

# **Mental Health & Employability**

Evaluation of three projects funded to support people with mental ill health into volunteering, training and work.

September 2009



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## **Background**

This paper is an evaluation of three pilot projects funded by the Job Strategy Program to work specifically with people out of work who are experiencing mental ill health. This is one of the target groups of the job strategy and in scale it is one of the largest groups.

The three projects evaluated were

- Forth Bridge
- Women onto Work/Penumbra
- Volunteer Centre Edinburgh's voluntary work coach.

The evaluation looked at the statistical data collected by the projects, interviewed clients and partner agencies and revisited the funding contracts. As a result the evaluation is a mix of quantitative 'hard' outcomes and qualitative 'soft' outcomes. It will become clear when reading the report that the qualitative aspect of the research does highlight that for the clients positive outcomes may not simply revolve around immediate employment, volunteering or education.

One thing that has to be borne in mind is that when the projects were initially conceived the economy of Edinburgh was far more buoyant than it is currently – JSA claimant count in February 2008 was 5,563 and in February 2009 it had increased by nearly 60% to 8,850. This will clearly impact on projects that focus on employability, particularly employability amongst a vulnerable group such as people with mental illness. The scale of the problem of mental illness is what this report turns to first before moving on to look at the specific evaluations for each of the three projects.

## **Mental Health and Employability**

It has been estimated that one in six of the general population has common mental health problems (Singleton, et al (2002)). In a Scottish Development Centre briefing paper authored by Durie (2008) it was stated that people with mental health problems experience difficulties in finding and maintaining work and this contributes to poverty and income inequality.

In the 2004 report for the Social Exclusion Unit entitled *Mental Health and Social Exclusion* it was stated that

- Only 24% of adults with long term mental health problems are in work- the lowest employment rate for any of the main groups of disabled people.
- People with mental health problems are at more than double the risk of losing their job than those without.
- Often the first episode of mental illness is in the late teens or early twenties, with serious consequences for education and employment prospects.
- Two thirds of men under the age of 35 with mental health problems who die by suicide are unemployed.
- People with mental health problems are nearly three times more likely to be in debt.
- 25% of tenants with mental health problems had serious rent arrears and is at risk of losing his/her home.

Whilst this report was focused on England it does give some indication of the issues that are likely to face people with mental ill health in Scotland.

In 2004, SeeMe Scotland commissioned two survey's. The first looked at attitudes in the workplace to people with mental health problems, and the second looked at the employment experiences of those with mental health problems. The general survey that looked at attitudes in the workplace carried out 502 telephone interviews and the sample was representative of Scotland's population. It found that;

- 8% of respondents believed most people who take time off work with mental health problems are 'skiving'.
- 14% said that they would find it hard to talk to a colleague with a mental health problem.
- 45% of senior managers, directors and owners agreed with the statement that *Taking time off with mental health problems just puts pressure on colleagues who have to pick up their work.*
- 29% of respondents thought that taking on somebody with mental health problems was a greater business risk than taking on anyone else.
- Of those that had personal experiences of mental health problems 56% would not want people at work knowing if they had a mental health problem. This was highest amongst the young (74% of 18-24 year olds), more affluent 71% of AB respondents) and senior managers/directors and owners (62%).
- 43% said that they felt encouraged to leave or not return to a job because of mental health problems

## **Situation in Edinburgh**

In Edinburgh in 2008 there were 21,630 working age people claiming Incapacity Benefit/Severe Disability Allowance (November data from NOMIS accessed July 2009). Of these it was stated that for 11,080 people their medical reason for entitlement to IBSDA was 'Mental and Behavioural'.

The chart below highlights the percentage (of the working age population) in each of the Neighbourhood Partnerships in the city who were claiming IBSDA. It also highlights the percentage of IBSDA claimants who were claiming due to 'Mental or Behavioural' conditions.

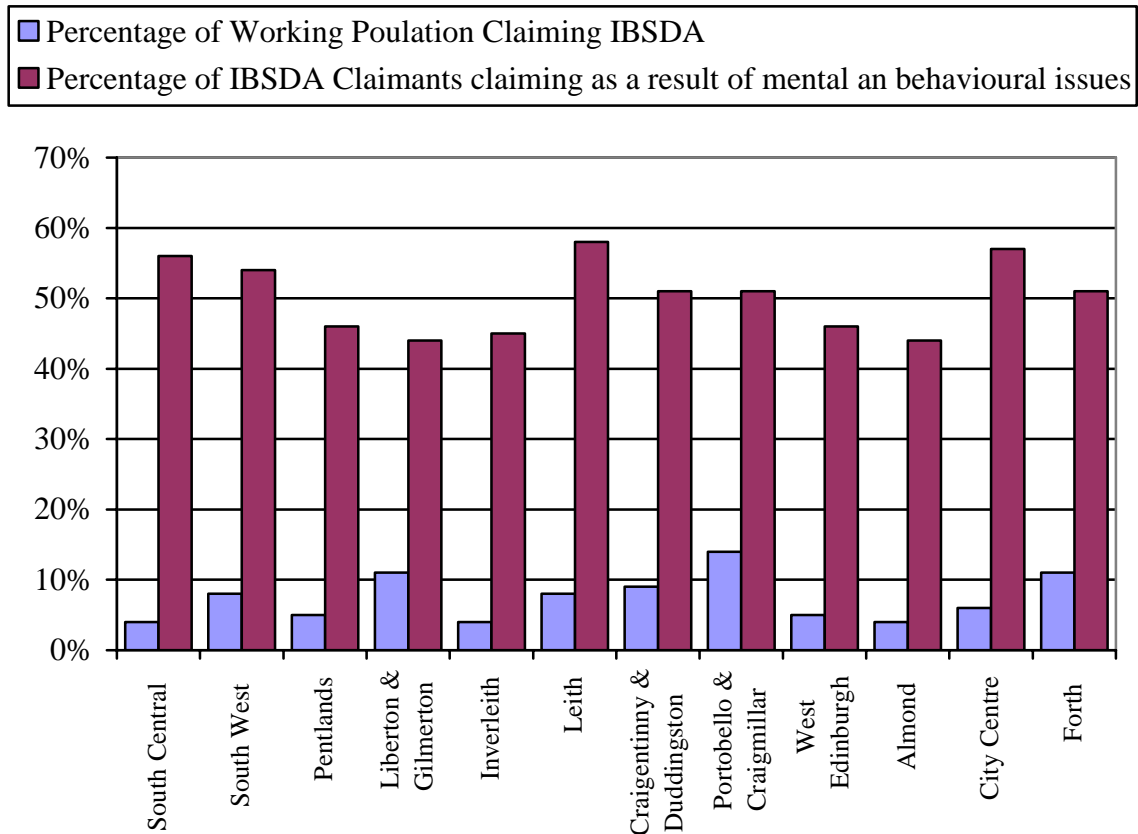
It can be seen that whilst IBSDA claimants are recorded in all 12 neighbourhoods, the neighbourhoods with the highest proportion tend to be those areas which contain deprivation. Essentially there are higher proportions of IBSDA claimants in these areas than in other neighbourhoods where recorded deprivation is less apparent.

The second data set plotted in the chart indicates that there are high proportions of the IBSDA claimants in areas such as South Central where mental health issues are the the primary reasons for claiming IBSDA. It has to be borne in mind that whilst the proportions may be higher in some of these areas, the actual number of people with mental health issues and claiming IBSDA may be smaller relative to the more deprived neighbourhood.

It is also likely that the location of residential care facilities and hospitals will have an impact on the location of claimants. For instance the Royal Edinburgh Hospital will

mean that the area in which it is located sees far higher number of claims than would be the case if it didn't exist.

**Figure 1 IBSDA Claimants**



Source: Scottish Neighbourhood Statistics Q2 2008 data

In April 2008 The Scottish Development Centre for Mental Health and Workforce Plus published a report that provided an assessment of Mental Health and Employment services in Edinburgh. The study looked at 30 employment support projects and found that

- 10 projects worked across the spectrum of mental health problems ('mild to moderate', 'moderate' and 'long term').
- 11 projects defined their target group as people with mild to moderate mental health problems.
- 7 projects target people with moderate mental health problems.
- 6 focus on people with long term mental health problems.
- Only 3 projects support people already in work

It should be pointed out that they found that 18 of the projects don't only work with clients who have mental health problems, in addition several were set up to work with other specific groups and have found that there is a significant number with mental health problems.

**Table 1 Thirty Projects Identified in the SDCMH and Workforce Plus report**

Name of service	Engagement	Moving On	Support into employment	Sustained employment	Total Places	Number of mental health specific places	The Duration of a place
EASS	√	√	√	√	60-65	0	
Employment & Guidance	√	√	√	X	196	0	Over a year
Employment Opportunities	x	x	√	√	27	0	
Employment Support	√	√	√	x	80-100	100	Over a year
JobCentre Plus	√	√	√	x		0	
Men in Mind	√	√	x	x	180	180	Over a year
Mind 2 Work	x	√	√	√	30	30	A year
Moving into Work	√	√	√	√	90	0	
Open Employment Scheme	√	√	√	√	30	30	
OT Rehabilitation	√	√	√	x	45	45	A week
OT Horticulture	√	√	x	x	30	30	A week
People with Potential	√	√	√	√	20	0	
Passport	√	√	√	x	540	0	A year
Progress to work	√	√	√	x		0	
Red Hall Gardens	√	√	√	x	50	50	
Rehabilitation Unit	√	√	√	x	20	20	A week
Restart	x	√	√	√	56	56	
Spectrum	√	√	√	x	300	0	
Spectrum Passport	x	√	√	x	80	0	
Social Firms (Forth Sector)	√	√	√	x	85	85	
Think Again	√	x	x	x		0	
West Edinburgh Action	x	x	√	√		0	Drop in service
Women into Work	√	√	√	√	175	0	A year
Work Directions	√	√	√	x	2,833*	0	
Work Placement (NHS Lothian)	x	√	√	X		0	
Working for families	√	√	√	√	1,200	0	A year
Workspace	√	√	√	√	20	20	
Workstep (SAMH)	√	√	√	√	175	105	A week
Workstep (Edin Council)	√	√	√	√	10	0	
Worktrack	x	√	√	x		0	By appointment

\*This is an estimation based on 8,500 places over 3 years

What is clear is that firstly there exists in Edinburgh a significant number of people who were economically inactive through claiming IB/SDA who were suffering from mental ill health. In addition, according to the findings of the SDCMH and Workforce plus report, there is limited focused employment support available for people with mental illness. In Table 1 above , which is from the SDCMH and Workforce Plus report there were only 751 funded places for mental health specific employability services in Edinburgh. On a rough calculation this would only support 6% of those claiming IBSDA due to mental ill health.

With this in mind the Job Strategy Team at Capital City Partnership looked at funding 3 projects which would provide an additional resource to support employability support for those suffering from Mental Ill Health.

## **The Pilot Programme**

Three different projects proposed programmes that would work with those out of work, claiming benefit and suffering from Mental Ill Health. All three, to lesser and greater degree, followed the Individual Placement Support model so it is worthwhile highlighting this approach.

## **Individual Placement Support**

Individual Placement Support (IPS) is developed from an approach piloted in the USA which reduces the pre-vocational elements and instead focuses on early job placement in combination with intensive support.

As the US has been the first to run with the IPS model, it is also the first place where the results of the work can be seen. According to work cited by Durie, supported employment is twice as effective as prevocational training at helping people with severe mental illness to obtain competitive employment. In her report she went on to highlight that European evidence is also encouraging

*“Patients assigned to vocational services were significantly more likely to drop out of the service and be re-admitted to hospital. They were half as likely to be working as those receiving IPS support. IPS clients also worked for a longer period, and worked more hours.”* Durie (2008), page 6

One caveat that Durie did raise which is definitely a factor currently, is that more individuals obtained jobs when the local economy was growing. She also highlighted that in the UK the benefit trap can act as a substantial disincentive for this group when increasing paid work from around 4 hours a week to more than 16 hours.

## **Evaluation of Pilot Programme**

The three projects funded to provide pilot programmes were

- Edinburgh Volunteer Centre through a voluntary work coach programme.
- Forth Sector through the Forth Bridge Programme
- Women onto Work through delivering one of their courses to clients of Penumbra a mental health support charity.

Each project proposal had a different focus around which their programme would be based. For the Volunteer Centre the focus will be on volunteering whilst Forth Bridge focuses on open employment. Both of these projects support the client either in their volunteering or in their employment.

Women onto Work is slightly different as it aims to provide a course and placement for clients of Penumbra and seeks to develop progression routes into education, training, volunteering and employment.

Discussions held in the Mental Health and Employability working group recorded a specific interest in evaluation:

*“The meeting agreed that it will be useful to generate and compile data which allows an assessment of effectiveness of the funded projects at recruiting those with complex mental health problems and helping them move through employability and into work. This would be a foundation for gathering learning points from the projects. As regards how the degree of severity of the problems could be assessed, it was suggested that information from referring organisations, self-assessments and previous job history could be used. Alison suggested drawing on user evaluations as well” (minutes 25 August 2008).*

Based on this an evaluation proposal for the three projects was developed through February and it commenced in the final week in March. Broadly speaking all three projects were evaluated in a similar manner, an approach that reflected the suggestions of the mental health and employability sub group.

Each project will be discussed in turn in the rest of this report.

## **Volunteer Centre Voluntary Work Coach**

### **Background**

*“Inspiring Volunteering”*, a volunteering strategy for Edinburgh, states the importance and scale of volunteering in the city. EVOC, quoted in the report, estimate that there are approximately 1,800 voluntary and community organisations in Edinburgh most of which will involve volunteers.

The strategy highlighted a number of key priorities and action points many of which are directly relevant to the Volunteer Centre voluntary work coach project. For instance the Volunteer Strategy called on health, careers guidance and social care professionals to support clients into volunteering and that volunteering should be included in Social Prescribing pilot projects in GP practices. The strategy went on to call for an increase in opportunities to involve more volunteers with additional needs (mental health issues; disabilities; addictions; offending behaviour etc) and that specific projects are developed to include ‘hard to place’ volunteers.

With this in mind the aim of the project was to test effective processes of supporting key target groups into sustained volunteering opportunities with job coaching support. The focus is on hard to reach groups; those with mental health problems, physical and learning disabilities or substance misuse issues.

The project started in June 2008 and is the closest thing that the Volunteer Centre has to a self contained project. It was the first time that the Volunteer Centre had tried to place its work in the context of employability, as in the past it had been the health and well being aspects of volunteering that was seen as central.

Work Directions and NHS Lothian both of which supported the setting up of volunteer coaching continue to be key referrers to the project- more so Work Directions.

