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Restore, Milton Keynes Mind and East Berkshire Mind

Evaluation of prescription to learn

Final Report

December 2010

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Executive Summary

Background

This report presents the findings from the evaluation of the Prescription to Learn learning referral schemes operated by RESTORE in Oxfordshire, Milton Keynes Mind, and East Berkshire Mind following the award of Learning and Skills Council (LSC) and European Social Fund (ESF) moneys for learning referral schemes in Oxfordshire, Milton Keynes and East Berkshire. The three schemes were selected for a joint evaluation as they proposed broadly similar approaches with potentially comparable results, however East Berkshire Mind was wound up early in the evaluation. A combination of qualitative and quantitative methods was used.

Aim of the evaluation

The aim of the study was to evaluate the schemes in terms of:

- The running of the schemes
- Performance against specified outcome measures
- Effectiveness of the intervention itself, and
- The sustainability of the intervention.

Policy and economic context

Government policy has focused on finding ways of returning people with long term mental health problems to work and it seems likely that the new mental health strategy (when published) will continue to focus on employment as the best outcome for people with mental health needs. Research evidence indicates that prolonged unemployment is linked to worsening mental health, while having a job improves health and psychosocial status.

The schemes and the evaluation were undertaken at a time of major change in the wider economy which had a significant effect on outcomes both for the individuals and the organisations involved in delivering the schemes. Unemployment rates rose from January 2008 onwards making it harder for project workers to identify employment opportunities.

Learning Employment and Potential (LEaP) – Oxfordshire RESTORE

The LEaP project provided specific one to one support for unemployed people, aiming to enable people to undertake work placements, do voluntary work, apply for jobs, and start businesses. It also provided support for people in work. LEaP covered the whole of Oxfordshire, although in practice its area of operation was Abingdon and Oxford.

A full-time senior employment adviser (or learning broker) was appointed in February 2009, who continued until November 2010 (having had his contract extended by three months) with an achieved target to address the needs of 75 clients.

Back to Work – Milton Keynes Mind

The Milton Keynes Mind project involved providing a rolling non-accredited Back to Work course in four sessions covering: job search, CV workshop, application forms, and interview tips and techniques. People were expected to attend all four modules, but the modules were also stand-alone so people could attend on a one-off basis. Some did the modules on a consecutive basis, but not all. A maximum of eight people could attend a module; often only five or six attended.

Mind employed a course tutor and two part-time staff carried out initial assessments with support from an administrative assistant. The Milton Keynes Mind project started recruiting its target 50 clients in September 2008. The project was initially due to run until April 2009, but this was extended to the end of December 2009 and reached a total of 63 clients.

The running of the schemes

The projects had a strong commitment to an inclusive approach and aimed to work with clients at a pace that they felt comfortable with. While Restore, MK Mind worked with small groups. As a means of providing tailored support, one to one support appears better able to meet the individual needs and abilities of clients. There was limited promotion of the schemes, because both MK Mind and Restore have well established networks through which they obtained referrals.

Differences emerged in the client profile: the Restore project worked with younger, better qualified clients than MK Mind, a lower proportion of women and a higher proportion of people from black and minority ethnic groups. It is not clear what the cause of these differences is, but it may reflect the profile of the local adult population.

Relationships with stakeholders varied: relationships with local Volunteer Centres and training providers helped to achieve positive outcomes for clients; however developing ongoing relationships with employers proved difficult. Establishing active employer engagement as early as possible, to help beneficiaries move into work placements and paid work, is an area to focus on in the future.

Effectiveness of the intervention

Positive outcomes in terms of confidence and self-esteem were widely reported. Given that more than half of all the beneficiaries of the projects had been unemployed for three years or more, increasing clients' confidence is an important and valuable outcome from the schemes:

'I live alone. I think first to have someone to talk to was of great benefit. It got me out of the house to meet other people. Without this project I would never have applied for the job I now hold. I have been employed for 18 months.'

The results demonstrate the value and impact of the LEaP project, in particular, from the perspective of beneficiaries.

Broadly, the projects appear to have been relatively successful in supporting people into further education, training and other opportunities. Forty-four per cent went on to some kind of further training or education, and 17% of beneficiaries are now doing voluntary work or a work placement.

Given that 64% of beneficiaries identified paid employment as one of their goals, it is disappointing, although not surprising, that less than 10% obtained paid employment. This must reflect to some degree the current economic and employment situation, combined with the additional disadvantage that people with mental health problems experience in the employment market.

Performance against specified outcome measures

In terms of recruitment, both Restore and MK Mind recruited the target numbers of clients specified at the outset of the scheme. In relation to the specified outcomes, the targets identified at inception have not been completely achieved. More than half of clients of MK Mind's Back to Work were recorded as having achieved a learning outcome, compared with just over a quarter at Restore. And as stated above, less than 10% of all the clients have obtained paid employment.

Sustainability of the intervention

Evaluating the schemes has highlighted a number of issues around sustainability. In terms of individual clients, the sustainability of the intervention is difficult to assess, because these clients are often reluctant to maintain contact with the organisations providing support after the intervention is completed (eg, non-response to postal survey).

The difficult economic climate has reduced the opportunities available to clients of the projects in terms of work placements and paid work. Levels of unemployment were above the national average for Milton Keynes by 2009, creating an additional challenge to the project staff. Thus, both obtaining and sustaining employment is particularly difficult for this client group at the present time.

Ultimately, the main threat to the sustainability of this kind of intervention appears to be the insecurity of the funding arrangements, and an approach to payment by results which is not always realistic. This mode of operation affects the viability of such schemes, when delivered by organisations with limited reserves, for which cash flow is difficult at the best of times. There is a need for a more strategic approach to commissioning these services which provides longer-term financial security for the organisations involved, while maintaining a focus on achieving positive and effective outcomes.

The future

The publication of the NHS White Paper in the summer with its focus on patient outcomes and the new local authority responsibility for public health may contribute to greater support for projects like these which aim to support the long-term unemployed with mental health needs into employment. However, the impact of the Comprehensive Spending Review on local authority social care budgets and the planned tightening of disability allowance tests may work in the opposite direction. A new mental health strategy is due in the near future. To be successful, it should take account of the effectiveness of tailored support to long-term unemployed people with mental health needs and the need to provide longer-term funding for projects working with this group through strategic commissioning.

Introduction

This report presents the findings from the evaluation of the Prescription to Learn learning referral schemes operated by RESTORE in Oxfordshire, Milton Keynes Mind, and East Berkshire Mind following the award of Learning and Skills Council (LSC) and European Social Fund (ESF) moneys for learning referral schemes in Oxfordshire, Milton Keynes and East Berkshire. This was part of a wider Thames Valley bid to the LSC and ESF to operate such schemes across the whole of the Thames Valley region. The three schemes were selected for a joint evaluation as they proposed broadly similar approaches with potentially comparable results.

The aim of the study was to evaluate the schemes in terms of:

- The running of the schemes
- Performance against specified outcome measures
- Effectiveness of the intervention itself, and
- The sustainability of the intervention.

The schemes and the evaluation were undertaken at a time of major change in the wider economy which has had a significant effect on outcomes both for the individuals and the organisations involved in delivering the schemes. These changes and their impact on the success of the schemes in achieving their aims are discussed within the report.

1 Background

1.1 National context

Concerns about mental health and employment have attracted continuous concern in recent years, for example: the Social Exclusion Unit's 2004 report set out a 27-point action plan for the development of better access to employment and social, educational and community activity for people with mental health conditions¹; Our Health, Our Care, Our Say (DH, 2006) identified mental health and emotional wellbeing as overarching public health priorities, specifically mentioning strategies to enable people to return to work, such as Pathways to Work; and a brief paper by the National Director of Mental Health in 2007 identified social inclusion and linking better mental health care to opportunities for employment and training as a policy priority.

Current government policy is focused on finding ways of returning people with long term mental health problems to work. In recent years, additional funding has been made available to support this through programmes such as Pathways to Work, the New Deal of Disabled People, and Disability Employment Brokers.

The new [cross-government national mental health and employment strategy](#): Working our way to better mental health: a Framework for Action², published in December 2009 addresses well-being at work for everyone, and better employment outcomes for people with mental health conditions, both in and out of work. The practical framework sets out a series of commitments from

¹ Social Exclusion Unit (2004) Mental Health and Social Exclusion, London: ODPM

² DWP/DH (2009) CM 7756, Working our way to better mental health: a framework for action

government and what it expects from health professionals, employers, organisations and individuals. It identifies 6 key areas for action:

- Changing attitudes to mental health
- Early intervention
- Tailoring support (individualised) in and out of work
- Improving health and well-being at work
- Building resilience from early years, and
- Co-ordinating action across government.

