evidence Required:**Copy if individual’s application registration Card (ARC)**If you require further clarification speak to the Activity Agreement coordinator about this** |
| **Refugee** | **An individual who owing to a well- founded fear of being persecuted for reason of race, religion, nationality, membership of a particular social group, or political opinion, is unable to or, owing to such fear, is unwilling to avail himself of protection of that country**.**Evidence Required:**Proof of Refugee Status, Humanitarian protection, Discretionary leave to Remain or Indefinite Leave toRemain in the UK including* A Home Office letter confirming status and permission to work
* A Home Office Certificate of Identity
* A benefits notification letter
* An Immigration Status Document

**If you require further clarification speak to the Activity Agreement coordinator about this** |

1. **, (2), Only one criteria of each of this type may be selected**

**(3), This can include the Referrer/Trusted professional**