Prior to setting up the project the Volunteer Centre indicated that they had 464 ‘harder to reach’ clients recorded as being likely beneficiaries from this service (November 2007). Not all of these clients gave specific information regarding their benefit status, but of those that did 104 were on IB/DLA, 58 were on IS and 35 were on JSA. In terms of the needs of the group the project found that

- 17% (36) had an addiction/dependency
- 54% (101) had mental health needs
- 12% (26) had physical disabilities.
- 14% (29) had learning disabilities
- 13% (28) had esteem/confidence issues.

So from this examination the Volunteer Centre estimated that it would be likely that clients with mental health needs would be the largest number of users for the service

## Service Delivery

Initially, before anything else can happen, the client needs to be referred onto the programme. Referral on to the coaching project has been from within Volunteer Centre Edinburgh, NHS, Job Strategy Partner organisations and self referral. Table 2 below highlights where the clients have been referred from.

**Table 2 Source of Referral**

Self Referral	33
Work Directions	30
Occupational Therapists	4
Volunteer Centre Edinburgh	8
Bits and Bobs	2
Cambridge Street	1
Freespace	1
Careers	2
Into Work	1
Job Centre Plus	1
North West Mental Health	1
Remploy	1
Women Onto Work	1

It can be seen that self referral and Work Directions are easily the dominant referral routes for clients of the project. Work Directions is the Welfare to Work provider in Edinburgh and its existence is likely to account for the small number of referrals from Job Centre Plus, who are more likely to send people Work Directions, who then send on to VCE.

Once referred onto the project an initial assessment interview with a job coach leads to identification and negotiation of appropriate volunteering opportunities. It is at this stage when a first Rickter assessment takes place. The job coach will then try to meet with the volunteer on a regular basis during the placement and a second Richter assessment.

The organisation has a common management database which tracks all interventions with clients and keeps records of volunteering opportunities; numbers, motivations, employment/benefit status and demographics. The data provided through this will be used in the following sections to look at the profile of the clients, the progress that they have made and the eventual outcomes.

### *Placements*

The Volunteering Strategy for Edinburgh indicates that successful volunteering relies on the experience of the volunteers.

*“It involves human resource skills, risk management, and understanding of compliance and legislative issues. People responsible for managing volunteers, whether in small local community groups or large public sector agencies, need to be able to draw on high quality support, including advice, information and training.” Inspiring Volunteering, page 20*

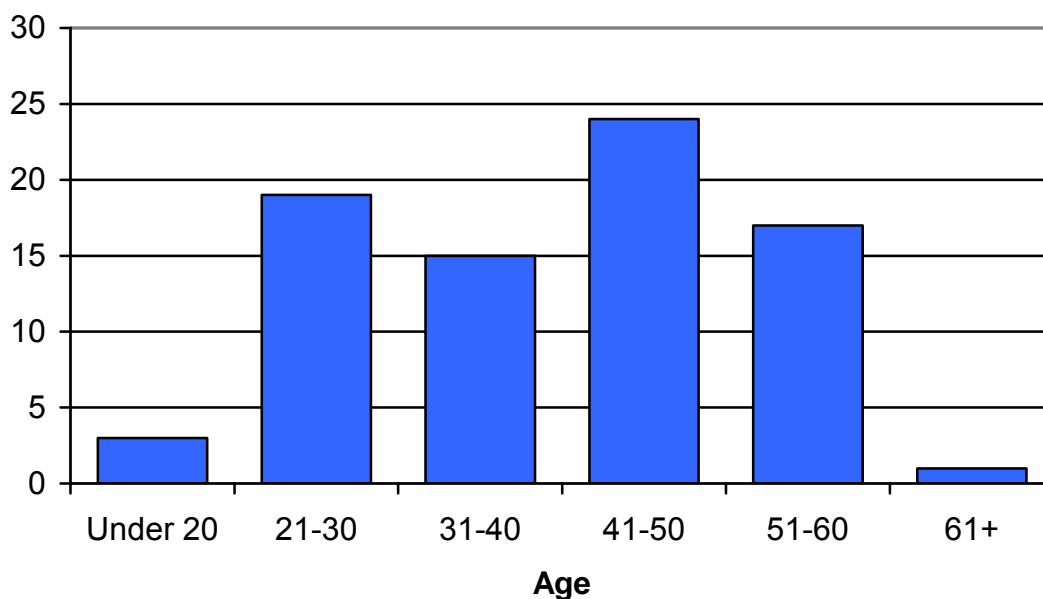
One would suggest that the support provided for the volunteer is vital in the case of those volunteers who have additional needs, such as mental health issues.

All volunteering opportunities for the clients of the Volunteer Centre are in non-profit organisations (profile given below) and the major difficulty for VCE is getting suitable *supported* placements. Most of the organisations that take placements already have people that have support needs and it is rare for organisations to have dedicated volunteer support staff able to provide the support that the individual may need. Often this role is just one of many that a manager will have. As a result the Volunteer Centre are finding it more difficult to place participants in the programme into organisations where they will gain volunteering experience and receive the necessary support. The economic downturn is making this more difficult, as more people look for volunteering opportunities, many of whom will not have additional needs like those clients of the Volunteer Centre. Practically they have found that many of those that they have worked with have said that they are looking for administrative experience. This is generally difficult as administrative volunteering tends to need extensive support and in the current climate it is even more difficult to facilitate.

*Participant Profile*

In total by the end of June 2009, 92 clients used the project. Of these 46 were male and 46 were female. The figure below profiles the age profile of this group. Not all of the respondents indicated their age.

**Figure 2 Age Profile of Clients**

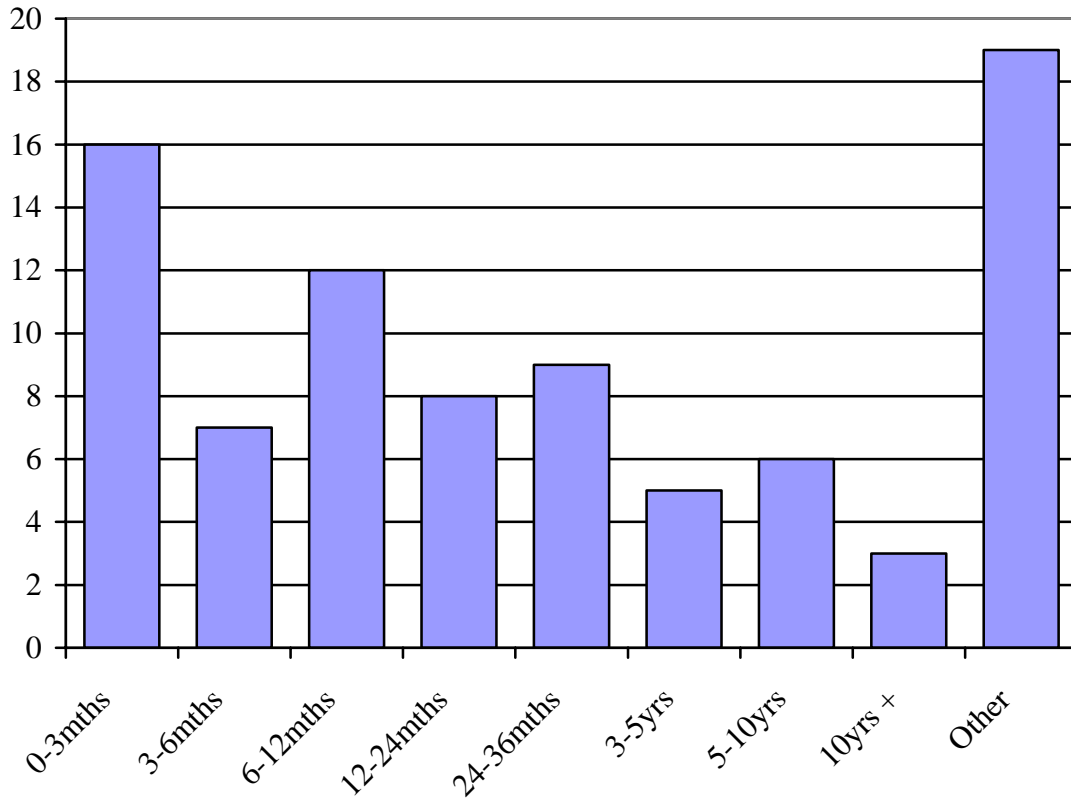


It can be seen that the project has worked with people of all ages with the single largest group being the 41-50 year old age group.

The voluntary work coach program worked with people who had been out of work for a relatively short time as well as more long term unemployed. It can be seen in the figure below that 19 of the clients didn't indicate how long they had been out of work or gave an unusual answer – one said that there were carrying out permitted work whilst claiming IB and another said that they were on sick leave from work. Of those that did say how long they had been out of work it can be seen that the largest

number, 16, had only been out of work for three months or less. In total 35 of the people that took part in the voluntary work coach programme had been out of work for 12 months or less.

**Figure 3 Length of Time out of Work**



This is reflected by the fact that a significant number of the clients had been on JSA rather than on longer term invalidity benefits. Whilst the largest numbers of clients were claiming invalidity type benefits (37) 17 of the clients said they were claiming JSA. The relatively high level of JSA claimants possibly also reflects the organisations that have been referring people on to the programme (Table 2 above)

Talking to the voluntary work coach she said that originally she would have anticipated more referrals from the Health Services, but these didn't materialise. She thinks this is due to the fact that they have a lot of programs and placements themselves and this may deal with more clients than first thought.

The voluntary work coach said that the clients themselves make the decision about coming to VCE to take part in the voluntary work coach programme. For some after a couple of sessions it became clear that this wasn't for them and VCE tried to introduce them to other organisations. Referring agencies tend to provide little background information on the client, and this is seen as positive, as it avoids the voluntary work coach developing any preconceived ideas about the client.

## **Outcomes and Feedback**

The project aimed to engage with 40 clients. By 30<sup>th</sup> June 2009 the project had seen 88 clients for initial interviews. Of these 41 have gone on to be active volunteers- as a percentage 47% of those that are seen by the Volunteer Centre coach progress to volunteering- which is higher than the rate, 40% for the Volunteer Centre as a whole<sup>1</sup>. By 30<sup>th</sup> June 2009 there had been 11 employment outcomes.

Twenty nine clients had an initial Richter assessment and 10 had a second assessment. All bar one had made progress. Average distance travelled between initial assessment and review was 40.5%.

### Referring Organisations

Work Directions want to see that clients make progress and after about 6 months of volunteering they would like to see them start to move into paid employment. At the moment this hasn't happened yet for any of the clients. Work Directions use the Voluntary work coach and the Volunteering as a positive step towards employment, an opportunity to improve self esteem, confidence, motivation, etc.

As part of the evaluation two client advisers at Work Directions were interviewed. Between them they had referred 11 clients on to the Volunteer Centre. Of these, 5 were volunteering (April 2009) and the feedback that the advisers had received from the clients was positive both about the voluntary work coach support and about the placements that they had found.

One of the client advisers indicated that they, the Volunteer Centre, had a very quick turn around and could see clients very quickly once Work Directions had got in contact with them. Both advisers thought it was a very valuable resource for them to use as part of the development of clients, the voluntary work coach and the link in to volunteering is an expertise that Work Directions don't have and they felt it was easier for the client.

### Feedback from Clients

#### *Methodology*

In April 2009 the project provided the details of 74 clients that they had worked with. Initially the clients were contacted to see if they wished to opt out from the evaluation, and if they did then they wouldn't be contacted. Fourteen clients said that they would rather not participate. This left 60 clients who had worked with VCE and were willing to be contacted. In conversation with the project worker it transpired that although they had worked with 74 clients, some of these would have only been on a very limited basis – essentially the client asked the project for some information, provided some details about themselves, but then never made contact again with the project worker. To best use the interview resources it was decided to focus on those clients who had made contact with the project on at least 2 occasions. Taking into account those that didn't want to participate and those that had worked with the project on only one occasion meant that number of clients who could be approached had reduced to 31.

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<sup>1</sup> According to the Volunteer Centre this 40% placement rate is comparable with the average for volunteering within Scotland as a whole.

These were then divided into groups, out of work for under 6 months, out of work for 6-24 months or out of work for longer than 2 years and from each of these groups 6 names were chosen at random. These names were then sent back to the project who had offered to arrange interviews. It was anticipated that a more positive response rate should be achieved if the voluntary work coach were to make contact. The aim was to try and get 4 interviewees from each of the 3 groups – so that there would be 12 interviews in total. Eighteen names were given to provide a ‘reserve’ of clients so that resources wouldn’t have to be used arranging different interview days- 2 days were identified and the would be participants were invited to attend one of the 2 days. The interviews took place at the VCE, a venue that the clients were familiar with.

As with the evaluations of other projects some clients were not able to attend for interview – this happened in three cases leaving 9 actual achieved interviews.

The majority of those that were interviewed had started with the project around autumn through to Christmas 2008 so by the time of the interview had been working with the project for around 6 months.

### *Health Background*

Almost all of those that were interviewed said that they were suffering from depression. Some had had this formally diagnosed and were in contact with medical and psychiatric services, others hadn’t. Some, although not the majority, had been hospitalised as a result of their illnesses. One respondent described this as

*“...it was quite a shocking experience, only in retrospect ‘cause at the time I was still too ill to realise what had happened”* (Interview 3)

Anxiety and anxiety around large groups of people were issues that were raised amongst those that were interviewed, whilst a couple suffered from physical illnesses as well as mental illnesses.

Some of those that were interviewed expanded on what their illness means to them and perhaps most useful its cyclical nature and the impact of medication taken to treat it. For example one respondent highlight how setback and the winter contributed to hi ill health

*“This time last year, I was doing quite well up until about October when the clock’s changed. The winter is always a bad time of year for me. And when I was at the Post Office, the way that ended, I did 6 weeks and I was told I could get another 6 weeks on tops of that doing what I was doing and building up my hours and then the job centre turned round and said no you can only do 3 weeks and that knocked me back a bit. And I’ve been having problems with my medication for a while, the side effects, so I was going to change them last year but I didn’t think it was a good idea with the winter coming. So when the clocks changed this year, I changed and for the first couple of weeks it was fine but then it started to get worse and worse so I’ve gone back to my old ones”*. (Interview 9)

For this respondent the side effects from the medication are mainly nightmares. As a result has been trying to take more of his medication in the morning than the evening. Whilst this helps reduce the nightmares it has a slight sedative effect.

### *Employment Background*

Although the health aspects of mental illness can be debilitating many of those that were interviewed were *relatively* close to the labour market in so far as they had been out of work for a relatively short time and had an employment history.