Working our way to better mental health: a Framework for Action (DWP/DH 2009) builds on the National Service Framework (NSF) for Mental Health in Adults of Working Age (Department of Health, 1999), the National Suicide Prevention Strategy and the NSFs for Children and Older People, which provided the key policy frameworks for mental health services over the last ten years. The Framework recognises the need for tailored support to unemployed people with mental health conditions:

Moving people with mental health conditions quickly out of unemployment will guard against further deterioration in health. Most people who have been out of work for some time require co-ordinated, tailored support to help get them back into the labour market and stay there. The Government is acting to join up its efforts and to improve the mental health focus in frontline employment support and the work focus in health services.

The Framework considers that current specialist employment programmes, for example, WORKSTEP and Access to Work, do not help sufficient numbers of people who have mental health conditions.

It seems likely that the new government will continue the policy of encouraging people with mental health conditions into work through incentives and changes to the benefits system. Since April 2010, doctors are able to advise people who are on sick leave for over 7 days whether, with extra support from their employer, they could return to work earlier; and from October 2010, a new programme, Work Choice, is due to be introduced to provide supported employment to disabled people. The intention is that Work Choice providers will give special attention to particular groups, including people who have mental health conditions, who have been poorly represented as users of the current provision. Links will be forged with health and social services organisations, ensuring that support is given to those who need help the most.

However, given the government's plans for major cuts in the public sector, there is a concern that people with mental health conditions will be doubly disadvantaged: both from cuts in services, and from rising unemployment and increased competition for the available job vacancies.

1.2 Research evidence

Mental health problems are common: an estimated one in six adults has a mental illness at any one time. Over 900,000 adults in England claim sickness and disability benefits for mental health conditions, though many may want to,

and are capable of, working with the right support³. A review of the literature by Research in Practice for Adults found overwhelming consensus that: people with mental health problems want to work⁴. Although not all people with severe mental health problems want to be employed, almost all want to 'work' and can work effectively⁵.

Yet people who use mental health services have the lowest employment rate out of all the main groups of disabled people⁶. The Healthcare Commission's 2008 Community Mental Health Survey found that only 20% of service users were in paid work in England. The proportion of service users in paid work in Oxfordshire and Buckinghamshire was significantly higher (37%); and also higher for Milton Keynes (33%) and Berkshire (27%) than the national average (although 17% in Slough), but still well below the rate for the total working age population (75%). The cost of this lost employment of people with mental illness in England is estimated to be £26.1 billion a year⁷.

The evaluation of the Pathways to Work initiative⁸ demonstrates that people with a mental illness fare less well than other groups when provided with a programme which aims to assist people on incapacity benefits into, and towards, paid work. The researchers found that people with mental health conditions were half as likely to be in paid work 13 months after their start on Pathways to Work as those without such conditions (17 compared to 34 per cent). They were also slightly less likely to be actively looking for work (18 compared to 23 per cent). This indicates that there are particular challenges in achieving outcomes, such as getting people with mental health conditions into work.

Prolonged unemployment is linked to worsening mental health, whereas having a job can lead to a reduction in symptoms, fewer hospital admissions, and reduced service use⁹. A recent comprehensive review of the research on work and well-being (Waddell and Burton, 2006) concluded that overall:

- Work is beneficial to health and well-being.
- Lack of work is detrimental to health and well being. The unemployed consult their GPs more often than the general population and those who have been unemployed for more than 12 weeks show between four and ten times the prevalence of depression and anxiety. Unemployment is also associated with increased rates of suicide.
- For people without work, re-employment leads to improvement in health and well-being and further unemployment leads to deterioration.
- For people who are sick or disabled, placement in work improves health and psychosocial status.

³ Appleby (2004) op.cit.

⁴ <http://www.ripfa.org.uk/evidenceclusters/displayCLUSTER2.asp?catID=7&subcat=1>

⁵ South Essex Service User Research Group, Secker J & Gelling L (2006) Still dreaming: service users' employment, education and training goals, *Journal of Mental Health*, 15, 1, 103-111

⁶ Office for National Statistics (2006) *Labour Force Survey*, London: ONS

⁷ McCrone P, Dhanasiri S, Patel A, Knapp M & Lawton-Smith S (2008) Paying the Price: the cost of mental health care in England to 2026, London: King's Fund

⁸ Hayllar O, Sejersen T, & Wood M (2010) *Pathways to Work: The experiences of new and repeat customers in Jobcentre Plus expansion Areas*, London, Department for Work and Pensions Research Report, No 627

⁹ Social Exclusion Unit (2004) op.cit.

- The health status of people of all ages who move off welfare benefits improves.
- These benefits apply equally to people who have mental health problems, including those with severe mental health problems. There is no evidence that work is harmful to the mental health of people with severe mental illness.

The only caveats are that these conclusions do not apply to some individuals in some circumstances, and that the social context and the nature and quality of the work are important factors.

Work is a central theme in the successful recovery of people with mental health problems¹⁰. The King's Fund (McCrone et al, 2008) recommended a sustained effort to support people with mental health needs of working age who are not in employment to return to work. The social exclusion that people experience as a result of mental illness is reduced by work and aggravated by unemployment (Social Exclusion Unit, 2004). Work is therefore central to two of the values that underpin mental healthcare for people with severe mental illness – social inclusion and recovery.

1.3 Individual placement and support

There has been no research on learning referral schemes, but there is a growing body of literature on individual placement and support which has some similarities with the three schemes in terms of assessment, enabling and one-to-one ongoing support.

Individual placement and support involves assessing vocational skills and preferences relatively quickly and then attempting to place people in employment settings that are consistent with abilities and interests, enabling them to develop their skills in the work environment while being provided with ongoing support. Support is also provided to the employer in order to ensure maintenance of the placement.

National Social Inclusion Programme, NIMHE, CSIP (2006)

Vocational services for people with severe mental health problems: commissioning guidance, London: DWP/DH/CSIP

A cost-effectiveness study commissioned for the Social Exclusion Unit concluded that supported employment and Individual Placement and Support (IPS) projects were significantly more effective than other approaches in enabling people with mental health problems to find and keep open employment¹¹. This was confirmed by Research in Practice for Adults' review of the literature¹² which also highlighted the importance of paying attention to user preferences and stresses the role it plays in the success of the approach.

More recently, the international [EQOLISE project](#)¹³ compared IPS with other vocational / rehabilitation services in six European countries. It concluded that:

¹⁰ Shepherd G, Boardman J & Slade M (2008) Making Recovery a Reality, London: SCMH

¹¹ Social Exclusion Unit (2004) op. cit.

¹² <http://www.ripfa.org.uk/evidenceclusters/displayCLUSTER2.asp?catID=7&subcat=1>

¹³ Burns T, Catty J, Becker T, Drake R, Fioritti A, Knapp M, Lauber C, Rössler W, Tomov T, van Busschbach J, White S, Wiersma D, the EQOLISE Group (2007) The effectiveness

- IPS clients were twice as likely to gain employment (55% v. 28%) and worked for significantly longer;
- the total costs for IPS were generally lower than standard services over the first 6 months;
- clients who had worked for at least a month in the previous five years had better outcomes;
- individuals who gained employment had reduced hospitalisation rates.
- success was affected by factors such as the local unemployment rate, long-term national unemployment, and the benefits system¹⁴.

Research into the effectiveness of this approach shows there are seven key characteristics¹⁵:

- Paid employment is the primary goal in integrated settings
- Eligibility should be based on the individual's preferences
- Programmes should involve rapid job search and minimal pre-vocational training
- Employment specialists and clinical teams work and are located together
- Attention to client preferences and choice is important
- Time-unlimited support is available according to the individual's needs to employee and employer
- Benefits advice should be provided to help people maximise in work benefits.

The Healthcare Commission's report No Choice, No Voice (2007)¹⁶ recommended that mental health service providers: make sure that their services are designed to improve the chances of recovery and social inclusion for people who use services including in the area of employment; and review existing employment schemes and where necessary develop such schemes. The report notes that the most successful schemes are those that prepare people for employment, help them to find work in mainstream occupations, and provide ongoing support as required.

Both the RIPFA review¹⁷ and the Sainsbury Centre for Mental Health¹⁸ conclude that there is strong evidence on the effectiveness of supported employment and the IPS process, but an evidence vacuum regarding the effectiveness of other approaches.

of supported employment for people with severe mental illness: a randomised controlled trial, *The Lancet*, 370, 1146-1152.

¹⁴ Burns T, Catty J, Becker T et al (2007) The effectiveness of supported employment for people with severe mental illness: a randomised control trial, *Lancet*, 370, 1146-52

¹⁵ National Social Inclusion Programme, NIMHE, CSIP (2006) Vocational services for people with severe mental health problems: commissioning guidance, London: DWP/DH/CSIP

¹⁶ Commission for Healthcare Audit & Inspection (2007) No voice, no choice

A joint review of adult community mental health services in England Summary report

¹⁷<http://www.ripfa.org.uk/evidenceclusters/displayCLUSTER2.asp?catID=7&subcat=1>

¹⁸ Sainsbury Centre for Mental Health (2009) Doing what works: individual placement and support into employment, Briefing 37, London: SCMH

1.4 Local context

1.4.1 Unemployment and economic activity

The three areas where the schemes were initiated had differing employment rates at the start of the project, higher than the regional and national averages in the case of Oxfordshire and Milton Keynes (see Table 1).