For instance one had been studying for a degree in health and social care, another had been a research scientist whilst another had been managing catering concessions. The women who had been a research scientist said the following,

*“I’ve had a difficult time with myself and also with the medical profession in deciding whether or not I’m fit for work. I resigned from my last post and it was after that I was hospitalised- I wasn’t on sick leave. It’s been a bit of a battle with myself not to slip into what, in my mind, might be a benefit dependency. And I think I maybe do also think ‘oh I’m fit for that’ and I wasn’t”* (Interview 3)

That’s not to say that there weren’t respondents who had been out of work for some time – one interviewee hadn’t worked for 20 years as she was bringing up a family.

### *Voluntary Work Coach Support*

The voluntary work coach support tends to focus on enhancing self esteem and confidence, providing practical support (CVs, application forms, etc) and organising voluntary work.

Respondents said that the VCE support originally just focused on things that they (the clients) brought up. One went on to say that in her meetings with the voluntary work coach

*“I found that she was just really able to adapt to the space where I was in and... you know, she gave me advice and we spoke about what I did and all that sort of stuff”* (Interview 1).

The clients tend to work with the voluntary work coach quite intensively to start with looking at issues, goals, aspirations, etc. One respondent said that the meetings with CM are a bit like counselling and she usually talks to the voluntary work coach about what she has been doing, how on top of things she feels and what new challenges she wants to try. She thinks

*“...I think it’s probably given me the first step back to being a functional person”* (Interview 3)

She went on to say that she thinks that the sessions with the voluntary work coach are all part of the getting ready for work experience, which is also the case with the volunteering.

One respondent described what he got from the sessions with the voluntary work coach

*“I find that each time I go there I become a bit better at what I do, more confident. So that’s what Christine did. I always get back to facilitating- she points things out that you maybe don’t know and gives you a kind of ‘well you could...’ ‘you’ve done this and that so you probably could do this, you’ll have to try it out for yourself’ ”* (Interview 4)

Talking to the voluntary work coach it was clear that part of her job is to move clients forward. As a result for some of the clients these meetings were not as 'comfortable' as they may have hoped. For some this was because of the nature of the discussions

*"I'm quite a private person and I like to keep things personal, so this is quite tough because I'm having to outlay an awful lot of personal information"*

(Interview 6)

This woman is now far more appreciative of the meetings, going on to say that the main benefit of the VCE is the support and time provided without the bureaucracy

*"It's the only place where I feel you're listened to as a person and not a number and I think that's quite sad."*(Interview 6)

She said that her contact with the VCE is the only thing that keeps her going. She went on to say that she was wary of the advice provided at the Job Centre as she thought that when it was printed on a piece of paper it was no longer a suggestion, it had become mandatory, and she thought the Job Centre approach was very much one size fits all. This compares, in her mind, very favourably with the voluntary work coach who she said *"takes the lead from her"*. Others were also critical of the Job Centre when compared to the voluntary work coach project (and Work Directions)

*"The problem with the job centre is that there are so many people there who don't want anything and don't want to work so there's a horrible atmosphere about it. At least at Work Directions, everybody there seems to be wanting to get something out of it. The staff have been fine; I've never had a problem with the staff. It's just the whole environment. You need to get past 3 security guards before you can get to speak to someone in reception. It's just quite an unsettling environment."* (Interview 9)

Another interviewee who approached the VCE as she felt she wanted to do something after her husband had died said that the voluntary work coach doesn't push too much

*"...she just wants you to just change the way that your viewing things, change the way that you're thinking of yourself and how you look at yourself"*.

(Interview 2)

She mentioned that a lot of support was around positive thinking and getting away from a 'depressive state of mind'. She was told that it was important not to take on too much and has been offered mentoring support as well as help to updating her CV. She said that she hadn't very high expectations from the voluntary work coach project, but has found it very different, a lot more supportive and gives a lot more advice. Other highlighted the support that was given to them before formal interviews or even with application forms – adapting their experiences to fit what is being asked for either in a form or in an interview. Later in the interview he said that

*"...there's a very sort of non-judgemental compassionate atmosphere here in this building which I think is helpful."* (Interview 4)

The formal support provided through meetings tend to diminish as people move into volunteering, although all of the respondents did say that they could arrange to meet with the voluntary work coach at any point, as and when advice was needed. Often the clients would have health relapses, which may mean that they could benefit from additional support to get through these. It is up to the client to reengage with the voluntary work coach during these periods.

One of the women interviewed said that whilst she had been keen to get back into work as soon possible the advice from the voluntary work coach was to take her time

and to re-enter gradually (she had been out of work for some time and had spent some time in hospital).

*“I guess I’m still quite a long way away from where I was. I was a professional person a few years ago but I’ve come to accept that I’m not going to do that again and that’s a good thing”* (Interview 3)

She had had experience of an NHS work training project which she thought was far to sheltered for her. She said that she started to feel that she wasn’t ill enough to still be there so wanted to leave as she was starting to feel claustrophobic in that project. She says the voluntary work coach project is far more independent.

A number of respondents mentioned the fact that the voluntary work coaching sessions and the volunteering gave them something to do. One respondent seemed to appreciate the structure.

*“It’s been a big benefit at times. I try not to miss appointments if I can possibly do it, and there are a lot of times because I always try and get appointments for early on Monday, it can kick start my week”* (Interview 9)

In some instances case workers from Work Directions or the respondent’s parents have accompanied individuals to the first couple of visits to VCE.

#### *Voluntary Work*

One respondent who said she didn’t have any real expectations from the project said that the voluntary work coach set her up with voluntary opportunities very quickly

*“I looked at the book out there and there was admin work and I thought maybe I could do that. It was a really good experience because I realised I absolutely hated it! I came in one day, the next day I had my interview and in the afternoon I was there! I was thinking ‘Oh my God!’ But it was good, it was really fast. She’s tried to put me forward for some really good stuff, the thing is at that stage I wasn’t quite ready, you know.”* (Interview 1)

This person said that she found one placement herself at a Barnardo’s vintage shop and she is also looking at dress making courses. Her volunteer job will entail going round the Barnardo’s stores to collect all the vintage clothes to take back to the vintage store. She seems to be far happier with this as it matches her interests.

Charity shops are popular volunteering locations for those that were interviewed with another volunteering at the British Heart Foundation shop. This respondent highlighted how their responsibilities have developed over time

*“I mean at the start I was just doing the clothes at the back, tagging, taking people’s donations as they’re coming in and sorting them out and that was it. But now it’s doing computer entries, serving the public....it has blossomed and I think that’s when they begin to trust that you’re not just going to be in for a very short period of time.”* (Interview 2)

That said a the majority of those interviewed were not volunteering in charity shops. One respondent who had a science background said that she was volunteering at the Risk Factory as a means of seeing whether or not teaching would appeal to her. Another, who had hoped to work around Adult Literacy, is now volunteering at Transition where he assists the computing tutor with training the clients on computer skills. The experience of one respondent highlights how the actual experience of the volunteer placement can have an impact on what the clients wish to do

*“At first I wanted to work with retail and animals, but I jumped straight into the retail which I totally enjoy. And I thought I wanted to work with kids and well and Christine helped me get into the Gingerbread but I think I went once or twice but I didn’t like it. And she was fine with that.” (Interview 8)*

Many of those that were interviewed stated that they didn’t want to take a volunteering opportunity that was similar to work that they had previously had. Whilst others had more than one volunteering placements which provided contrasts in the groups worked with. One respondent said that she had hoped the voluntary work coach would push her away from where her experience lay

*“I was hoping that they would try to get me to do something else, instead of just always going for tills all the time. I’m a bit of a ‘better the devil you know’ person” (Interview 7)*

This person is volunteering in an admin capacity at the VCE and is also volunteering in a charity shop. Whilst others had been given placements that on the face of it were close to what they had done in the past in actual fact there was significant differences;

*“Well the bike station is sort of similar as I’m using tools. But the first time I was there, using tools and working with other people beside me. It just felt great to be holding spanners in my hands again and actually do something constructive. It’s more the social aspect than the working with tools that I need at the moment.” (Interview 9)*

#### *Employment Outcomes*

Whilst employment outcomes highlighted in the table above are encouraging, none of those that were interviewed had yet found employment. Despite this many could see that their attitude had changed and they were a lot more responsive to returning to work. As one respondent said about the coaching

*“... people might underestimate it but it’s a very valuable asset for this place to have. And from where I was to where I am now, it has changed my outlook on gaining work, plus gaining a little bit more experience regarding the volunteering sector. It’s given me a wee bit more confidence too.” (Interview 2)*

One respondent said that she thinks she didn’t have any goals and aspirations before she started with the project and would still like things that only a well paid job will allow her to have. She said that

*“I suppose the question now is whether I look for more volunteering or whether I apply for jobs and ...I think...I really need to earn money so I guess it’s the jobs.” (Interview 3)*

Although she thinks it will take a while for her to be able to get back into full time work and she only reckons she would be fit for part time work, but she did say that she has had a return of a feeling of ambition.

From the interviews it looks as if the majority of the clients are not sure what work they would like to eventually move into, or when they would like to step over from volunteering to paid employment. As one respondent said

*“...there are a lot of people coming in here looking for something, don’t know what it is – but it’s the kind of ....through the volunteer work that leads to so many other things because you can meet people and you can have conversations with people” (Interview 4)*

Perhaps surprising was the fact that only a few of those interviewed mentioned the financial implications of returning to work. One respondent has lots of concerns about money- courses that are unaffordable; will she have enough money at the end of it when she gets a job? Essentially benefit trap issues. This was a concern for another respondent as well

*“Obviously I didn’t want to lose out on a big chunk of money, but Christine explained that I can still work and get my benefits and start building up my confidence. And then obviously if you like the job, then you can come off the benefits. Laura explained how my money would work out and I showed Christine it and she was happy with it. But if a job did come up I would need to go through the evaluations again but that probably wouldn’t bother me now.”* (Interview 8)

There was a view expressed by some of those that we talked to that the volunteering work has added to their CVs, putting them in a better position than when they started with the project.

One respondent said that it is both the experience of working and the coaching that has benefited her and she said that if a job came up and it was part time she would take it and 90% of her would take it if it was full time. Thinks it would be best for a part time job first and then build up. Thinks she would still check in with the voluntary work coach at least every 2-3 months for the foreseeable future.

#### *Health Outcomes*

Generally those that were interviewed said that one of the main things they got from the course was enhanced confidence.

*“Confidence. You know, I think that was a big part because I’d just worked myself into the ground. Then I just felt that my confidence was shattered and I just didn’t work for a couple of years, you know. Getting back to it is quite difficult, so it really did just give me that step – stepping out of my comfort zone and trying something new”* (Interview 1)

Others highlighted how the confidence had improved their self esteem.

One interviewee who was very positive about the experience said that it had definitely helped her

*“People can come in with an attitude that they’re not worthy of anything and that can lead to a lot of mental health issues and I think-work, I mean, work is a therapy within itself, I know that. But with the coaching that Christine does, it’s just the way you view yourself and the way you view events. And you put me in perspective...It’s a way that you can actually just change – in little steps- your future”.* (Interview 3)

She said she was concerned about how much of her health history she should disclose to future employers

*“So in some ways it’s like if I’m too high maintenance then employers won’t want to bother. And it’s a double edged sword doing any disclosure about whether I feel I need any special treatment, because in some ways I don’t but at the same time am I risking my health by not saying something?”* (Interview 3)

When asked if she had enjoyed the project she said yes she has

*“It’s been interesting to see that a bit of selfishness can actually help you be more helpful. Definitely. You know, resetting boundaries and, if you are going to go back into the workplace, not bending over backwards to try to do everything you’re asked to - don’t take on more than you can or than you want to. (Interview 3)*

One respondent said

*“I find it helps a lot – you’re not just useless, you’re not just aimlessly wandering around, you have a purpose and it does- you’re keeping in touch. Even though you’re unemployed you’re still- you’re not sinking into that unemployed mentality so to speak – just feeling a bit sorry for yourself... And the people, it’s a very sort of people centred place, and the coffee’s good.” (Interview 4)*

## **Conclusion**

The voluntary work coach project delivered by Volunteer Centre Edinburgh has been successful project contributing to the Jobs Strategy and Outcome 3 in Edinburgh’s Single Outcome Agreement.

In its first year it had initial interviews with 92 people. Of these 41 took up volunteering opportunities and 11 gained employment. Ten clients had had 2 Rickter assessments and the average progress was 40%.

The organisation responsible for referring the most clients onto the project, spoke very highly of the support that they are able to get from VCE and what it can offer their clients.

As part of this evaluation 9 clients were interviewed. They represented a range of backgrounds- both in terms of employment and in terms of medical history- and it can be seen from the interview transcripts that they all thought highly of the project. Generally the welcomed the personal support that the voluntary work coach provided and the fact that it didn’t focus directly on getting into work. Some of those that were interviewed compared the voluntary work coach project favourably with the service offered by the job centre.

They all said that they thought their health had improved as a result of the support they had received from voluntary work coach and that they were closer to the labour market, even if they couldn’t say when they thought they would be able to make the move into paid work. There was a general sense that the voluntary work coach was not pushing clients into things that they didn’t want to do, wasn’t rushing them towards employment and generally had time to help them with issues that they were faced with.

Clients for voluntary work coach tended to be closer to the labour market than for other projects. For instance 1/3 of clients had been out of work for less than a year, 1/4 of the clients were under 30 years of age and 1/5 were claiming JSA.

## ***Forth Bridge***

### **Background**

The Forth Bridge project aims to target those people with mental health problems where this significantly impacts on their functioning and excludes them from employment. The project believes that this addresses a need not being met by existing providers for those that are too far away from employment to be helped. In their funding application they said that they had a waiting list of people excluded from current initiatives because of the level of support they need.

Forth Bridge is delivered by Forth Sector an organisation that works with people with mental ill health. The Forth Sector service focuses on three themes;

- Firstly a supportive environment;
- Secondly the opportunity for mainstream employment;
- Thirdly the opportunity for their own employment within the organisation.

Talking to staff at Forth Sector it is clear that they see the employment opportunities, placements, are the crucial part of the programme that they are able to offer, and they feel that without this the clients can't be moved forward. Employment opportunities within Forth Sector are provided through social enterprises that they deliver;

- Edinburgh Embroidery Services
- Forth Sector Development
- Forth Sector Central Support Services
- Park View Laundry
- Rolls on Wheels ( closed on 31<sup>st</sup> March 2009)
- Six Mary's Place Guesthouse
- The Soap Company

### **Forth Sector Client Group**

In discussion with staff it was highlighted that the within Forth Sector as a whole the client group have different levels of need. The Chief Executive suggests that clients of the project fall on a continuum ranging from those receiving residential hospital level of care, whilst at the other extreme are those essentially independent and able to maintain open employment. He suggested that this continuum can be broken down into three categories.