Table 1 - Economic activity rate (Jan – Dec 2008)

Area	Economically active
Oxfordshire	84.0
Milton Keynes	83.3
Slough	77.9
South East	82.3
Great Britain	78.8

Source: ONS Annual population survey

In terms of unemployment, the rate for Oxfordshire is markedly lower than the regional and national rate since 2008, while Milton Keynes and Slough have risen to exceed than the regional and national rates in 2009 (see Table 2).

Table 2 – Unemployment rates

Area	Jan-Dec 07	Jan-Dec 08	Jan-Dec 09
Oxfordshire	4.3	3.6	4.8
Milton Keynes	4.5	5.0	7.6
Slough	6.1	6.5	7.6
South East	4.2	4.4	5.6
Great Britain	5.2	5.7	7.4

Source: ONS annual population survey

Another indicator of the state of the jobs market is the percentage of Jobseekers Allowance (JSA) claimants per unfilled job centre vacancy. While Oxfordshire has been consistently below the national and regional average, the numbers of JSA claimants per unfilled jobcentre vacancy in Slough and Milton Keynes have fluctuated and sometimes risen above the regional and national rates over the life of the schemes (see Table 3).

Table 3 - JSA Claimants per unfilled jobcentre vacancy

Date	Oxfordshire	Milton Keynes	Slough	South East	Great Britain
Jan 2008	1.4	2.0	1.6	2.1	2.7
Apr 2008	1.3	1.9	1.2	1.6	2.1
Jul 2008	1.3	2.7	2.2	1.8	2.4
Oct 2008	1.3	1.6	1.9	1.9	2.5
Jan 2009	3.4	8.0	6.0	6.2	6.4
Apr 2009	4.8	10.0	7.7	6.1	7.1
Jul 2009	4.7	6.7	6.4	5.6	7.4
Oct 2009	2.9	3.9	6.1	4.3	5.7
Jan 2010	4.2	6.2	12.4	6.6	8.5
Apr 2010	2.9	4.7	7.1	4.6	6.2
Jul 2010	2.2	4.0	6.0	3.6	4.9

Source: Jobcentre Plus vacancies, Crown Copyright

With the advent of the credit crunch and an increasingly likely 'double dip' recession, it is likely that job losses will strike people with mental illness particularly hard in all three areas, although people in Oxfordshire will probably be least affected, because of the lower unemployment rate and lower numbers of JSA claimants per unfilled jobcentre vacancy there. With greater competition for vacancies, it is likely that employers will be more choosy and expect more of staff working in the current economic climate.

1.4.2 Current support

In spite of the policy initiatives and research evidence, there is relatively little help available to unemployed people with a mental health condition. The Health Care Commission's 2008 survey found that 50% of service users nationally said that they had not received help finding work, but would have liked it. This compares with 61% in Oxfordshire and Buckinghamshire, and 40% in Berkshire (figures for Milton Keynes are not available). Nationally, 69% of service users reported help with getting benefits, compared with 67% in Oxfordshire and Buckinghamshire, 50% in Milton Keynes, and 65% in Berkshire.

1.4.3 Mental health needs and services

Of the three areas covered by the projects, Oxfordshire has the highest number of people receiving incapacity benefit due to mental illness and the highest proportion of people with anxiety/depression, and with severe and enduring mental illness (see Table 4).

Table 4: Mental health in 2007

	Oxfordshire	Milton Keynes	Slough
Numbers receiving incapacity benefit due to mental illness	6,190	2,920	1,810
Rate per 1,000 working age population receiving incapacity benefit due to mental illness	15.3	19.5	23.1
% population with a severe and enduring mental illness	0.96	0.5	0.6*
% population with depression/anxiety	7.2	5.6	7.1*

Source: APHO Health Profile and QOF database

* Data for East Berkshire

1.4.3.1. Oxfordshire

Mental health needs in Oxford city are markedly higher compared with the rest of the county. In addition, mental health service users in Oxford report the most difficulty in obtaining suitable housing and employment to enable their reintegration into the community.

The Oxfordshire Mental Health Needs Assessment noted that there is an effective/strong number of high quality services available to enable people with mental health problems to maintain or return to employment, education or volunteering. However, a key objective of the Oxfordshire mental health strategy 2007-2012 was to:

Invest in flexible services, that are designed to support recovery, and sustainable independent living for people who have used, or are using mental health services, whatever their age.

The following services are available to help people return to employment, education or volunteering in Oxfordshire:

- Job Centre Plus in number of locations in Oxfordshire,
- Connexions, "Way Out" Project, aBc2 (& Baby came too!)
- ACE Family Centre
- Asylum Welcome
- Carers Support Service
- Ethnic Minority Business Service
- Faringdon Family Centre
- Leys Linx Centre
- Ruskin College
- Restore Beehive Project
- The Beacon in Henley on Thames
- Association for Supported Employment
- Bridewell Organic Gardens
- Business in the Community
- Citizens Advice Bureaus across Oxfordshire
- Community Job source, and
- Workers Education Association Southern Region in Chipping Norton.

1.4.3.2. Milton Keynes

The following services are available to help people return to employment, education or volunteering in Milton Keynes:

- Drop-in services across Milton Keynes provided through Rethink
- A return to work service provided by Richmond Fellowship Employment and Training
- A counselling service provided by Milton Keynes Mind.
- Shaw Trust – Pathways to Work.

The Commissioning Strategy for Mental Health (2007) identified a number of strategic developments including:

The continued development of work opportunities for people with mental health problems wishing to return to employment, from sheltered placements through to support to those returning to mainstream employment. Continued development of policies across the PCT and the Council to support those with mental health needs to be employed across these agencies.

1.4.3.3. Slough and East Berkshire

The prevalence of serious mental illness in Slough is slightly higher than the average for the rest of East Berkshire and the Thames Valley. In 2007, the following services were available to help people with mental health conditions to return to employment, education or volunteering in Slough:

- Job Centre Plus

- East Berkshire Mind
- Shaw Trust.

2 Evaluation method

The evaluation has adopted a combined quantitative and a qualitative approach to obtain robust and effective data. It has been informed by the principles of realistic evaluation¹⁹ which stresses the need to evaluate programmes within their "context," and to ask what "mechanisms" are acting to produce which outcomes. The evaluation has been structured to analyse:

- The 'running of the schemes' – evaluating the consistent and effective employment of the learning brokers (or senior employment adviser at LEaP) and the numbers and composition of the client group. (It has not addressed the spending of funds as these were to be reported directly by the three projects to the LSC).
- The effectiveness of the intervention itself – evaluating the accessibility of the scheme to service users; the effectiveness of the partnership between the primary care workers and the project teams; the use and effectiveness of mechanisms which support the intervention (effective completion of personalised action plans and review process); and qualitative assessment of the learning process at point of discharge (seeking to measure success for individuals in terms of their personal goals and learning and improvements to their general mental health and well-being).
- Performance against specified outcome measures – evaluating the impact of the schemes in terms of clients learning and employment during service provision and on completion.
- Sustainability of the intervention – evaluating longer term outcomes, 6 months after clients have left the schemes, to determine whether the progress that individuals have made during the programme was sustained, and will be particularly concerned with finding out about employment status and identifying any potential need for further intervention or support.

The data collected included:

- ESF Short Record form
- ESF Short Record – Outcome form
- Individual learning plan and review form
- Information Advice and Guidance form (Restore)
- A monitoring form covering personal wellbeing to measure quality of life (Restore)

Individual case files were audited, and analysed using SPSS – a data analysis software package.

Qualitative data collection has included:

- Interviews with service users (4 at Restore) – to evaluate the effectiveness of the schemes in terms of accessibility and to assess the

¹⁹ Pawson R & Tilley N (1997) Realistic Evaluation, London, Sage

learning process in terms of the outcomes achieved, their personal goals and learning, and improvements to general mental health and well-being. Names have been changed in the report to provide anonymity.

- Interviews with staff in the three delivery organisations – to evaluate the use and effectiveness of mechanisms which support the intervention and assess their view on the operation of the schemes and the learning process in terms of what clients have achieved by the time they are discharged.
- An interview with staff from the local volunteer bureau to evaluate the effectiveness of the partnership arrangements.

Proposed interviews with primary care professionals and training/education providers have not taken place as project staff thought they would have insufficient experience and knowledge of the project to comment on the running of the schemes and the outcomes.

In addition, a postal survey was sent to all those who had signed off the LEaP project, or attended the Back to Work courses in Milton Keynes, to obtain their views about the schemes and to what extent it had made an impact (see Appendix I). Questionnaires were sent to 35 beneficiaries of LEaP and 63 beneficiaries of Back to Work. There were four responses from Back to Work beneficiaries which may be explained in part by the time that had elapsed since people had attended a session. In addition, it may reflect the lower level of commitment and support embodied in the Back to Work model. Eighteen people from LEaP responded providing a response rate of just over 50% which is high for a postal survey.

There were equal proportions of male and female respondents, 60% were aged 35-49, 20% were aged 25-34, and 20% were aged 50-64. One in ten (10%) were of minority ethnic or mixed ethnic origin.

In order to evaluate the longer term outcomes of the schemes and sustainability of outcomes achieved, the postal survey of beneficiaries and the before and after personal well-being forms completed at Restore were analysed. This provided an opportunity to explore the experiences and outcomes of taking part and views on what could have been done better.

3 The projects

The focus of the Prescription to Learn initiative was on providing learning, training and employment activities for people with mental health problems, who are at present out of work; it had an additional focus on people receiving incapacity benefit. The overall aim of the scheme was to help this population to gain paid employment.

The three projects aimed to recruit a total of 165 participants: Restore – 75; Milton Keynes Mind – 50; and East Berkshire Mind – 40. The projects were initially based in Oxford (Restore), Milton Keynes (Milton Keynes Mind) and Slough (East Berkshire Mind). At inception, all three schemes aimed to involve primary care professionals, such as GPs, practice nurses, community psychiatric nurses, and practice counsellors in referring suitable clients into the scheme, in accordance with an agreed protocol. The referrals would then be assessed, and

those accepted were to be supported to help them to gain access to learning and development opportunities by a learning broker or employment adviser (these were intended to be new appointments to be recruited by RESTORE, Milton Keynes Mind and East Berkshire Mind). The learning brokers (or employment advisers) were to carry out the initial assessment to ensure candidates were suitable for the scheme, and signpost those not selected to alternative solutions. It was proposed that those accepted on to a scheme, would then be given a full learning needs assessment by the learning broker (or employment adviser) leading to a personalised action plan and ongoing information, advice, guidance and practical support.

3.1 Restore Learning Employment and Potential (LEaP) project - Oxfordshire

3.1.1 Running of the scheme

Restore is based in Oxford city and provides a wide range of support to people with mental health problems related to training, volunteering and employment, including three therapeutic work rehabilitation services.

The LEaP project provided specific one to one support for unemployed people to think about what work they might want to do, identify their skills, gain new skills, and apply for work. It aimed to enable people to undertake work placements, do voluntary work, apply for jobs, and start businesses. It also provided support for people in work. LEaP covered the whole of Oxfordshire, although in practice its area of operation was Abingdon and Oxford.

A full-time senior employment adviser (or learning broker) was appointed in February 2009, who continued until November 2010 (having had his contract extended by three months) with a target to address the needs of 75 clients. By May 2010, a total of 63 clients were recorded in the case files. This had reached the target of 75 by October 2010.

The senior employment adviser estimated that he spent at least 50% of his time directly engaged with clients providing a flexible and person-centred approach. Twenty to thirty percent of his time was taken up with administration and paperwork, and he also ran a job club once a week. The job club was technically independent of the project and was a drop-in service, but there was some overlap in terms of clients.

3.1.2 Outreach and promotion

The project was promoted through a fortnightly visit to Abingdon Mind, where it was also possible to see clients, from there and from other parts of South Oxfordshire. There was little outreach in other parts of the county, although Banbury (in north Oxfordshire) and west Oxfordshire were considered, because of the difficulty and cost to people coming from there to Restore.

Because Restore has well established networks (including links to the Shaw Trust) and referrals came in a fairly steady stream, the project worker took the view that there was no need to market the project widely. A meeting with the Oxfordshire Disability Employment Adviser resulted in a few referrals. NHS outreach work was through the four PCT funded CMHT workers based at Restore. There has been no collaboration with other primary care teams.

People were asked in the postal survey how they found out about LEaP. Most commonly, people had found out about the scheme via their GP (22%) or mental health services (22%); 17% had found out about it through the complex needs service, and 22% through Restore (as a new or existing service user).

While the project was well located within the City, and Restore is well known to mental health services in Oxford, it is less well known in other parts of the county, and there is a concern that the clients may have been a self selected group.

3.1.3 Referrals

The data on referrals are not complete. From the records, the largest group of referrals were previous clients of Restore, followed by self-referrals, local Mind and the IPS team based at Restore. According to staff, referrals have come mostly through self-referrals; *organisations that know us already*; and people already referred through Restore's therapeutic work project 'Activate'. Although some have not been appropriate, the project worker was generally able to take on self-referrals.

In the past, the two main sources of referrals to Restore have been the local CMHT and the Job Centre, but this was not actively sought by the LEaP project worker, and to date only one client has been referred by the CMHT and one from Job Centre Plus. Most Job Centre referrals go to the Pathways to Work scheme and the Oxfordshire Employment Service, which is linked to the Shaw Trust.

3.1.4 Access

LEaP was open to anyone living in Oxfordshire who came to see the project worker, who was not currently working, and considered themselves to have a mental health issue. The project worker met to assess them and to tell them about the service. They could then decide to go elsewhere.

The respondents to the postal survey were overwhelmingly positive about the accessibility of the scheme: 88% said that it was easy to get on to LEaP. All the four LEaP clients who were interviewed as part of the evaluation had found access onto the scheme easy and straightforward, reflecting the inclusive approach of the project, and the commitment of the project worker to providing an easily accessible service. They had come through a variety of channels: Restore, local Mind, and the complex needs service following a talk about the project in two cases. However, for those outside of Oxford, the cost of travel to the project had presented an obstacle to access.

3.1.5 Support activities

After an initial assessment, clients completed a fuller assessment of their previous education, experience and qualifications, maths and literacy needs, and a personal well-being index. The project worker asked what kind of help they want: *I ask what their goal is and then to achieve this, what help do they need?, eg help with their cv, no references, what to disclose about their mental health. It's a two way conversation.* Guidance was seen as very important, providing motivation and confidence to clients, and the sense that they were being supported. *We have more of an ongoing relationship with them.*

The information was recorded on the ESF Short Record Form, the Individual Learning Plan and Review form which contains a standard list of goals, and a form setting out targets to be completed before the next review meeting. The project worker found that the Individual Learning Plans (ILPs) worked well, providing a useful structure which addressed the tendency of some clients' to be quite chaotic. The ILPs helped to provide focus and clarity by setting targets, and a way to monitor progress.

The first few appointments usually involved getting to know the service user, carrying out the assessment, and doing the paperwork. Help for some was provided with CVs and job applications. The project worker found this type of help was relatively straightforward, and could be a good way to get to know a client, giving them something tangible to take away. The project worker also aimed to boost confidence levels, and this was an important outcome mentioned by clients who were interviewed and surveyed. This was achieved, in part, by helping people to see how they presented themselves, making them aware of what they needed to do to improve their presentation, and of the strengths they already had. Unlike IPS, LEaP was not targeted only on employment.

According to the project worker, support needs tended to emerge organically as trust developed between a client and the project worker, because people's needs and circumstances may change from appointment to appointment as new priorities develop. The project worker explained that in some cases, he tries to plant ideas for clients which are then developed at subsequent meetings regarding possible training, volunteering and employment opportunities.

Originally the LSC advised that reviews were to be every four to six weeks, according to individual circumstances and availability. The LSC later advised that the gap could be longer, eg, 12 weeks, but equally appointments can be much more frequent depending on individual needs. The project worker explained that over time, if things changed, eg, when an outcome was achieved, he would do a review. Reviews provided a useful marker and an opportunity to assess what the individual wants to achieve next and how the project worker can help them.

Service users were universally positive about the support received through the project:

- John had found the support *very helpful* and the project had exceeded expectations.
- Christine found the project very helpful – *in the bigger picture, it made me deal with a lot more issues about moving forward*. It had also been useful to have advice on how to complete application forms in relation to her health needs. She also valued having *a bit of support that isn't therapy*. The project had exceeded her expectations.
- Morris found the project worker very supportive and helpful: *When I leave here, I feel really good about myself...The help I'm getting here is good for me*. Morris was involved in a range of activities offered by Restore, not just the LeAP.

- Lucy had mostly been working on her cv and felt she had learnt about some useful websites, and had also been able to talk through things when she had not been able to do what she had agreed. She was working on an accounting technician course which she had begun before joining the project. She had found the LeAP activities useful.

Interviewees were asked what they had most enjoyed about LEaP. These ranged from: *the feeling of accomplishment with myself* and having someone to talk to for Christine; to the realisation that others experienced similar problems for Morris; and the ability to go at her own pace for Lucy so ..*That if things haven't been good for me, I can go away with things I can do if I'm able, rather than nothing* (unlike the Job Centre course).