### ***Sheltered***

Forth Sector work with a number of people who are closer to the hospitalised end of this continuum and the service for this group is supported by funding from Health and Social Care within the council, under the auspices of the Mental Health Act 2003. In terms of employability this group often has no job history or if they do it tends not to be a recent job history. This is likely to have an impact on their ability to find work.

It should be pointed out that the grant from health and social care doesn't place any priority on moving this group on in terms of employability, and service provision in the past has tended to be dominated by day centres. Feedback from this group to Forth

Sector has indicated that they are keen to have training and work placements rather than day centres and the Forth Bridge project has looked at supporting this group to move forward and move closer to the employment end of the continuum. The project indicates that service users move along the continuum depending on their mental health at any given time. Therefore progress isn't linear for this group.

This group could be summarised as clients with the most complex needs, who Forth Sector work with on a longer term basis.

### ***Supported***

This group may not have had a history of hospitalisation and may not directly be entitled to support under the Mental Health Acts. However due to their illness they may have had a problematic job history and have difficulties utilising more mainstream employment provision. In the past these have often been IB claimants, but Forth Sector is increasingly seeing people within this group who are JSA claimants.

The CEO suggests that there is somewhere in the order of 6-7,000 people who fit within this group in Edinburgh. Currently ESF monies (Working Well funding) have supported work with this group but this is due to come to an end in 2010.

This group could be summarised as being made up of clients who may work with the project for up to three years before moving onto volunteering or a paid job. In some cases they are offered employment with Forth Sector, coming off of IB to take these jobs.

### ***Supportive***

According to the CEO this group are close to employment as they are likely to have had a substantial job history and many may well have held senior positions. Their mental ill health may be episodic and as a result are 'well' more often than they are 'ill'. This is the group that are targeted by organisations such as Work Directions and, according to the CEO, are increasingly less likely to be seen by Forth Sector.

Forth Sector see this group as receiving 'Supportive' Employment- mainstream employment where the individuals mental health condition is noted and they can receive internal and external support to enable them to retain this employment. This was the group that Forth Sector thought would initially be the clients for Forth Bridge. However very few referrals have come to Forth Bridge from Job Centre Plus or Work Directions with more coming from health professionals and therefore they have seen less clients from this group than they anticipated. This in itself may indicate that the clients are further away from the labour market than anticipated and may have an impact on outcomes.

These could be described as 'short focus clients', where employment outcomes tend to be higher as this group tends to be closer to the job market.

Clearly if the overall balance of Forth Sector clients reflects those entering the Forth Bridge project one would expect some impact on the eventual outcomes achieved, particularly in terms of the number of clients into work.

## **Service Delivery**

The Forth Bridge programme develops from the approach delivered by Forth Sector as part of their Restart Programme, although it was anticipated in the funding application that the clients were likely to be further from the labour market than was the case for Restart. Also different from Restart is that Forth Bridge aimed to utilise Forth Sectors Social Firms to offer placements.

The focus of the Forth Bridge programme is to work with the groups who fall into the supported and supportive categories listed above. The existence of the programme is being used as an option for those from the first group who have personal development plans – presenting it as a goal for them to work towards.

Entry into the project tends to follow a set procedure. Initially the client is referred to the project or self refers (if self referral there is a need for a Doctor or some such key worker to sign the referral form). Once referred the would-be participant has an interview, amongst other things this confirms that the individual is unemployed, has a mental illness and will benefit from the programme.

Once on the programme there is a meeting that focuses on goal setting (both long and short term goals), what help the individual needs to meet these goals and what barriers exist that will stand in the way of meeting them. The Forth Bridge programme is delivered by 2 therapists – an Occupational Therapist on secondment from NHS Lothian and a Cognitive Behavioural Therapist.

After this goal setting meeting the client can look at placements. Those available within Forth Sector where they can have taster days to see if it is actually what they want to do, are looked at first. It is anticipated that there is capacity for 30 people from Forth Bridge to gain work placement experience within these organisations.

These placements can be up to 5 hours long and trainees can work up to 2 shifts per week without having an impact on their benefits. Trainees at 6 St Mary's Place can work up to 4 shifts of 4 hours per week. Maximum placement hours are 16 per week. The 16 hour placement limit is set in order that the work placement does not affect service user's benefits. Their current businesses are; listed above.

Whilst on the face of it all of the enterprises look very different, a number of them develop similar skills. For instance The Guest House and the Soap Company may both have customer service aspects, whilst Edinburgh Embroidery Service and the Soap Company have production elements.

Up until the placement stage the primary support structure for the client will have been one of the therapists. When they move onto a placement one of the case managers takes more of an active role in their development. The case manager and the client between them then decide how often to meet to discuss their progress and any employment / placement issues. Personal Development Plans are carried out three times a year and are trainee centred. The PDP process was reviewed at the beginning of 2009 and the process now is more focused on moving into employment, education or volunteering. This opens up opportunities for those within the group seen as being furthest from the labour market.

Due to benefit issues placements are not full time, not only does this mean that more trainees can be placed, it also means that at the same time there are opportunities for the trainee to access Therapeutic and Vocational Training. Table 3 below highlights the training available

**Table 3 Training Available for Forth Bridge Clients**

<b>Employability</b>	<b>Mental Well Being</b>	<b>Physical Wellbeing</b>	<b>Social and Other</b>
Customer care	Anxiety management	Activity and wellbeing	Activity and wellbeing
Working in a team	Stress management	Leisure access card	Use of time
Telephone skills	Self esteem	Libraries	Outlook
Practical information and support (CVs, etc.)	Emotional support	Overcoming obstacles in the workplace	Building social contacts
Making the most of your placement	Confidence building and assertiveness	Lifestyle support (diet, etc.)	Edinburgh adult education programme
IT training	Perfectionism		Adult learning project
Office skills	Understanding depression		Sports and outdoor activities
Finding focus and direction	Letting go of guilt		Debt & budgets
Discover volunteering	Moving on		Benefit advice
Job seeking skills	Surviving Christmas		Befriending
Communication Skills	CBT		Mediation
Preparing for PDPs	Specific support		Childcare
Understanding DDA	Guided self help		Cheap VETS
Preparing to move on	Happiness workshop		Advocacy
Career matching	Placement support		
Options for the future	Weekly support group		
Practicalities of placements	Signposting		
Signposting			

These are seen as developmental for the clients, allowing issues that may limit their employability to be resolved. Some of these are formal group workshops, others are delivered as 1:1 sessions and some are more signposting exercises. Whilst most of these are provided in house, some are provided by other organisations such as Health and Mind.

Table 4 below highlights the training record of Forth Bridge Project Service Users from 1/7/2008 – 30/6/2009.

**Table 4 Forth Bridge Clients Take up of Training**

Internal (Health and Safety)	21
Driving Awareness Course (External Trainer)	2
Internal- Anxiety Management	5
Internal – Get that Goal	6
REHIS (External and Credited)	11
Internal – Discover Volunteering Workshop	8
Mental Health Awareness (External and accredited)	1
Internal- Elementary Food Hygiene	1
Internal – Sales Training	6

NB. Eight of the service users completed more than one course.

For those that have been out of the labour market for some time the training courses can help to develop their CVs, providing evidence of relevant recent training.

An aftercare service is provided for the trainees who have left to enter mainstream employment, volunteering opportunities or college courses. This takes the form of therapeutic sessions if the client had entered into a programme of sessions before moving on or can be more 'open' as there are 2 open sessions a month where ex-trainees come along and talk to their peers, the case managers and the therapists.

### Referral Route

In terms of referral and assessment the aim is to work with people that can be helped and also only to engage with people that can be taken on for placements. The thinking behind this is that as the placement is central and if it is not available the programme will not be effectively delivered. There is a belief that the client group are relatively susceptible to disappointments and delays, all of which can have impacts on their mental health.

Between July 2008 and the end of June 2009 the Forth Bridge project had 75 clients referred to the project from external agencies. The remaining 34 clients that the Forth Bridge programme worked with have come from within Forth Sector itself. Table 10 below lists the referral route of the clients. It should be pointed out that 7 of the clients although referred on, didn't actually start.

It can be seen that referrals from the health sector make up the single largest source of external referrals (26 clients).

**Table 5 Breakdown of Clients by Referral Route**

Self Referral	18	PDSA	1
SAMH	3	Places for People	1
Penumbra	2	Unknown Referral Route	11
Spectrum	1	Health	
Colleges	3	Royal Edinburgh Hospital	14
Job Centre	3	Drs Surgeries	3
HA Support Workers	3	Inverleith Day Unit	4
Transitions	1	Ballenden House	1
Garr Gomm	2	Inkeith House	4

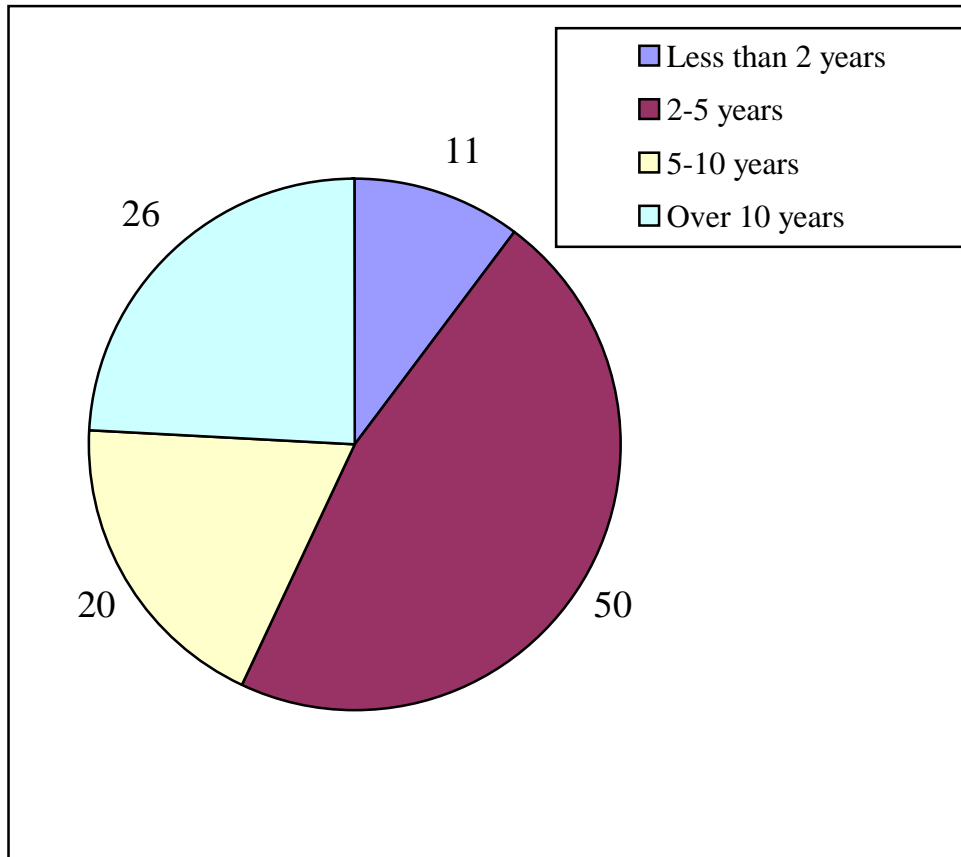
Initially there had been a consideration of Forth Bridge entering the Flexible New Deal Partnership. Whilst this may have meant that the project was available to more clients, it would have meant that Forth Bridge would have had to accept a more diverse range of clients, some that the project would have been unlikely to have been able to assist. As mentioned already the project believes that creating unrealistic expectations can be problematic for the client group that they work with and they wish to be in a position where they can deliver the service as promised. With this in mind they declined joining the Flexible New Deal Partnership.

### Time Out of Work

It is important to get an understanding about how long clients have been out of the labour market as this can have a significant impact on employability outcomes. The

intention had been that all of the clients would have been out of work for 3 years, whilst 10% of the client would never have worked. The project had employment history details for the 107 clients who considered starting with Forth Bridge. It can be seen in the chart below that 46 had been out of work for over 5 years and of these 26 had been out of work for over 10 years.

**Figure 4 Length of Time out of Work**



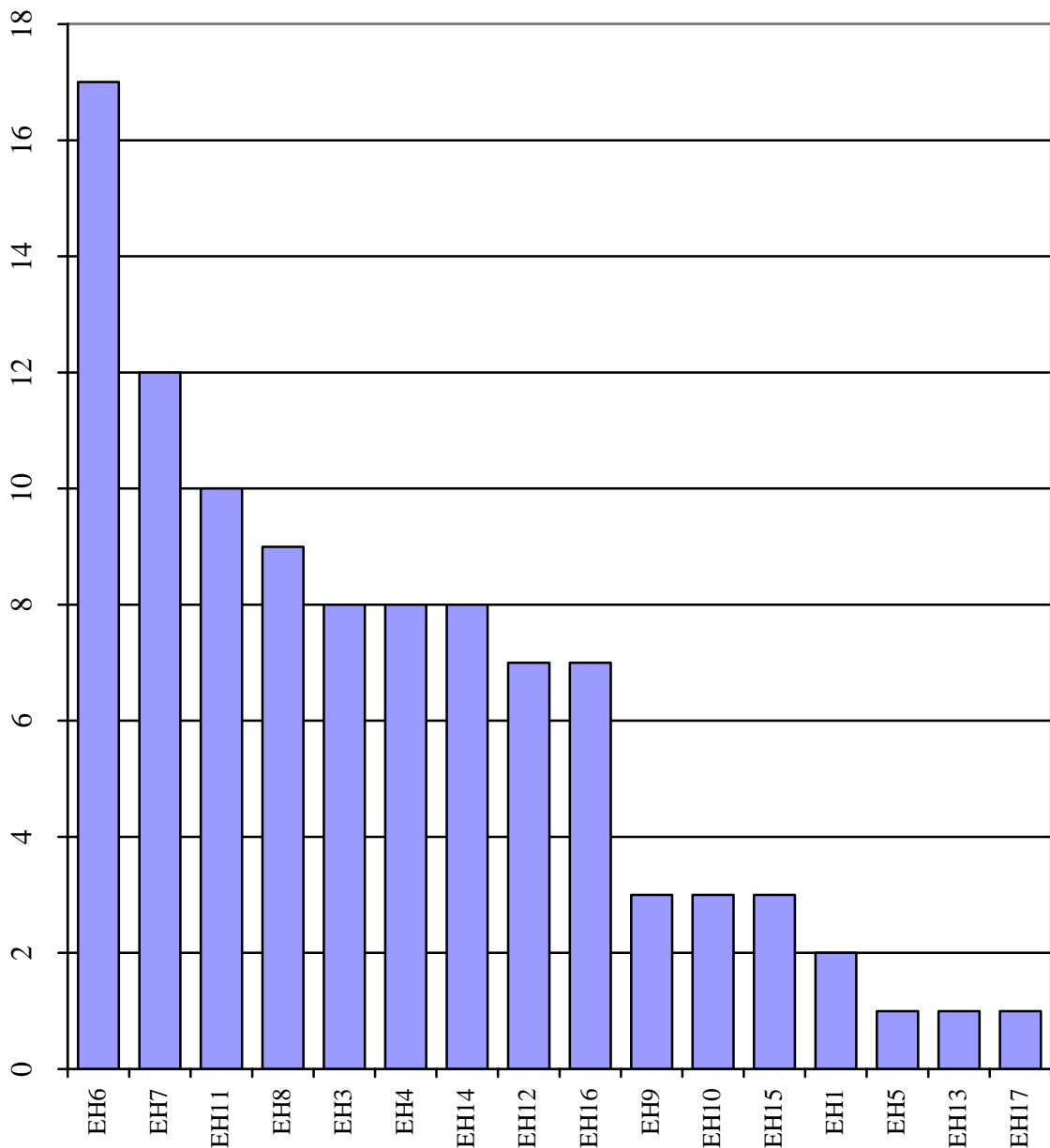
It should be pointed out at this stage that having 90% of clients who had been out of work for 2 years or more (43% for longer than 5 years) is likely to have an impact on outcomes and this will be seen below.