Survey respondents were also asked what they most enjoyed – the responses to this open question demonstrate the value of the sustained one-to-one approach and indicate the high quality of the support available from the project worker:

What did you enjoy most about LEaP?

The support – took into account my mental health issues. Respondent 1

Regular appointments and review – opportunity to talk through both problems and the 'positives'; opportunity to explore options especially with voluntary work; I found talking to David about what I was doing or hoped to do increased my sense of feeling supported. It was also a chance to identify achievements/progress, which might otherwise have gone unacknowledged or not recognised by me [leading to] increase self-confidence and self-belief. Respondent 2

Working with David. He has great ability to listen, see someone's strength and skills and enable them to build in confidence and to achieve. I loved going to ?? and studying and gaining my qualification. I was encouraged by David + LeAP + Restore every step of the way and extremely grateful. Respondent 3

Enjoy the company and one to one help to research for jobs and the cv.
Respondent 4

I live alone. I think first to have someone to talk to was of great benefit. It got me out of the house to meet other people. Without this project I would never have applied for the job I now hold. I have been employed for 18 months.
Respondent 6

I most enjoyed DB's friendly, kind and gentle non-militant encouragement and support to returning to study. Respondent 8

Very friendly and personable and need led. Help to open new ideas and good to brainstorm with someone with skill in this area. Respondent 10

Having someone there to help look through options with. Respondent 11

I felt it was a friendly environment with other users and staff. Also the staff were very helpful in trying to achieve the goals we set together. Respondent 12

The things that interviewees said they least enjoyed were minor and reflected more the personal challenge that taking part in LEaP represented, for example, writing a personal profile for a cv, and anxiety about computers. When asked about what they least enjoyed, many survey respondents did not have anything to say. However, a couple of people mentioned having to travel to Restore, and two people mentioned the paperwork and form filling.

In terms of things people would change, two interviewees said they would have liked the service to be available closer to their homes, and one thought the project should be more widely publicised. The main point which survey respondents said they would have changed was having longer period of access to one to ones with the project worker – this was mentioned by more than 20% of respondents.

3.1.6 Relationships with other stakeholders

The OCVA project worker at the Oxford Volunteer Centre met the LEAP senior employment adviser at the Oxford Recovering Employment Forum and identified the potential for him to refer to the OCVA project worker. Liaison with the OCVA project worker resulted in a number of referrals to voluntary organisations. The OCVA project worker provides support to vulnerable adults, most of whom are mental health services users. RESTORE and the LEAP project were one of a number of potential referral agencies. LEAP made between five and ten referrals to OCVA. The OCVA project worker perceived some overlap between her role and that of the LEAP project, but commented that they tried not to duplicate.

Working jointly with LEAP on one client, the OCVA project worker had found the relationship useful in terms of information sharing, where the client presented a potential risk. She thought that it was good to know other organisations were doing similar work, and she was confident that referrals from LEAP were appropriate, unlike those from Shaw Trust - Pathways to Work who make a lot of referrals. These were of limited success, in her opinion, because the service user felt they *have to come*.

Relationships with other stakeholders have been limited. For example, although LEAP had a lot of contact with the Volunteering Centre, there was less contact with voluntary organisations themselves. LEAP liaised with local training providers: Learndirect, and one or two clients had gone on TABS training. There was no specific contact with Oxford and Cherwell College, but there were links with individual tutors, for example, for the plumbing course.

In terms of relationships with employers, the LEAP project had limited success. This was partly attributable to the current economic climate, but the project worker commented that it is notoriously difficult and time-consuming to get employers on board and he therefore spent very little time liaising with employers: *Quite a bit of our work is behind the scenes, not up front with employers themselves.* LEAP organised a joint event (Potential at Work) with Aspire and the local refugee council which attracted a poor turnout of employers. LEAP had links with the OBMH Choices programme for people with disabilities in relation to a couple of clients, but the project worker felt he needed to pursue this link. LEAP also had contact with Oxfordshire County Council about possible work placements, but it was not possible to obtain help in this area or work placements anywhere else, in spite of repeated efforts and the help of a local

business partnership coordinator. Contact with the Oxfam volunteer coordinator was more successful.

3.1.7 Client profile

The project bid set out criteria for inclusion on the scheme:

- 100% workless
- 80% individual budgets/severe disablement allowance (SDA)
- 100% with a functional disability
- 12% lone parents
- 18% over 50 years of age
- 11% black and minority ethnic
- 51% female

The profile of clients was broadly similar to the target client group: 100% were workless at the time of their initial assessment, 100% consider they have a disability, 16% are 50 or over, 14% are black or minority ethnic, and 39% are female. In addition, more than half (53%) had been unemployed for three years or more, 9% had no qualifications and more than a quarter (28%) had the equivalent of NVQ level 4 or above. Data on individual budgets and SDA, and lone parenthood were not collected.

The project has attracted a real mixture of clients, some with multiple problems, for example, substance misuse and criminal convictions, from PhDs to the barely literate. This has required assessment of risk and consideration of the need for disclosure in some instances, for example, in relation to voluntary work activities.

3.1.8 Motivation and goals

The great majority of clients (95%) identified a need for ongoing information, advice and guidance as one of their goals in taking part in the LeAP. Around two-thirds identified literacy (71%) and numeracy (64%) needs, and more than half identified voluntary work or work placement, and paid employment as goals. Just under half (49%) included training as a goal.

From the interviews carried out with four clients of the Restore LEAP project, a number of motivations were mentioned:

- John joined the project because he had been long-term unemployed and wanted to get back into the paid employment, but recognised he needed to improve his IT skills and gain a maths qualification to be able to take a post-graduate course.
- Christine needed to get on with *the next step*: she had been out of therapy for two years and was doing some voluntary work, but wanted to know how she could help herself to move forward. *This is like the missing link – how do you move into full time work?*. She also said she wanted more things to leave the house for: *a reason to get out of bed*.
- Morris explained: *Mind wasn't the thing for me... they've got much more to offer here than in XX (west Oxfordshire). This is a nice place to come to....There are lots of opportunities they can offer*. Morris aimed to get his

confidence back and hoped to get back into work. The first had been achieved, but did not know yet about the latter.

- Lucy had already started seeing someone through Pathways to Work on a voluntary basis and was not very happy with the way it was going. Having been ill for a couple of years, she was looking for *the next step*.

When interviewees were asked about their hopes for the future in six months time: two wanted to be in work, one to be starting his apprenticeship, and the fourth to be volunteering. The project worker noted that some people had raised their goal to paid work following achievement of their original goal of voluntary work or training.

3.1.9 Outcomes

It was decided at inception that the scheme would be evaluated against the following overall outcomes:

- 90% of clients will be engaged in learning activity during service provision.
- 45% of clients will be engaged in job search/further learning on discharge.
- 26% of clients will be in work, of 16 hours or more per week, on discharge.

It appears that 25% (19/75) of clients engaged in further education, and two achieved another learning outcome; three people are working part-time; two are working full-time; one is looking for a job; and fifteen (20%) are doing voluntary work. This result is disappointing, but must be set against the difficult economic and employment context discussed at the start of this report.

Survey respondents were very positive about how useful they found the project: 94% said that they had found joining the project useful. When asked about what they hoped to achieve, and which outcomes they had been able to achieve as a result of taking part in LEaP, most felt that they had been able to achieve an outcome in terms of further training, education, employment or voluntary work. In addition, at least half felt that it had helped to improve their confidence and their mental health and well-being (see Table 5).

Table 5: Hopes and outcomes of beneficiaries

N=18	What did you hope to achieve?	Which of the following outcomes have you been able to achieve as a result of taking part in the LEaP project?
Increased confidence	72%	56%
Better mental health and well-being	39%	50%
Advice on welfare benefits	17%	28%
Further training or education	39%	50%
Voluntary work	44%	50%
Work placement	33%	0%
Paid work	28%	n/a
Part-time paid work	n/a	22%
Full-time paid work	n/a	11%

Other	33%	33%
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Survey responses also confirmed the research cited earlier in this report: that people with mental illness want to work, although not necessarily in paid employment. The other important outcome for more than one in four beneficiaries was the provision of advice on welfare benefits.

The Personal Well-being Index tool was completed by 23 beneficiaries before and after participating in LEaP. The analysis of these forms indicates that:

- 65% of participants were more satisfied with their life as a whole since their involvement in the scheme.
- 65% were more satisfied with feeling part of their community.
- 65% were more satisfied with their future security.
- 61% were more satisfied with what they were achieving in life.
- 56% were more satisfied with their standard of living.
- 56% were more satisfied with their personal relationships.

While it would be inappropriate to assume that there is a causal relationship between the LEaP and these improvements, it seems likely that there is some kind of association.