#### Which Parts of Edinburgh are the Clients From?

In terms of geography, the organisation has a strong connection to the Craigmillar area and health practitioners in this area of the city are already working with Forth Sector, therefore it wouldn't be surprising if the majority of clients came from the Craigmillar Area. However upon examining the postcodes of the clients who have worked with the project a different picture is presented.

It can be seen that the largest number of clients come from EH6 which can be seen in the footnote to represent some areas of Leith and Lochend. Craigmillar Postcodes of EH16 are less common than would have been anticipated. It can be seen that EH5, EH13 and EH17 postcodes are areas which are home to relatively few clients.

**Figure 5 Postcodes<sup>2</sup> of Forth Bridge Clients.**



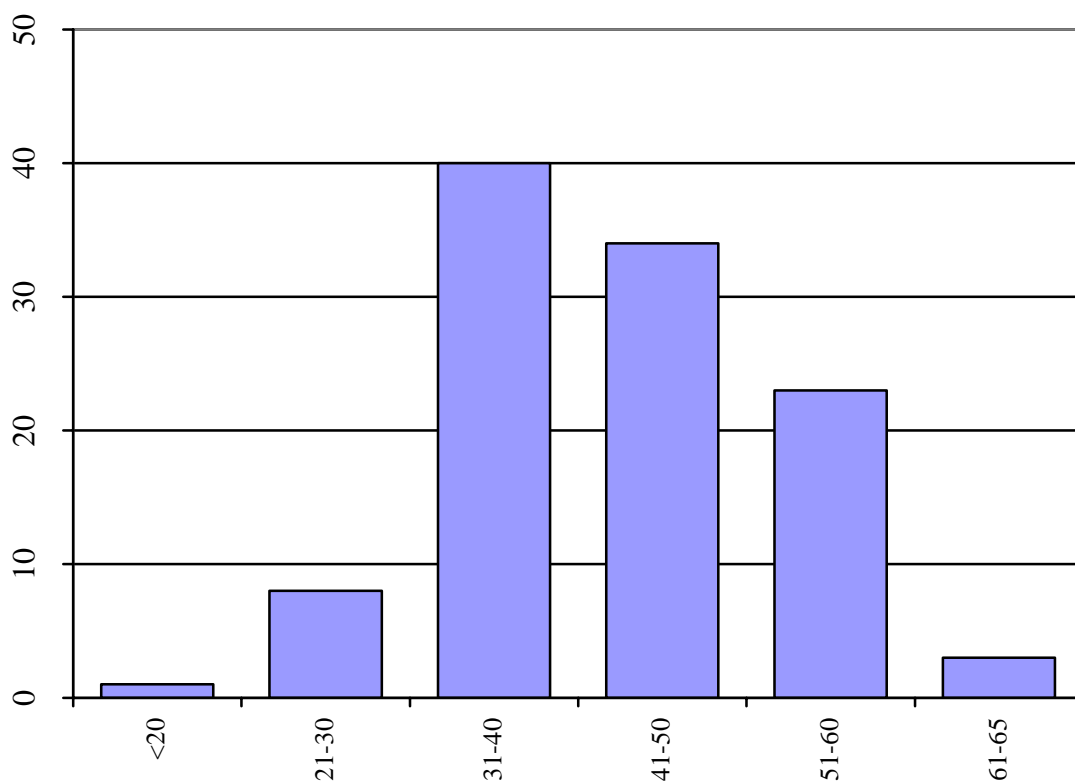
Gender and Age of Clients

Overall 35 of the clients were female and 74 were male and Figure 6 below indicates the age profile of the clients. It can be seen that the majority of clients (74) were aged between 31 and 50.

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<sup>2</sup> EH1 – Old Town and Lawn Market                      EH3 Canonmills, New Town, Haymarket, Tollcross  
 EH4 Stockbridge, Drylaw and Muirhouse            EH5 Pilton  
 EH6 Easter Rd, Leith Walk, Junction Street, Links and Lochend  
 EH7 Broughton, Abbethill, Craigentenny            EH8 Portobello, Royal Mile, Newington  
 EH9 Newington, Portobello                              EH10 Morningside  
 EH11 Fountainbridge, Dalry, Saughton, Sighthill  
 EH12 Corstorphine, East Craigs  
 EH13 Oxfangs    EH14 Hutchison, Kingsknowe, Currie  
 EH16 Craigmillar, Cameron Toll                      EH17 Gilmerton

**Figure 6 Age Profile of Forth Bridge Clients**



### **Outcomes and Feedback**

As can be seen in Table 6 below, whilst 107 clients were referred to the project only 102 actually started on the project. This is because 4 were deemed to be unsuitable for the programme - 2 didn't have a mental health illness, 1 was not unemployed and 1 was referred on to a more appropriate agency as Forth Bridge was not what she was looking for.

**Table 6 Targets and Achievements – Client throughput Since July 2008**

	Targets from Funding Application	Achieved by 1/1/09	Achieved by 1/7/09
Clients on the programme	105	89	102
Initial assessments	85	79	98
Induction	70	59	72
Working in social firms	70	73	80
Accessing after care	12	8	10

Of the 98 initially assessed 72 underwent induction, for the other 26 it was felt that induction was inappropriate as many of them had been with Forth Sector for a number of years.

Comparing the targets from the funding application it can be seen that they have all been met/exceeded with the exception of overall number of clients on the programme

and the number of clients accessing aftercare. Both of these are very close to the target the project set for itself.

Table 7 below highlights what the statistical outcomes of the project have been. The targets are based on the funding application submitted by Forth Sector for the Forth Bridge project.

**Table 7 Outcomes from 1<sup>st</sup> July 2008 through to 30<sup>th</sup> June 2009.**

	Targets	Achieved by 1/7/09	Details
Employment	15	7	-Supervisor at Tiso, Edinburgh (full time) -Supervisor at Six Mary's Place, Edinburgh (full time) -Gardener with City of Edinburgh Council (full time) -Cleaner (part time) -Administrator, Chest, Heart and Stroke Scotland (part time) -Warehouse man, Co-op Musselburgh (part time)
Employment sustained (6mths plus)	10	4	
Volunteering	5	1	Thistle Foundation, Gardener
Education	5	4	-Introduction to Graphic design (full time) -SVQ2 Professional Cookery Course (full time) -NQ Intermediate 1 Programme: Entry to FE (full time) -NQ Intermediate 2 Programme: Computing
Leave course	21	15	
Referred on	4	5	
Engage with employers	30	96	

It can be sent that the outcomes have generally fallen short of the targets. There were two exceptions. One was engagement with employers and it can be seen that three times as many employers were engaged with between the 1<sup>st</sup> July 2008 and the 30<sup>th</sup> June 2009 and the second was number of clients referred on. Number of clients moving onto education almost met the target.

In their Interim Report (January 2009) Forth Sector indicated that often clients could take a considerable time to move into employment "...the process can take much longer than conventional approaches, perhaps several years" pg 3. Whilst this is likely to be the case one would have anticipated that this was reflected in the targets the project set itself and therefore less likely to have had an impact on the target not being met. More likely to have had an impact is the economic down turn. The fact that employers willing to employ people with mental ill health may be reducing in the current economic climate was, in Forth Sectors view, evidence of a need for the creation of 'supported' working environments, where clients can gain work

experience, build a job history and be supported whilst gaining work experience. This they suggest is a reason why there should be increased employment opportunities at Forth Sector.

In addition to these quantitative outcomes there is an expectation that there will also be an increase in softer qualitative indicators as the project had anticipated that there will be changes in a client's wellbeing. Forth Bridge had anticipated that this would be seen through;

- Personal goals attained – those identified in PDPs.
- Improved levels of confidence and self esteem
- Greater social networks/inclusion
- Development towards personal goals
- Achievement of training qualifications
- Increased aspiration to employment
- Improved health management skills
- Reduced use of health services/medication.

Initially the intention was that Warwick – Edinburgh Mental Well Being Scale (WEMWEBS) could be used to help capture the progress being achieved in respect to these qualitative indicators. However the model was not appropriate for this group and as a result the plan therefore changed part way through the year and format of the Personal Development Plans (PDPs) were reviewed. Case managers carry out PDPs with clients 3 times a year. PDPs do not simply look at job readiness, they also look at the skills the trainees are developing, what they need to develop and allow Forth Bridge to plan support and training to meet these identified needs.

#### Partner Interviews

Forth Bridge provided the contact details of three organisations that they had worked with –Into Work, the Action Group and Remploy.

Into Work are associate partners with Forth Sector in the high support needs consortium which is supported by the council and European funding. Into Work have had a long association with Forth Sector, the interviewee wasn't able to talk about Forth Bridge independently, and demonstrated this through the joint work on the Restart Programme, where Into Work seconded a member of staff to Forth Sector. As well as working with a similar client group, sitting on strategy groups together and looking at developing joint working Into Work refer clients to Forth Sector and vice versa.

The number of clients referred between the projects has been relatively small, according to the interviewee not likely to have been more than 10. He went on to explain that from Into Works perspective, Forth Sector is able to provide prevocational work within a safe and supportive environment that helps the clients develop work skills. He indicated that clients tend to be referred back to Into Work for support with finding work, when they are that stage.

He thinks that the combination of skills is useful and allows the clients to benefit from more than is available in either organisation independently.

He said that they would continue to see the development of a closer working relationship as it enhances the skills available for the clients. In the current economic climate he would envisage even closer working between the two organisations.

The Action Group have a similar relationship with Forth Sector as Into Work, again they discussed the organisation as a whole rather than simply Forth Bridge. The relationship is again one of Partnership working towards the joint delivery of services through the High Support Needs Consortium. This has been a more unofficial relationship in the past, but since March 2008 it has been more formal as they have been working on a joint delivery of service.

The idea behind the consortium is that they can refer clients to service providers throughout the consortium, where ever the most beneficial service is available. The respondent from Action Group wasn't able to give an exact number for the clients that they had referred to Forth Sector but he thought that it was relatively small. He thought that in the medium term at least the relationship would continue, and this would extend into the longer dependent on funding.

Remploy was the third organisation that Forth Bridge suggested the evaluators contact. The primary contact was not available at the time of the call and one of her colleagues, who had also had experience of Forth Bridge was interviewed in her place.

She said that as far as she was aware Remploy had been working with Forth Bridge for 3 months and in that time 3 clients had been referred on. Two of these appear to have not returned to Remploy and she can only assume that this lack of engagement is the same with their work with Forth Bridge. The third continues to interact with workers at Remploy and she was able to comment on how he had changed since working with Forth Bridge. She thought that since he had started working with Forth Bridge he was a lot more confident and had a more positive outlook on life.

She said that her colleague, who had a closer working relationship with Forth Bridge was very positive about the project and Remploy are thus far very happy with the relationship and would like to see it continuing.

## Client Interviews

### *Methodology*

Forth Bridge provided anonymised records of 50 clients who they had approached and were willing to take part in face to face interviews. The aim was to interview 12 from this group, and the sample frame was constructed to reflect the length of time clients had been out of work. Five of those that were booked to be interviewed did not turn up and therefore 7 clients were interviewed.

Generally the interviewers found that some of the interviews were easier to progress than others. Perhaps this was to be expected with the client group and the fact that those invited for interview were chosen at random rather than in terms of who would be best able to answer questions. The interviewers, both experienced at interviewing people with mental illness, used discretion in terms of probing – essentially didn't push questions when they thought the interviewee may be becoming stressed and

anxious. As a result the interview schedule was in some instances not followed as closely as in other. That said useful information was obtained.

### *Overall*

For some of those interviewed it was apparent that there was no clear distinction between Forth Sector as a whole and Forth Bridge as a distinct project. Practically this isn't an issue as long as the additional support provided by the Forth Bridge workers has a benefit for the clients. What is problematic is that some of those interviewed have been working with Forth Sector for a considerable time and their answers tend to encompass their experience of the whole organisation, not just the Forth Bridge project.

### *Health Background*

One of the clients (Interview 1) said that he didn't have a mental illness, describing this as a disability. All of the others mentioned that they had mental health problems. For some this meant that they were on medication, for others they had been hospitalised at some point. Practically these conditions affected confidence, self esteem, increased susceptibility to anxiety attacks whilst the medication to treat these conditions often induced fatigue.

### *Employability Background*

Some of those interviewed had been in skilled trade occupations (for instance printing) others had been in caring professions or students. Others only mentioned work experience in other 'sheltered type' employment. Most of those that were talked to had been hospitalised at one point or another. As a result those that we interviewed demonstrated a disjointed work history.

Some of those interviewed had a significant experience of work with Forth Sector. For instance Interview 1 had been with the project for 5-6 years came to Forth Sector from Telford College, originally for a web design course. Interviewee 2 has been with Forth Sector since leaving hospital (1990). Others had been with the project for a shorter period of time. One respondent who had left hospital said that his CPN said that it was important to get back into a work environment as soon as possible after leaving hospital, and that was the reason he was referred onto Forth Bridge.