The interviews with clients also indicate a very positive view of the outcomes of the scheme, and the need to work at the client's pace:

- As a result of LEaP, John was now attending maths and English classes and receiving one to one support to enable him to start self-employment. These activities had been useful in improving his idiomatic English, and helping him to obtain a maths qualification. He had previously attended IT courses as part of LEaP. He had received support from the senior employment adviser on writing publicity posters, and in applying for jobs, before deciding to aim for self-employment. He had been able to obtain funding from the Job Centre for public liability insurance, and the senior employment adviser had applied for funding to help him get started as a self-employed advanced language teacher.

John was now more hopeful about his prospects, his confidence and mood had improved and he was officially self-employed. The project has made a difference in that he is now more active, not sitting at home all day: *If you get support, you feel more self-confident than if you are struggling on your own..if you get support, you feel better.*

- Christine was meeting weekly with the senior employment adviser *to pace myself. Knowing I have the next appointment ahead motivates me to do the homework.* At the start, they had looked at her concerns, completed the paper work, eg the literacy test, and sorted out her goals. This had forced her to update her IT skills and to do a cv (something she never thought she would have done), and a covering letter for prospective employers.

At the time of the interview, she had started volunteering to work with people with disabilities, the area in which she had trained. She did not think she would ever have been able to do this and felt it opened up new

possibilities. *If I needed to find more voluntary work, now I know the process.* Christine felt the activities had been useful: she had learnt about the process of finding more voluntary work; the process of applying for a job; and raised her self-esteem as an employable person. It made her more proud of the qualifications she had, increased her confidence, and made her think about the future.

- As a result of LEaP, Morris had joined Learn Direct with the aim of getting Maths and English GCSEs so that he could do a plumbing course which he had applied for in the hope of getting an apprenticeship. The project worker had attended the interview with Morris for the plumbing course. Morris thought that LEAP and other Restore projects had helped him with time-keeping, improving his confidence, and the project worker had helped him to get his benefits back by going to tribunal. *Before I came here I was so nervous, you wouldn't get me doing anything.*
- Lucy felt her confidence had improved as a result of LEaP.

Survey respondents were provided with an open space for comments which several used to give further plaudits for the project:

Do you have any other comments?

I really appreciated the continuing to help me even though a voluntary placement fell through and it took me a while to bounce back. Respondent 1

I found the support provided by this project and encouragement to take positive steps for myself, especially in regard to my voluntary work of great value. Thank you. Respondent 2

Extremely valuable project has changed my outlook totally on how I see myself – given me a second chance and belief I can live well and have something to offer others. David should be commended personally. Case 3

It would be good for more people to know about so they can use the service. Respondent 4

DB has been a fantastic help. Respondent 5

After stress of my computer not working [and loss of access to computers at LeaP] and having to quit [voluntary] projects [as no access to computers] I have not heard anything from LeaP and I don't know where else to go to get what LeaP was doing before. Respondent 7

I would like to express my happiness at the help offered, particularly the level of professionalism shown by DB. Respondent 8

I think this service has been a great help to me. I hope it can continue to gain funding and help many more people in need. Respondent 12

It was very important to me that I didn't lose support from LeaP when my mental health improved + I obtained voluntary work. I have now obtained a full-time job which may not have happened otherwise. Respondent 16

When people were asked about what they thought they would be doing if they had not taken part in the LeAP project, it was clear that for all four interviewees, it was felt to have made a difference:

- John thought he would still be out of work *but hopeless*, instead of without work but with hope. He would still be on JSA if he had not been on the LeAP project, except he would have been forced onto New Deal as he was over 50, and would be checking in the library for jobs.
- Christine would probably have *still been stuck with volunteering or staring at the wall in my bedsit*.
- Morris thought he would probably still be on drugs *in a dark place somewhere*.
- Lucy thought she would *still be stuck with Pathways to Work*.

In comparison, OCVA has a relatively low target for successful placements of 40 out of the 150 people who are interviewed every quarter. The OCVA project worker observed that success depends on many factors including: the quality and amount of support and motivation. She commented on the LEAP work as a hugely challenging process which helped to prevent people getting stuck in services, by getting them to look outwards. She commented that it was important to challenge unrealistic expectations. There was a tension between what was being asked, and what is actually possible. The LEAP project worker also commented on the tension between the goals set by someone with a mental health condition and what may realistically be possible.

3.1.10 Sustainability

In terms of the sustainability of the individual outcomes achieved by the project, the survey results and follow-up interviews indicate that positive outcomes have been sustained so far. The project worker identified a need for follow-on support for some beneficiaries, and this was an area of concern expressed in some of the Personal Well-being index forms.

In terms of the project, funding was obtained for a further three months, but beyond that, the future is unclear. In the current economic and financial climate, it looks unlikely that additional funding will be obtained. During the life of the project, Restore has undergone a major restructuring reflecting the difficult financial environment for voluntary sector organisations working in the field of mental health. Further changes are a possibility.

3.1.11 Other points

The project was seen as particularly difficult in the current economic climate. Given that some people may feel it is pointless trying to get into work at the moment, there is a challenge in terms of managing expectations.

The project worker commented that he had found the paperwork related to the project problematic. There were differences in what the LSC required and what JAB were collecting which emerged in June 2009. There was insufficient funding attached to the project for the bureaucratic burden to fulfil commitments.

3.2 Milton Keynes Mind

3.2.1 The running of the scheme

Milton Keynes Mind is affiliated to Mind, the national mental health charity. It provides information, advice and guidance on training, education and employment along with counselling, art and exercise classes.

The Milton Keynes Mind project started recruiting in September 2008; by December 2008, most of the target 50 clients had already been recruited. The project was initially due to run until April 2009, but this was extended to the end of December 2009 and a total of 63 clients were covered by the case file audit.

The Milton Keynes Mind project involved providing a rolling non-accredited Back to Work course in four sessions covering: Job search, CV workshop, application forms, and interview tips and techniques. People were expected to attend all four modules, but the modules were also standalone so people could attend on a one-off basis. Some did the modules on a consecutive basis, but not all. The course was delivered at the offices of the local Richmond Fellowship (which holds the contract for secondary mental health care in Milton Keynes). A maximum of eight people could attend a module, although often only five or six attended. Groups were mixed in terms of age and gender.

The director of Milton Keynes Mind was project manager. Mind employed a tutor who had been a member of the Mind staff team for over 10 years, and for the last six years had been providing information, advice and guidance to service users. The course tutor worked full-time for Mind and spent between ½ and 1/3 of her time on the project. Two part-time staff carried out the initial assessments. An administrative assistant also helped with administration.

3.2.2 Outreach and promotion

The course was publicised through the Richmond Fellowship, Rethink, statutory services, mental health teams, but not GPs. The tutor commented that outreach had been quite easy, because the course was seen as a complement to the work of the Richmond Fellowship. It was pitched as preparation for a return to work.

The tutor commented that MK Mind worked closely with other mental health services providers to ensure that services were not duplicated. Links were made with Next Step and disability employment advisers at Job Centres as a means to foster recruitment. By these means, the project successfully recruited the target number of participants. Survey respondents mentioned a range of sources of information about the scheme, such as the Acorn House, and an outreach visit by Mind to their supported housing scheme.

3.2.3 Referrals

Data on referrals was not collected for this project, but it is assumed that most referrals came from the organisations mentioned in the previous section, particularly the Richmond Fellowship. According to MK Mind, some people came onto the course from activities provided by primary care staff.

3.2.4 Access

Participants had to express an interest in attending the course and to have experience of mental ill-health. According to the tutor, there were a range of diagnoses from schizophrenia to bouts of depression among those taking part.

The tutor noted that they had reached their full quota for participants by February 2009, reflecting the high level of demand for the course. They were running a free course in June 2009 which recruited the maximum number of participants in one week at the Job Centre. In April and May 2009, she estimated that 60% of the people she had seen for IAG could have benefited from the course.

All of the three clients interviewed for the evaluation had found access easy and straightforward. The location had been convenient, in a place that was already familiar to some of them, and easy to get to. Three of the four service users who completed the postal survey said that they had found it easy to get on the Back to Work course.

3.2.5 Support activities

As mentioned, the Back to Work course involved four sessions covering: job search, CV workshop, application forms, and interview tips and techniques. The tutor had run this course elsewhere for other adults, (for example, women and work, and adult education), however she tailored it to the Mind client group. The tutor described the aims as being: *to give people skills to access employment or move towards employment or overcome barriers and give them a sense of achievement.*

Support provided to clients involved ensuring that the environment was inclusive and providing exercises for some and more support for others, to meet the wide range of needs and abilities. The tutor explained that she tried to avoid *making* people participate in group discussions. Sessions were structured to avoid putting people outside their *comfort zone*.

At the end of the course, participants received an individual information, advice and guidance session on a one to one basis, completing personal action plans to identify their goals and working through a disability statement. *We put the groundwork in, the statement is for them to use, but they must put it in their own words – usually at the last session* when trust and understanding has developed. According to the tutor, the administrative assistant followed up course participants at 1, 6 and 12 months to see what had happened to them.