*“Obviously when you first come out, you're well enough to leave but you're still carrying a bit of illness with you” Interviewee 6*

### *Forth Bridge Support*

Whilst in some respect it is difficult to tease out the particular aspects of Forth Bridge that the clients were commenting on, rather than Forth Sector as a whole, the area of support through the OTs and the case managers is the one area that is particular to the Forth Bridge project.

Almost all of the 7 interviewed mentioned the support received from the case manager. Some said that they can phone her anytime to discuss issues around placements, work or training. One respondent highlighted that the support was important as it had made her more confident knowing that the back-up was there. Another said that he had received good support from the case manager and indicated that

*“...they can pick up themselves just by talking to you if you’re coping with the placement as well. They know the right questions to ask.”* Interview 6

Others mentioned the courses that are offered to participants in Forth Bridge. One highlighted the courses that she had been on - anxiety management and confidence- as well as CBT sessions. She particularly thought the anxiety management sessions were useful.

*“You’ve got to put the effort in so you can get the benefit of what they’re trying to help you out with. I still have my moments, bad days and good days, but I can get through them now. It’s learning coping skills because you’re back to being a vulnerable child again, that’s how bad it is.”* Interview 4

Whilst useful for this interviewee, not all of those we talked to felt that they benefited from the courses they attended. For instance one respondent who attended the confidence building course was not particularly positive about as they felt that they had covered the same areas before in other courses.

Others mentioned the particular employability focused support available from the case manager

*“...if you want to do something else, I think they can help you. It depends what you want to do. And then maybe talk about your CV if that’s necessary or talk about the skills you would need for that particular job, and help you that way..”* Interview 7

Another respondent mentioned that he has received support in job search and was developing his experience with computers. This has been in addition to the placement he has taken.

### *Placements*

All of those interviewed had experiences at least one placement with a Forth Sector social enterprise. Some had been working with one of these enterprises for some considerable time and therefore their relationship had started before the development of Forth Bridge as a distinct project.

Overall the interviewees found that the experience of working was seen as very positive by those that they talked to. Part of this seemed to be due to the fact that the placements were manageable in terms of time as benefit issues tend to preclude more than around 16 hours a week, but probably more important was the supportive staff within the social firms.

*“It’s nice to have that support really and they’ve been very good at the guest house as well. It’s like a dream really because it’s so good to have this, learning at your own pace because you haven’t got that stress within you that you’ve went back to work and you haven’t got any support.”* Interview 4

Others compared it to mainstream employment, highlighting the lack of flexibility if they were ill and this in turn increased their levels of anxiety. For instance one interviewee thinks that Forth Sector

*“...it’s been a great stepping stone. They’re very understanding and supportive. They understand that your concentration isn’t so good when you’ve got mental health problems so if you’re having a bad day, they’ll let you go early which wouldn’t happen in mainstream work”* Interview 6

### *Outcomes-Employability*

Almost all of those that were interviewed were currently engaged in some form of work within Forth Sector. One of the respondents (Interview 1) was currently a student and was on placement at Forth Sector where he helped with admin and IT and assisted in ECDL courses.

Some of the respondents appeared to be involved in a number of volunteering/ placement opportunities. For instance 1 respondent was currently working at 2 different locations, was on the waiting list for a placement at Forth Sector and was also looking to volunteer elsewhere in charity shops.

*“I like volunteering. While I don’t want to volunteer all my life- you volunteer then you get a full time job and you get all sorts of tax and bills and so I’m going to do voluntary until I get my feet right back on the ground.”* Interview 3

This interviewee went on to say that he would eventually like to move into catering.

Whilst some of those interviewed were not able to identify how their long term employment expectations had changed they were able to mention how working with Forth Bridge has helped them

*“I think the fact that I’m doing something different, and I’ve got structure to my week now, and I’m able to say to people that I’m doing something. It’s much nicer than saying you’re not working and do something.”* Interview 4

For some a return to mainstream work, whilst a goal, was not one that they would see in the short term and for them mainstream work is linked to anxiety. It may be that the benefits and support that they are receiving from Forth Sector and Forth Bridge is making the step into mainstream work to great for some to contemplate.

*“When somebody has been ill and out of work I think they need that support network when they’re coming back, because it is a big step – it’s massive really”* Interview 4

One of the respondents has purposefully refused full time work as he thought he could only cope with part time work.

Whilst the interviewees will never know if this anxiety over mainstream employment is justifiable, one respondent experiences it, and to him it is very real. This interviewee was first hospitalised whilst studying at University, then whilst at Forth Sector had a placement with one of the social firms, and one with the Inland Revenue which in turn led to full time paid temping work with the Revenue. This led to a full time job as a reservations coordinator at the Hilton. It was at this stage that return to work unravelled as he found that this was too much for him and he ended up back in hospital

*“I think I jumped in with 2 feet a bit too soon. I should have stayed on at the Inland Revenue and saw if they were going to keep me on after the 3 months. I just went out towards the end of the 3 months and looked for another job and took on the Hilton position.”* Interviewee 6

One of those interviewed highlighted how he was planning to use the Forth Sector placements as a stepping stone into mainstream work. He wanted to move placements to widen his experience and it looks as though will happen. Even this respondent, who

had been with the project for 2 years, didn't think that he was ready yet for a mainstream job.

It should be pointed out that some of those interviewed were in their 50s and 60s and it would appear that due to their age they are not particularly looking to move into mainstream employment.

#### *Outcomes – Health*

Generally the experience of managing to maintain a placement does bring with it health benefits and this was apparent from those that we talked to. Primarily this is around confidence building and developing self esteem. It would appear that part of it is the job, whatever the job is, whilst part of it is the additional benefits of employment- the social networks, the fact that people get out of the house, etc. As a result those that we talked to who were suffering from depression said that, whilst they still had 'bad days' they were better able to deal with it now. As one respondent said

*“ I can really say it's been down to Forth Sector, I feel they've been the best help, more help than the GP and CPN because they've had so much patience with me. It's the quality of the care that you get.”* Interview 4

She went on to say

*“I think I am more confident now than I have ever been in my whole life. It's taught me to think in a different way, more rational and less pessimistic. They've been invaluable to me I have to say, because it's made the difference between living and not living. I wasn't getting out and the occupational therapist helped me to get back on buses, but it took a long time because I've been with them for 3 and a half years. Now I am getting about I really feel without their help it would have taken a lot longer to overcome. They've given me my life back and you can't put a price on that. And probably my quality of life, it's hugely improved. Now I'm not so dependent on other people, I can do things without needing help. You can't say any better than that.”* Interview 4

## **Conclusion**

The Forth Bridge Project delivered by Forth Sector contributes to the Jobs Strategy and Outcome 3 in Edinburgh's Single Outcome Agreement.

In its first year it worked with 102 clients. In terms of outcomes 7 clients went on to 'outside' (non Forth Sector/ and or paid employment) 1 is volunteering and 4 have gone into education. With the exception of education these outcomes are some way short of the targets the project had set itself when applying for funding. One reason for this may be the economic downturn. Other factors such as the fact that the project has a significant number of clients some distance from the labour market. For instance 1/10 of clients had been out of work for less than two years, 1/4 of the clients had been out of work for over 10 years.

Three partner agencies were interviewed, however the focus tended to be on the partnership arrangements, the benefits of the strategic approach and on Forth Sector as a whole rather than Forth Bridge. The one respondent who could comment on how clients had developed indicated that the for the one she was aware of, although he had

only been with Forth Bridge a short period of time, she had seen positive changes in his mental health and outlook.

As part of this evaluation 7 clients were interviewed. They represented a range of backgrounds- both in terms of employment and in terms of medical history- and it can be seen from the interview transcripts that they all thought highly of the project. The respondents were very positive about the support that they received, saying it was very accessible. In terms of the course the feedback was broadly positive, with only one interviewee expressing issues about the relevancy of one course to them individually. Some mentioned the support that was available around CVs and job search and had taken advantage of this.

They all were positive about the supported employment, particularly praising the flexibility and understanding that is offered to them at the placements and comparing this favourably to more mainstream employment. There were a couple of points raised about the waiting times that exist to get on some of the placements. It would appear that the placements work well providing a supportive work environment. One theme that would warrant further investigation is that the placements work to well, making the move to mainstream employment appear risky to clients. This may be a factor preventing some, although by no means all, of the clients moving on. This is something that the project is aware of and the review of the PDP's was a direct response to this concern in an attempt to balance the support that those on placements require with a 'weaning' process that makes the move to employment less daunting. Working with the 96 employers that they have engaged with may help produce low level support in mainstream employment that may overcome this difficult first step.

They all said that they thought their health had improved as a result of the support they had received from Forth Bridge and that they were closer to the labour market, even if they couldn't say when they thought they would be able to make the move into paid work.

Whilst the project has not met its outcome targets, it has been able to work with a large number of the clients group, provided them with work placements, helped to make them feel that their mental health has improved. The outcome targets for this project were low as there was an expectation that the client group would be some distance from the labour market. It is likely that the economic downturn has been a factor in ensuring that the target has not been met.

One difficulty with the evaluation has been the interconnection of Forth Bridge and Forth Sector. This has meant that for some clients and for two of the partner agencies it is difficult to see the difference. One would suggest that in practical terms Forth Bridge is more of an extension to the existing Forth Sector service than a stand alone project (Restart may have been closer to this).

## ***WOW and Penumbra***

### **Background**

#### Women Onto Work

Women Onto Work (WOW) run programmes to help women to improve their confidence, self esteem, job seeking skills and enhance their ability to access education, training and employment. The organisation has a long track record having operated in Edinburgh for 19 years and programmes are specifically designed to meet the often complex needs of the women they work with. For instance one of the key features of the support they offer is the provision of free, flexible, “wrap around” childcare.

Whilst generally courses are open to all women who have been unemployed for six months or more, Women onto Work have also deliver more customised courses for particular groups and the course with Penumbra is one such course. On average they work with around 100 women a year through their courses.

#### Penumbra

Penumbra is a national Scottish charity supporting people with mental ill health. As an organisation it works intensively with women and men suffering from mental health problems. They estimate that 60% of the client group overall are women. Usually the support is intensive but the plan for every client is to gradually reduce the level of support needed over time. That said with the client group, episodic relapses can occur, and as a result it may be necessary to increase the level of support again in the future. Penumbra's client group contains people of all ages, can include people who are in supported accommodation, people who have had a long history of hospitalisation and people who are on very high levels of psychiatric drugs. Some of the client group therefore are a long way from entering the labour market, whilst others are not likely to be interested in the labour market as they are over retirement age.

Penumbra does recognise that employability is important for some of the client group, and sought to use the experience of the WOW project to develop progression routes into education, training, volunteering and employment.

WOW being in partnership with Penumbra provides WOW with a client group with mental ill health needs, recruited by Penumbra. The relationship goes further as Penumbra also provide specialist staff to support the WOW trainer and this will result in the women benefiting from the support of an organisation they know and are comfortable with. For Penumbra it provides a specialist employment support service to appropriate clients.

For the initial course there was a lot of work on adapting the existing WOW approach to better reflect the needs of the client group. This didn't just involve looking at what was actually taught, and the goals for the group, it also meant that they looked at the way in which it was taught- the WOW Penumbra course was a delivered in a three

day week whereas a standard WOW course would generally run in over a four day week. Initially women from WOW talked to the support worker team meetings, highlighting that a course is going to run, what will be the aims of the course and to ask the support workers to bring it to the attention of their clients.

The support workers who work with individual women continue to offer that support when the women start attending the WOW course and this is supplemented by a support worker who attends the course and is on hand to support any woman throughout the course. This assistant was in place two or three weeks before the course started to be able to offer support during the recruitment onto the course and also to start from the earliest possible stage to build up a relationship with the group

### Initial Course

An initial course ran in 2006/07 and this was the first time that a WOW course was delivered in Partnership with another organisation and development work on building this partnership appears to have been based on proximity of WOW and Penumbra (both based in the same building).

When the decision was taken to run a focused WOW course for Penumbra clients the first step was for WOW to brief the Penumbra support staff, to enable them to promote the course to their clients who they thought might be interested and would benefit from the course. In this first course 17 women were identified across the 5 Penumbra teams working in Edinburgh and 4 taster days were organised. These were poorly attended but despite difficulties and delays 9 participants were selected to start on the course. There was a believe that attendance may prove problematic initially for some of the participants so the need for the individuals support workers to assist early in the course was important. This also helped the women to trust WOW as an organisation.

**Table 8 Targets and Outcomes for the 2006/07 course at 3 months Post Course**

Outcome	Projected	Actual
Completing Course	7	9
Further Education and Training	3	4
Volunteering	2	3
Employment	1	1
Other	1	0

Table 8 above highlights the pre course targets and actual outcomes from the course. It can be seen that 8 of the 9 people that completed the course had positive outcomes and all of the target outcomes were either met or exceeded. All 9 participants in the first course had Rickter Scale assessments. An evaluation of this first course report was undertaken by Caskie and Co and they evaluators report states that in the first course *“The majority of the group made significant progress. The average improvement (on the Rickter scale) was 37.5 points”* page 13. They also made the following recommendations;

- That the days were shorter to allow for a lack of stamina and to provide buddying time at the start and end of the day.
- That additional breakout space was provided.
- That a Personal Support Worker was available at all times

- Placements focused on increasing motivation and confidence- seen as raising employability rather than finding employment.

## **Service Delivery**

Women with complex mental health needs embark on a 12 week course of employability training and careers guidance. In addition to the course the participants receive specialist 1:1 support and group guidance for up to 2 years after the course to help them achieve and sustain their goals.

The core activities of personal development, career development and planning and organising work placements tend to be delivered by a course coordinator. The course coordinator also invites experts to attend particular sessions and to deliver specific topics in response to the particular information, advice or learning needs of the different groups. In addition to this for the Penumbra courses an additional support worker was available from the Penumbra team.

To take part in the course the women have to be unemployed, over the age of 21, living in Edinburgh and receiving support from Penumbra<sup>3</sup>. Two courses have been run, the first in 2006/2007 and the second, which was supported by Joined up for Jobs, in 2008/2009.

Based on the success of this first course WOW were keen to work again with the Penumbra client group and applied and were awarded £15,000 to run the course, funding provided through Joined up for Jobs.

### *Recruitment*

As with the first course Penumbra brings the course to the attention of people that they think will benefit from it and they then arrange to meet with WOW for an interview. In total there were between 15-20 people referred to the 2<sup>nd</sup> course from Penumbra and of these around a third were seen as being not ready for the course. For those that didn't make it on to the course WOW tried to ensure that they were signposted on to alternative services.