A number of participants who attended the course, then moved onto another course delivered by Mind or another provider.

Service users were positive about the support received through the project:

- Trevor considered that the tutor had been very good, providing useful feedback and helpful examples which had been beneficial. It had been helpful being able to ask questions about what was needed in a cv and had enabled him to revise and update his: *As far as I know my cv is now what is expected and I have a fair insight into job searching.*

- Barry had received help with job search and felt that it had been useful to share information and experiences with others. The course had been quite helpful and he did not feel it had been rushed. Information had been clear and concise.
- Penny thought it was good that the course was delivered *in bite size chunks* and there was good provision of handouts. She thought it was a nice small group, and the tutor had been good. *Your confidence goes after being out of work, so a small group helps.* It had also helped that the project had been located in familiar surroundings. She felt she had learned a lot on the course.

Interviewees were asked what they had most enjoyed about the course: Barry had valued being able to go somewhere he already knew, with a small group of people, working at a calm and steady pace; and Penny had appreciated the supportive information and the tutor. Contrastingly, Trevor had found the four sessions *a bit rushed* and had been a bit frustrated by people *wandering off* at the break. As with LEaP, this kind of activity can be challenging for some clients, for example, Penny mentioned the circle time element of the modules presented a challenge to her.

Survey respondents were also asked what they most enjoyed – the responses to this open question indicate that they enjoyed learning new skills and increasing their confidence in particular:

What did you enjoy most about Back to Work?

Learn new skills, confidence and meet new people Respondent 1

Enjoyed learning, nice atmosphere Respondent 2

Learning confidence, enjoyed most of it Respondent 3

The things respondents least enjoyed were in one case the travelling, and in another: having to go there because they did not have a job. Apart from the travelling, there was nothing else mentioned by respondents that they would have changed.

3.2.6 Relationships with stakeholders

The project was able to develop a number of links with stakeholders. One of these links resulted in several work placement opportunities in partnership with a local magazine and the Milton Keynes Dons football club. There was also a link with MK Volunteer Centre. The tutor gave out postcards with their details to course participants, and if someone was nervous, she would phone ahead on their behalf. Other contacts included the Parks Trust and the Hospital Volunteers.

According to the tutor, there were also close links with MK Adult and Continuing Education (ACE). ACE ran an Introduction to IT course which was limited to MK Mind referrals. Course participants were given the option of referral to this course. The tutor had referred people to a number of other courses run by Milton Keynes ACE on working in schools, care and others. There were also good

links with Milton Keynes College which has a disability adviser. This meant that if participants went into mainstream education, they could get the help they needed.

As in Oxfordshire, staff mentioned the difficulty of linking with employers, the need to continually manage those relationships and to maintain continuity. They mentioned that the Richmond Fellowship had some links with employers. Links with the Shaw Trust which has a government contract to help people with disabilities into work appeared not to have been developed: *we know the people there but it hasn't been possible to develop very far. They have the contract. We're all under budget pressure.* And again: *If people come for IAG[information, advice and guidance], and if appropriate, we would make them aware of the Shaw Trust, but they must be on disability benefit to receive their help.*

3.2.7 Client profile

The target group for the project were people with mental health problems, but there was also a focus on lone parents. At least 10 of the 63 participants were lone parents. According to staff, participants were not necessarily people with enduring mental health issues, but staff held the view that anyone who had been long-term unemployed has experienced loss of confidence and could therefore benefit from the Back to Work scheme.

The profile of clients was older and less well qualified than those on the LeAP scheme in Oxfordshire. The client group were: 100% workless, 100% consider they had a disability, 74% were aged 45 or over, 8% were black or minority ethnic, and 62% were female. In addition, more than half (57%) had been unemployed for three years or more, more than half (52%) had no qualifications and less than 10% had the equivalent of NVQ level 4 or above.

3.2.8 Motivation and goals

Most participants in the Back to Work course said their goal was to return to work: three-quarters (75%) were aiming to get paid work, either full or part-time. The next most frequently cited goal was to boost their confidence (31%). Improving basic skills, IT skills and further training or education were also mentioned, and a small number also mentioned pressure to find a job due to changes in their benefits.

Of those interviewed: Penny thought it would be a good step forward: *another feather in my cap*; Barry was hoping to clarify and consolidate learning from an earlier course; and Trevor wanted help with creating a cv, having recently been made redundant.

When interviewees were asked about their hopes for the future in six months time - Trevor said although he had been hoping to get another job, he thought this was increasingly unlikely; while Barry hoped to be doing more of the kind of work he had already obtained since attending the course; and Penny hoped to be working again.

3.2.9 Outcomes

The original proposal identified the following target outcomes:

- 50 people recruited

- 50 starts on work placement/course
- 35 complete course
- 33 outcomes across 4 areas:
 - progress to employment – 10
 - progress to mainstream education
 - progress to voluntary work
 - progress to further job search
 - c.8 people to sustain 6 months employment

The project successfully recruited 63 people who completed the course. Of these, 11% went on to further or higher education, and more than half (52%) progressed to some other kind of further training or education. Only one person appears to have obtained full-time employment, another four (6%) obtained part-time work and 16% started voluntary work or a placement.

According to the tutor, the main outcomes for service users were a long-term increase in confidence and recognition that they were not alone: *for some, they're very isolated, a chance to work with other people and not feel uncomfortable*. They pick up tips – most is basic common sense but it can be a revelation to some. *Some turned up just to be on the course*. She thought the disability statements were a very good thing for people to have. However, job opportunities were felt to be limited.

The clients who were interviewed felt the course had resulted in positive outcomes:

- Trevor felt the activities had been useful to him and helped him to update his cv and write a personal statement. His confidence had been raised, however he was still unemployed.
- Barry now had a part-time job in a nursery which he had found at the Job Centre. Staff at the Richmond Fellowship had helped him to fill in the application form and he thought the Back to Work course had helped to boost his confidence. He had been able to learn new techniques and had also started a course at Milton Keynes University on Men in Childcare. He commented that *the last few months have changed so much for me, it's difficult to be sure which of the many things made a difference*.
- For Penny, the course made an impact on the way she thought about things, she felt more empowered, confident and informed. Although she was still unemployed after the course, she said she felt a lot better equipped than before, eg, in interviewing techniques and job search techniques.

When the interviewees were asked about what they thought they would be doing if they had not taken part in the Back to Work course, they were not sure. Trevor thought he might have attended a similar course being provided by the local Age Concern.

Three of the four survey respondents were positive about how useful they found the project: once commented that it had helped him a lot. When asked about what they hoped to achieve, and which outcomes they had been able to achieve as a result of taking part in Back to Work, three felt that they had been able to

achieve an outcome in terms of improved confidence, two in terms of better mental health and well-being, and one in terms of further training or education, but none felt they had achieved outcomes in employment or voluntary work as a result of the scheme (see Table 6).

Table 6: Hopes and outcomes of beneficiaries

N=4	What did you hope to achieve?	Which of the following outcomes have you been able to achieve as a result of taking part in the Back to Work project?
Increased confidence	3	3
Better mental health and well-being	2	2
Advice on welfare benefits	0	0
Further training or education	2	1
Voluntary work	0	0
Work placement	2	0
Paid work	2	0
Other	0	0

When asked about what they were currently doing or going to do, most of the survey respondents' replies were work related: *Find more training options and suitable work; Look for work, use what I learnt about job search, cv & letter; Working as a shop assistant; and Would like to join the gardening scheme.*

The tutor commented that most feedback at the end of sessions had been positive. She thought that the project had been worthwhile. She thought being able to use the Richmond Fellowship premises in Bletchley had been helpful as it was more accessible, and relatively easy to get to. This reflected their good relationship with local mental health organisations. If they had had to use their Stony Stratford offices, it would have been less accessible.

The Director of the MK Mind thought that the scheme had clear benefits in terms of people getting more of a focus on employment, having often been in services that discouraged them from focusing on this issue.

3.2.10 Sustainability

The MK tutor commented: *the whole employability thing has changed so much in the last year. People with disabilities have particular difficulties.* It has not been possible to follow up people who attended the Back to Work course as there was no response to the postal survey.

Much of the work undertaken through the Back to Work course has continued in a less formalised way, by improving links with providers (Shaw Trust, A4e, Scout Enterprises, Next Step, Job Centre Plus, Richmond Fellowship etc), and supporting people to access ongoing support. Continuing follow-ups are taking place which may lead to more positive outcomes and MK Mind is continuing to support and encourage education, training, volunteering and employment for people engaged with mental health services as part of their recovery. However, further funding has not been obtained for the scheme in Milton Keynes.

3.2.11 Other points

The tutor thought there was a need for this type of course for many of the long-term unemployed as she felt that at least 50% had mental health problems. Free help with CVs was very useful as some organisations charged up to £300 for help with CVs.