Eleven women started the course, 9 were from Penumbra and 2 were referred by the Occupational Therapy Rehabilitation Unit (OTRU) at Ballenden House. Developing links with other mental health support services is one way of widening the reach for possible clients and linking with Ballenden House is seen by the project as a good first step for this.

Two women left the course before the end as a result of a breakdown in their health. One left at the end of week 4, although she had had perfect attendance up until that point and the second participant left at the end of week 11 due to mental and physical health issues. The project requires women to complete 75% of the programme including the work placement so this woman was ultimately a completer.

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<sup>3</sup> There was flexibility on this point for the second course.

### *Client Background*

In terms of how long the clients had been workless, 1 had never worked, 2 had been out of work for over 20 years, 2 for between 15 and 20 years, 2 for between 10 and 15 years and 2 for between 5 and 10 years. The shortest period of time out of work was for the 1 client that had been out of work between 2 and 3 years.

**Table 9 Length of time out of work**

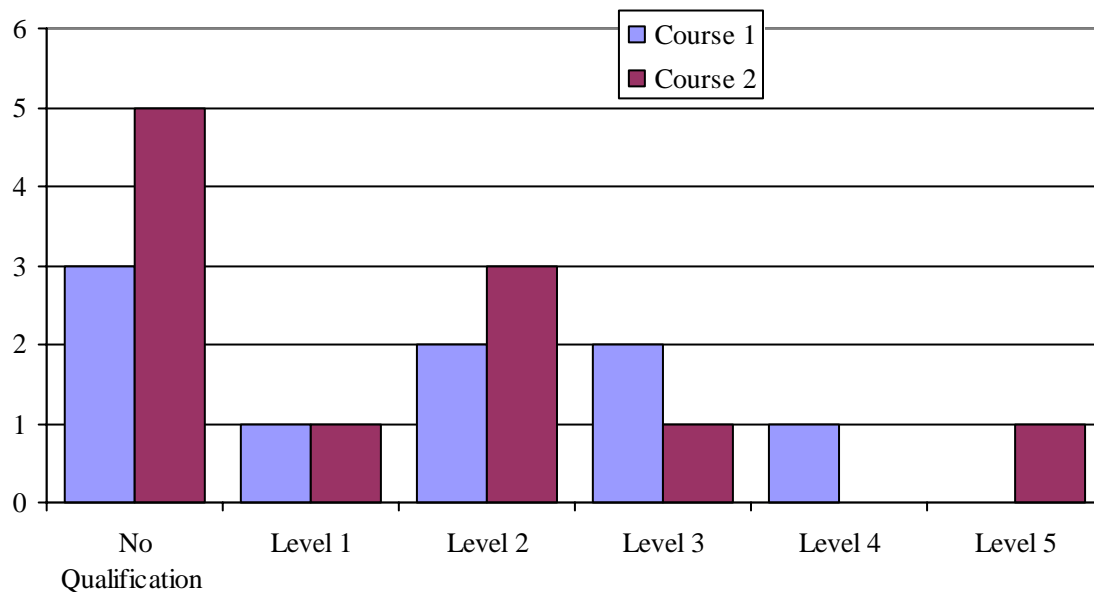
	Course 1	Course 2
6-18 months	0	0
18 months -5 years	2	1
5-10 years	3	2
10 years or more	3	6
Never worked	1	1

Comparing this to the length of time out of work for Course 1 (Table 9 above) it can be seen that for both courses nobody had had work within 18 months of starting the course. In fact 78% of course 1 participants had not had a job in the last 5 years or longer, whilst it was 90% for course 2.

Simply based on the time out of the labour market, the second course looks to be more challenging than the first course.

In terms of educational attainment prior to starting on the second course there was a range of abilities in the group. Figure 7 below highlights the highest qualifications that the women had achieved before starting the WOW course. What can be seen is that overall for both courses, no existing qualifications is the norm and with the exception of one women who had a level 5 qualification the women in course 2 were less qualified than those in course 1

**Figure 7 Highest level of attainment**



WOW highlighted the issues that existed amongst the group and this can be seen in table below. Lack of work experience is an issue for almost all of the women as is the fact that most of them have experienced long spells of hospitalisation. Literacy and numeracy issues were apparent for have the group and as well as mental ill health 6 of the 11 women suffered from physical illnesses as well. Nearly a quarter of the women were affected by alcohol misuse.

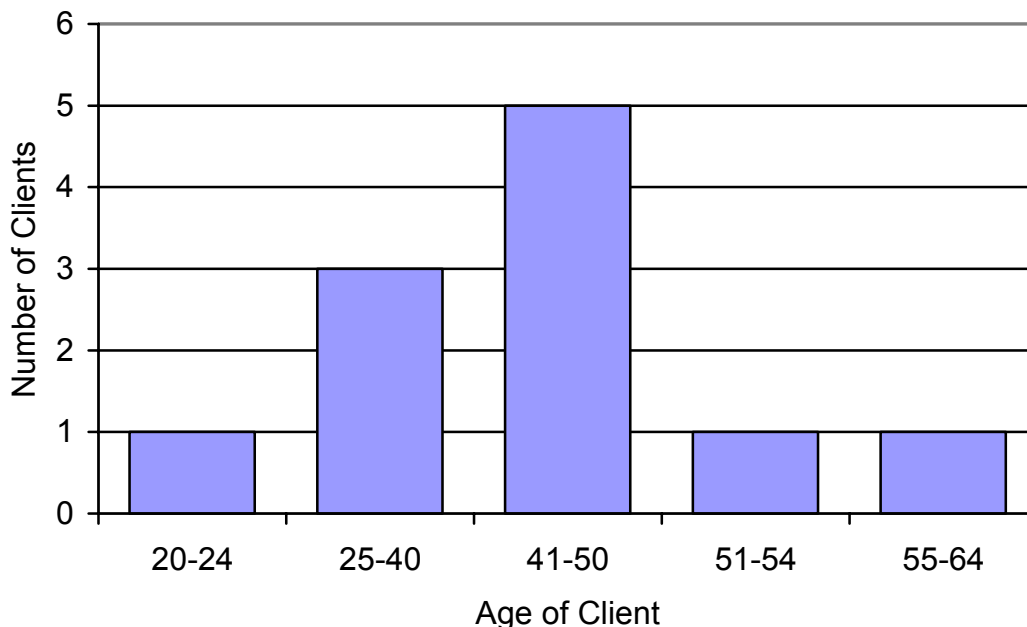
**Table 10 Existing Issues for Course 2 Participants**

Homeless	2	Violence and abuse	4
Affected by substance misuse	1	Lack of work experience	8
Affected by alcohol misuse	3	Criminal record	1
Literacy and numeracy	5/6	Young people (NEET Group)	1
Disabilities (self defined)	10	Family/caring responsibilities	2
Mental health problems	11	Physical illness	6
Care Leavers (spent long spells in Hospital in recent past)			8

The course co-ordinator said that there were issues around concentration as well as some issues concerning the side effects of the medication that people were on. Within the group there was also individuals with heart problems, arthritis, diabetes, agoraphobia and claustrophobia.

The figure below provides a picture of the age profile of the clients of course 2 and it can be seen that the majority of the women who started the course were aged between 40-50, 3 were younger than 40 and 2 were over 50 years of age.

**Figure 8 Age Profile of Clients of Course 2**



## Outcomes and Feedback

The targets that WOW set themselves and the actual outcomes achieved can be seen in Table 11 below.

**Table 11 Targets and Outcomes for the Autumn 2008 course**

Outcome	Targets	Actual Outcomes
Completing Course	9	10
Further Education and Training	2	4
Volunteering	2	4
Employment	4	1 (2 seeking work)
Other Specialist Support	1	

Clearly these targets are more testing than for the previous course and talking to the manager of WOW it would appear that the organisation feels that they shouldn't have stretched them so far. In addition the economic situation in the city in general has worsened since the first course was delivered, with the result that it is harder to get placements and jobs than it was in 2006/07. One other factor may be that the second course students were a more challenging group than those in the first course and in terms of some of the profile information discussed above this does appear to have some validity- longer out of the labour market for instance and long periods of hospitalisations i.e. over 20 years.

That said the targets for further education and training and for volunteering have been exceeded and it was only for entering employment where the target wasn't met.

As at July 2009 Women onto Work were able to give a tracking update on 10 of the women who attended the course and this can be seen below. It can be seen that some of the women volunteer at the same time as undergoing additional training or further education. What is also clear is that for those looking for work, it generally has to be part time, due to child care commitments or benefit rules.

### WOW Tracking Update - July 2009

- Trainee 1 Referred to work directions for job search support. Work Directions have referred on to Remploy for further employability training.
- Trainee 2 Volunteering with Erskine Home and looking into improving literacy opportunities. Managed to sustain this volunteering albeit sporadically. No response to recent contact.
- Trainee 3 Taking an IT course and also has a volunteering opportunity with Homelink which will start later in the year.
- Trainee 4 Actively seeking retail or clerical work but wishes it to remain below 16 hours per week to fall within the permitted earnings rule for benefits. Latest update indicates that this woman has secured employment and is due to start in August.
- Trainee 5 Started a Jewel and Esk Course in core skills but didn't continue with it. Currently looking into basic IT course options and volunteering.
- Trainee 6 Volunteering with WOW as an administrator and actively seeking work related to admin/secretarial. Work would have to be part time due to child care issues.

Trainee 7	Mandatory Attendance at Work Directions complete. Attending Jewel and Esk Valley College on a part time basis and intends to seek volunteer literacy's tutoring/support role on completion.
Trainee 8	Volunteering in a charity shop and exploring opportunities for further volunteering and literacy's learning.
Trainee 9	Started Introduction to Social Science Course at the Open University in May volunteering in a charity shop and with Penumbra.
Trainee 10	Due to start Adult Returnees course at Jewel and Esk in Autumn 2009. Doing volunteer housekeeping.

Whilst only one of the clients had actually achieved a paid employment outcome at the time of writing, all of them are either considering or have started, work, training or volunteering opportunities. This is a significant improvement on the starting point. The course coordinator thinks that all of the client had made "*enormous progress*" and they all had a clear set of goals to work towards. She went on to say that she thought they had the 'tools' - self belief and self awareness - but it was often the ability to develop coping strategies for day to day incidents that resulted in them being knocked of course.

To supplement the hard outcomes the project uses a Richter scale assessment to attempt to give some indication of progress being made. Once on the course the clients meet with the guidance worker at 1 to 1 meetings to see what the trainee's aspirations are. At this stage they are offered an adapted Rickter Scale on which to assess their 'starting position'.

Some of the women agree to take part in this assessment but for others a Rickter scale approach is seen to be too similar to lots of other assessments that they have had to undergo whilst having their mental health treated and as a result they decline. In total 5 women had Rickter assessments at the start and at the end of the course and the table below highlights what changes these women have seen in themselves.

It can be seen in the table that nearly all of the 5 clients had seen an improvement in all of the key Rickter scale indicators- essentially had scored higher in the review meeting than they had at the initial meeting. What is also interesting is that at the initial assessment the women were asked to put a goal figure down, their desired state. Generally these were high, possibly suggesting that the women did embark on the course with a positive outlook and were hoping to get a lot from it. That said the desired state can be a longer term goal so may not simply be their goal for the end of the course.

It is unfortunate that only half of the women had completed a Rickter assessment as it is useful to use this as evidence of progress. However it is difficult to see a way round taking the assessment as being a matter of personal choice, as pushing its completion too heavily at the start may have an impact on how comfortable women feel about the course and the WOW staff at the outset, and ultimately this could have an impact on their progress. The initial weeks of the course are the ones where the most intensive support is needed, where generally the women have to become comfortable with the staff, the premises, the way the course is delivered, the actual practicalities of getting to the course, etc. One would argue that anything that may compromise this relationship developing should be avoided. As a result although effort should continue

to encourage the women to take Rickter assessments, it is appreciated that it should remain a personal choice.

**Table 12 Richter Scale Assessments**

		Client Reference Number					Average
		1	2	3	4	5	
Confidence	Present	4	6	0	4	3	3.4
	Desired	8	8	7	7	9	7.8
	Review	7	8	6	7	7	7
Assertiveness	Present	6	4	0	2	4	3.2
	Desired	8	8	5	6	9	7.2
	Review	7	8	6	6	6	6.6
Self Awareness	Present	7	4	4	5	7	5.4
	Desired	9	7	8	7	9	8
	Review	9	9	4	7	9	7.6
Team Work	Present	9	6	4	8	4	6.2
	Desired	9	8	9	8	8	8.4
	Review	9	10	7	9	7	8.4
Stress	Present	3	7	0	3	3	3.2
	Desired	7	5	4	7	7	6
	Review	3	7	2	6	9	5.4
Influences	Present	3	6	0	3	7	3.8
	Desired	7	6	4	7	8	6.4
	Review	2	8	1	6	7	4.8
Skills	Present	9	3	4	7	4	5.4
	Desired	10	8	8	9	9	8.8
	Review	9	7	3	7	8	6.8
Readiness to move forward	Present	9	5	0	4	2	4
	Desired	10	7	6	8	8	7.8
	Review	9	8	2	6	3	5.6
Health	Present	4	5	0	4	2	3
	Desired	9	7	6	8	8	7.6
	Review	6	8	2	6	3	5
Happiness	Present	3	5	0	5	3	3.2
	Desired	8	7	9	7	9	8
	Review	5	8	3	7	6	5.8

Moving On

At the end of the course, the coordinator and guidance worker meet with the trainees on a triad basis to look at action planning and develop a personal action plan that will move them forward after the course has finished.

The benefit trap is an issue for some of the client group. High Rate Disability Living Allowance, particularly if it has a carers allowance, is a relatively high income benefit, with the result that to move from this into the labour market, the clients would need to find relatively well paid employment, simply put entry level work may not make economic sense for the client group. There are also serious concerns amongst trainees that whilst getting a job is encouraging and positive, if they lost it, they would be in a far worse economic position before they even took the job. For instance looking at current benefit rates it can be seen that if an individual is a high level claimant for DLA then they would be receiving £113.75 per week, if someone is helping to look after this person then a carers allowance of £50.55 per week could be added to this. Compare this to JSA, which is currently £60.50 per week. One of the Penumbra workers touched on the benefit issue as well, highlighting that the lifestyle of many of the people they support is often very isolated and as a result outgoings are limited. It would appear that some of the Penumbra clients who have been supported by WOW are *relatively* well off – at least not as far below the poverty line as some of WOWs other clients. For instance there was talk of savings having to be spent every so often to remain below the benefit entitlement threshold.