3.3 East Berkshire Mind

3.3.1 The running of the scheme

The East Berkshire Mind project originally planned to employ one part-time worker (£47K budget) with a target of 40 clients. According to staff, a decision was taken not to employ a new staff member as the funding would not have been adequate. Instead, a staff member was transferred across to the LSC project from another similar ESF funded employment and training programme (Step Forward) to work two days a week. A senior staff member commented: *At the moment, without reaching outcomes etc, her position is being funded out of the Mind never-never fund!* Step Forward had been running previously and provided already established networks. The LSC project was felt to have the same ethos of supporting people with learning and employment needs, but with reduced funding.

Building on the previous Step Forward work, it was planned to use the same training providers as before. Obtaining in-house accreditation for courses was seen as unaffordable and also likely to delay the start by six months. Voluntary placements were available at the Volunteer Bureau in Slough and there were links with a number of sympathetic employers.

Due to the circumstances outlined below, it was not possible to interview any clients of the East Berkshire scheme, and no case files were available.

3.3.2 Referrals

The project began in August/September 08 and already had 11 service users by December 2008. Five of the 11 referrals to the project were confidential referrals from the statutory sector; the others were self-referrals who had contacted Mind to find out what services were on offer. Staff observed that referrals were slow; and that those referred, whilst appropriate for support, were not ready, willing or able neatly to tick the boxes for outcomes in the project. Efforts were made to boost referrals from potential referrers (such as Job Centre Plus, CMHT, Prison Service, CAB etc) but it did not appear to have an impact.

3.3.3 Access

Criteria for inclusion on the scheme were: anyone whose mental health could be affected by unemployment, who needed support where mental health has caused a problem, or unemployment could cause mental illness.

3.3.4 Support activities

Initial assessments were carried out in the office while review meetings were more informal in a town centre coffee shop, normally once a month.

The project aimed to provide support on a continuing basis where required, ie no time limit, leaving it up to the senior employment adviser to manage their workload. It was envisaged that after an outcome form was completed, the client would be contacted 6 months later to follow up on their progress.

3.3.5 Sustainability

Originally, the project was due to finish in March 2010, unless the target of 40 clients was reached before then. However, there was a gap in January-February 2009 with handover to new staff member, who was then on long-term sick leave until September 2009. East Berkshire Mind then ran into financial difficulties, leading to the winding up of both the project and East Berkshire Mind.

3.3.6 Other points

Apart from the financial difficulties, staff raised a number of concerns about the project:

- The lack of funding to provide continuing support following employment: *when they become employed, you 'exit' them but that's when the real support is needed.*
- The difficult financial and economic context following the credit crunch with clients competing in an increasingly competitive jobs market.
- The requirement to meet long-term outcomes as a condition of receiving revenue creating uncertainty about revenue flows.

4 Conclusion

The evaluation set out to analyse the projects in terms of: the running of the schemes, the effectiveness of the intervention, performance against specified outcome measures, and sustainability. This conclusion reviews progress in these four areas.

The running of the schemes

All three projects had a strong commitment to an inclusive approach and aimed to work with clients at a pace that they felt comfortable with. While Restore and East Berkshire Mind worked on a one to one basis, MK Mind worked with small groups. As a means of providing tailored support, one to one support appears better able to meet the individual needs and abilities of clients.

In terms of outreach and promotion, Restore and MK Mind appear to have carried out limited promotion of the schemes, because they have well established networks through which they obtained referrals. The use of existing referral networks may mean that some people who could benefit from this kind of project have been disadvantaged, for example, people in Oxfordshire who do not live in Oxford city or south Oxfordshire.

For the two projects which were able to provide data, differences emerged in the client profile: the Restore project worked with younger, better qualified clients than MK Mind, a lower proportion of women and a higher proportion of people from black and minority ethnic groups. It is not clear what the cause of these

differences is, but it may reflect the profile of the local adult population in these two areas.

Relationships with stakeholders have been developed by both Restore and MK Mind. In particular, relationships with local Volunteer Centres and training providers have been key to achieving positive outcomes for clients.

Relationships with some primary care staff and employers have been less well developed. Both Restore and MK Mind staff commented on the difficulty of developing ongoing relationships with employers. There is a need for these kinds of projects to try to establish active employer engagement as early as possible to help beneficiaries move into work placements and paid work.

For both Restore and MK Mind, the relationship with the Shaw Trust appears to have been problematic. This is an area where there is some overlap, and there could be potential for better liaison and collaboration to avoid duplication.

Effectiveness of the intervention

Clients who were interviewed all reported positive outcomes in terms of confidence and self-esteem. Given that more than half of all the beneficiaries of the projects had been unemployed for three years or more, increasing clients' confidence is an important and valuable outcome from the schemes. The results of the postal survey and the before and after Personal Well-Being index demonstrate the value and impact of the LEaP project in particular from the perspective of beneficiaries.

Broadly, the projects appear to have been relatively successful in supporting people into further education, training and other opportunities. Forty-four per cent went on to some kind of further training or education, and 17% of beneficiaries are now doing voluntary work or a work placement.

Given that 64% of beneficiaries identified paid employment as one of their goals, it is disappointing although not surprising that less than 10% have obtained paid employment. This must reflect to some degree the current economic and employment situation, combined with the additional disadvantage that people with mental health problems experience in the employment market, which was outlined at the start of this report.

All three projects commented on the volume of paperwork associated with the scheme. Staff queried whether the administrative burden and the degree of monitoring were proportionate to the amount of money involved. Simplified monitoring requirements would enable this kind of work to be carried out more cheaply because of the reduced amount of administration that would be required.

Performance against specified outcome measures

In terms of recruitment, both Restore and MK Mind appear to have recruited the target numbers of clients specified at the outset of the scheme.

In relation to the specified outcomes, the targets identified at inception have not been completely achieved. More than half of clients of MK Mind's Back to Work were recorded as having achieved a learning outcome, compared with just over a

quarter at Restore. And as stated above, less than 10% of all the clients have obtained paid employment.

Sustainability of the intervention

Evaluating the three schemes has highlighted a number of issues around sustainability. In terms of individual clients, the sustainability of the intervention is difficult to assess, because these clients are often reluctant to maintain contact with the organisations providing support after the intervention is completed (eg, non-response to postal survey).

The difficult economic climate has reduced the opportunities available to clients of the projects in terms of work placements and paid work. Levels of unemployment were above the national average for Milton Keynes and Slough by 2009, creating an additional challenge to the project staff. Thus, both obtaining and sustaining employment is particularly difficult for this client group at the present time.

Ultimately, the main threat to the sustainability of this kind of intervention appears to be the insecurity of the funding arrangements, and the payment by results approach. This mode of operation affects the viability of such schemes, when delivered by organisations with limited reserves, for which cash flow is difficult at the best of times. There is a need for a more strategic approach to commissioning these services which provides longer-term financial security for the organisations involved, while maintaining a focus on achieving positive and effective outcomes.

Appendix I

Survey **Restore - LEaP / Milton Keynes - Back to Work**

How to complete the questionnaire

The Institute of Public Care at Oxford Brookes University is evaluating the LEaP project at Restore and the Back to Work course at Milton Keynes MIND. We are asking for your views about the running of the schemes and the impact it has made.

Please read each line and answer where appropriate. There are no right or wrong answers. We are interested in your experiences. All information is completely confidential.

1. How did you find out about the scheme?

2. Was it easy or difficult to get onto LEaP / Back to Work?

Easy Neither Difficult

3. What did you hope to achieve?

(Please tick any appropriate box)

Increased confidence	
Better mental health and well-being	
Advice on welfare benefits	
Further training or education	
Voluntary work	
Work placement	
Paid work	
Other (please give details)	

4. Did you find joining the LEaP project / Back to Work course useful or not useful? (Please tick as appropriate)

Useful Neither Not useful

5. Which of the following outcomes have you been able to achieve as a result of taking part in the LEaP project / Back to Work?

(Please tick any appropriate box)

Increased confidence	
Better mental health and well-being	
Advice on welfare benefits	
Further training or education	
Voluntary work	
Work placement	
Part-time paid work	
Full-time paid work	
Other (please give details)	

6. What did you enjoy the most about LEaP / Back to Work?

7. What did you least enjoy about LEaP / Back to Work?

8. Is there anything that you would have changed?

9. Do you have any other comments?

To help us analyse the results of this evaluation, it is useful to have a little background information:
(Please tick as appropriate)

Are you: **Male**

Female

How old are you?

Under 25		50-64	
25-34		Over 65	
35-49			

Which of the following best describes your ethnic origin?

(Please tick appropriate box)

White	
Asian or Asian British	
Black or Black British	
Mixed Ethnicity	
Chinese or Other Ethnic Group	

Please return in the FREEPOST envelope provided as soon as possible.

Many thanks for your help.