#### Particular Issues With the Second Course

One practical issue raised by the manager concerned the balance of the group. Whilst WOW expects to work with clients with needs, it is more often the case that a minority of any course is made up of women who could be seen as being ‘most in need of support’ with the majority having less pressing needs. When almost all of the group is made up of women with pressing mental health issues, strong levels of medication, personal histories that relate to residential care, abuse, etc. the manager feels that it may be more difficult for the group as a whole to progress, essentially missing a core where progress is *relatively* straightforward. Therefore a ‘critical mass’ would be beneficial to these courses helping to move the clients along faster. However progress is still made, and this can be seen in the outcomes listed above, it would just appear to be slower and more erratic than might otherwise be the case.

Talking to the manager it was clear that there were some very particular issues with this the second course. For instance some of the group had known each other from hospital, and as part of the course involves sharing personal experiences, it was the case that animosities between people in the group were unearthed and sorting this out further delayed progress, at least in terms of the concrete measurable outcomes in the contract. The course tutor, who ran both courses, felt that the women in this second course were not as accepting of each other as they had been in the first course. Neither were they as accepting of themselves and their own mental ill health issues

Another factor that may have played a part in differences between course 1 and 2 is that some of the clients of the 1<sup>st</sup> group came from more affluent areas of the city and had experience, either directly or from within their family, of education, training and work. This wasn’t the case for the second cohort where more general deprivation issues were layered on top of mental ill health.

Talking to the course coordinator it is clear that family issues are critical with this group. For instance a factor outside the control of WOW, Penumbra and the trainee herself can happen within her immediate or extended family and have a direct impact on an individual’s mental health. The impact of this could be dramatic – such as the

trainee leaving the course after 4 weeks-, could simply mean that they are not able to focus during particular sessions, or that they no longer feel comfortable with the goals that they had set themselves.

The course tutor, in her report listed a range of reasons why this group may have been more difficult to work with than the first group.

- Group size- She felt that 11 trainees was too large for one group so that smaller groups and friendships developed, impacting, in some instances negatively on the group dynamics. That said having more women start the course is a safety net against trainees leaving, similarly it is more cost effective. The cost/safety net issues have to be weighed against practical delivery of the service.
- Some of the women were suffering from depression and this affected the mood in the group. With respect this is something that could be anticipated and it is likely that the experiences of this second course will act as a balance against the 2007 course
- Existing relationships prior to entering the course, in particular two women had a problematic relationship in the past relating to hospital stays. This is a totally unforeseen occurrence, but indicates how factors totally outside the control of WOW or Penumbra can have an impact.
- Generally more of the group were further away from the labour market in this group than in the first course.
- Alcohol issues arose as social networks developed within the course, resulting in erratic behaviour during course sessions.

### Placements

It was mentioned in interviews that the biggest factor in meeting employment targets was the attitude of employers to people with mental ill health. It was said that this had been difficult in the past and in the current climate it was even more difficult. That said three of the trainees were keen to enter employment and were actively searching for jobs. The attitude of employers and availability of jobs for course participants is clearly an issue (see introductory discussion) not just for WOW but for all three projects.

In the end of course report the course coordinator said that 3 participants wanted to go on work placements and the remainder wanted to do volunteering placements. In terms of volunteering placements the coordinator tried to ensure that the placement was likely to develop into a full time volunteering opportunity after the course finished as she felt that based on the first Penumbra/WOW course having something in place benefited the participants and allowed the positive progress and momentum to be maintained. Of the women who completed the course the volunteer placement for 7 continued to be open to them when the course completed, although they all didn't take up the opportunity for various reasons.

There was one problematic work placement which brings up difficulties with this kind of work. For this participant a work placement was pursued that would meet her needs and interests. Very late in the day the management team of the would-be host organisation decided that they were not able to offer a placement position, with the result that an alternative had to be found. This alternative on the face of it looked similar, but for the individual on placement the experience was problematic based

firstly on unfamiliar software, which affected her confidence, and the location in which she was based which was very isolated. The course coordinator recognised the difficulties and when an alternative placement arose moved her. The point to make here is the reliance on organisations to provide placements and also the need for the coordinator to thoroughly investigate what the clients will be asked to do – an issue the coordinator highlighted in her report.

The impact of the economic downturn is being experienced first hand, so WOW is looking more at further education as a first step than employment. They believe that it is crucial to keep a client moving forward when they have started to make progress, suggesting that pauses and delays can often impact on confidence and enthusiasm, making it difficult to get the women motivated again. As a result the Further Education option is one way of ensuring progress can be maintained.

#### Feedback from Penumbra Workers

As part of this evaluation CCP talked to two support managers who between them were working with 6 of the women who had attended the Penumbra course. They were interviewed individually on different days.

#### *Financial Issues*

In conversation with the Penumbra workers it was clear that for many of the clients there is not a particular financial imperative to re-enter the labour market, in fact in some cases there is a disincentive. For some the risk of taking a job and then losing it and the impact that this will have on their benefits is a practical disincentive to progress into work. That said the Penumbra workers thought that some of the clients saw that there were benefits other than financial in moving into volunteering, college or jobs. This may however have an impact on what women actually want to achieve, choosing volunteering or education options rather than employment.

#### *Course Content*

The content of the course was important as it contained elements that were seen as supportive for self development, whilst other parts of the course were, according to one of the Penumbra workers, more of a challenge. The support worker who had 2 clients attend the course said that at one point the psychiatric nurse for one of her clients said that the course was bad for her client's mental health as it was too challenging. Speaking to the woman concerned and to the staff at WOW, Penumbra were able to see that some strategies could be developed to overcome the difficulties that this woman may have been encountering. This woman finished the course. This highlights the initial stress that some of the women feel when entering the course and, if not treated in the correct way, may result in them dropping out, a drop out sanctioned by their medical practitioner.

According to the Penumbra workers the subjects covered in the sessions were challenging as they often looked at issues as a method of building confidence and self esteem, and particular issues may have been uncomfortable for particular women. In addition the course looked at very practical aspects such as what to put on an application form if you have been suffering from mental ill health. One of the Penumbra workers said that he thought that even if they hadn't got into work or college, they were all "*several rungs up the ladder*" at the end of the WOW course.

The Penumbra interviewees were particularly enthusiastic about the graduation day, when the women were presented with a certificate. One of them said that it was very positive for the women that he had worked with and one woman had told him that it had felt as if she had won an Oscar. The other Penumbra worker concurred with this saying how much confidence the women she worked with got from the course and the graduation day.

One of the Penumbra workers said that whilst the group of women are very familiar with support organisations providing help and being interested in their mental health, etc., interaction with WOW was very different. He said that whilst Penumbra workers (and others) may have introduced goals and targets for the women to aim for, they would not have been as directed as the WOW course. Perhaps what is most important is the intensive nature of the course, as it provides a direct focus of work for 3 days a week for 10 weeks. He compared this to other support where the support worker may only meet with the women for a morning each week, and where much of that morning may well be focused on dealing with practical issues, such as bills, childcare, etc.

He thought the small group format was very good but mentioned the tensions that arose in the second WOW/Penumbra course as a result of group dynamics. Raising the same issues as the WOW staff had raised.

#### *Direct Feedback*

One of the support managers said that he had received positive feedback from the women regarding the course, and he could see that they all seem to have grown in confidence and self esteem. He thought it was very successful for the women who had gone on the course and that it was pitched at the right level.

He stressed that progress was all relative with goals and outcomes being very personal. He said that for one woman the greatest achievement was simply completing the course; however he did say that this woman is now looking at further education and voluntary work. One of the women was involved in the Penumbra Self Harm project and the support worker for this woman said that attending the course has had a very positive impact on her.

The other member of the Penumbra team that was interviewed indicated that whilst only two of her clients had attended the course she thought that both of them had grown in confidence and self esteem. The Penumbra worker was better able to talk in detail about one client as the other trainee had only been working with Penumbra for a short period of time prior to attending the course.

Reflecting the experiences of the women she was able to talk about, the Penumbra worker said that this woman, who has had psychiatric problems since she was 14, had never worked- according to the Penumbra worker she had never once talked about working- and been hospitalised at times in her life. She had at other times had drug problems and alcohol issues. Whilst working with Penumbra she has moved from a supported flat into a flat of her own (2002) and she has been able to keep the tenancy going for this. The Penumbra worker said that she doesn't cope well with stress and pressure and went into the WOW course with a loathing of group work.

The course was suggested to this woman and the Penumbra worker said that she was pleasantly surprised that she wanted to attend. Getting to the courses was difficult as she doesn't cope well with buses and the fact that group work was in evidence a lot during the start of the course didn't help. This was when the CPN started to raise issues about the impact on this woman's health. The Penumbra worker said that at this point it would have been easy for the woman to have left the course on medical grounds, and this would have been supported by medical practitioners. The Penumbra workers encouraged her to stay and discussed coping strategies with her and alterations to the course. This included people from Penumbra travelling with her on the bus, WOW workers welcoming her at the door and taking her in to the course and the other women themselves being friendly supporting her and making her feel welcome. As a result she stayed with the course and completed it.

The Penumbra worker familiar with this woman said that her confidence and self esteem grew considerably, she has made new friends (her circle of friends up until then had been limited to the Penumbra staff and her family to which she is very close). That said the Penumbra worker indicated that whilst the friendships are at one level encouraging, this woman has built up a relationship with others from the course who drink more than they should, and this may not, in the longer term, be good for her.

In terms of harder outcomes this woman has been volunteering at hospital which she has managed to continue to do even after the course has finished. Whilst this is positive, the Penumbra worker is concerned that this woman may not be receiving full support and supervision in this role and is concerned that if the voluntary placements ends badly it may have an impact on her in the long term. She is described as being very generous and supportive so work in a care environment is what she would be suited for. The Penumbra worker said that she would be an asset in the right role and has built up a rapport with a lot of the elderly patients in the hospital in which she volunteers. She is also looking to do some development in terms of literacy.

Overall the Penumbra worker said that she was amazed that this woman stuck with the course but has seen a positive change in her.

- She has seen a change in her self esteem and self worth
- She is now more able to manage incidents and day to day activities that in the past would have created significant stresses.
- She has a lot more self belief and she would never have realised that she could achieve what she has.

The woman herself had a sense of achievement when she received her certificate at the graduation.

The other Penumbra worker, who was aware of 4 of his clients who had used the WOW programme, didn't talk in detail about anyone client. Instead he was very positive about the course and had received very positive feedback from CPN who had been looking to refer on to the course. He would, all things being equal, carry on with the relationship and he said that the women who have been on the course are far more positive and they are talking about outcomes such as employment, education, volunteering and training. He said that some of the women had taken "*giant steps*" whilst for others the progress may not have been quite so significant- although he did think that they had all made progress. He thinks that the programme can benefit the

entire client group that he works with, although not all might be able to make the same level of progress. If there are different needs in the group then it may mean that different support mechanisms may be necessary and also the group may have to be structured differently.

### Feedback from Clients

#### *Methodology*

Originally the aim was for 4 people to be interviewed and a date was set for this. Unfortunately an interviewer was not available and with the support of WOW staff this interview session was rearranged. Only 3 of the 4 could make it on the rearranged time and only one of the would be interviewees attended the subsequent interview session, and attempts to build on this proved unsuccessful. Whilst limited as it only reflects the views of 1 of the participants it is still worthwhile looking at what this woman said about her experience of the course.

#### *Background*

The one woman who was interviewed said that she had had a 17 year employment history with one employer and was then made redundant, and since then has had a range of different jobs. A medical secretary's job was her last job. This woman had heard about WOW through OTRU at Ballenden House, didn't have any connection with Penumbra.

She said that when she was pregnant they found she had a heart problem. She suffered from post natal depression and her heart problems added to this but she never admitted she had depression for a long time, instead struggling on for a year and a half before going to a doctor. This woman has a 4 year old child and the childcare support was a crucial issue that would have had to be overcome before she started to attend any course or work with any project

*"That was the one thing that was stopping me from doing anything, having to think about childcare"*

She said that she was attracted to the course because it offered the childcare, confidence building and a work placement.

#### *Benefits of the Course*

When asked about goals and ambitions before she joined the course she said

*"Just really getting back into work. I don't think I really had anything particular in mind, an office job I suppose but nothing too high up, I just wanted to get back into work."*

This interviewee said that before she started on the course she had low confidence and self esteem and that this had come from depression, heart problems and the fact that she hadn't worked for a while. This woman said that the course has helped her with her self confidence.

*"You would wake up in the morning and actually have somewhere to go for yourself, not just taking my little boy to nursery and then wondering what to do."*

She went on to say that she enjoys the structure of the course. Her overall opinion of the project was that she thought it was very good. She said that at first she was tired as she wasn't used to full days but after a while she got used to it and enjoyed it. At the

start wasn't particularly comfortable about speaking in front of people but says she soon overcame this. She said that she liked the group work and the fact that she was working with others and also enjoyed the confidence building exercises that she had to do. She thinks the group was very friendly and they worked well together and she enjoyed the fact that she was working with others in a similar position to herself

*"Because I could meet new people and talk about things, and find out they had similar problems and not worked for a while. It makes you realise that you're not the only one."*

In terms of confidence she thinks it was the course itself, rather than any particular sessions that helped. For her the most difficult part was the holidays, as she saw this as a return to where she had been before and she had her son more during the holidays. When the course finished she said she felt

*"A bit deflated actually, because you had 3 days and then all of a sudden that was it. And then of course it's the holidays and you thought 'what am I going to do now?' But I mean they see you afterwards and help you to look for jobs and things like that. But it was just a bit funny because you weren't seeing those people regularly anymore, and you didn't have anything to focus on anymore"*

She told the interviewer that she thinks the main benefit of the course is she feels more confident, and no longer feels scared of getting a job. She thinks that attending and completing the course has also helped with her depression and has moved closer to the labour market. She now feels that she is in a position to take a job and before the course she would have said that she wasn't in this position. Goal is to get a part time job.

Is happy with the level of support she received when the course finished which seemed to help reduce her feeling of deflation. Only barrier she sees for work is her heart problems – but she says that she has been alright for the last 2 years. Says her depression is better but she still gets down.

She would recommend the WOW course to other people and the only suggestion she would make regarding its deliver concerns the holidays and personally she wouldn't take them.

*"...everybody that runs the programme, they're really friendly. You don't feel awkward or anything, you can talk with them anytime. There's a really good atmosphere in the course. There was a lot of laughter as well which was good."*

This is only one person's views of the course but they are very positive. It would appear that the project are already aware that participants may feel flat once the course comes to an end and continuing one-to-one guidance support, together with efforts to extend volunteering placements beyond the life of the course are ways that the project is trying to reduce this. This is encouraging as the anti-climax of a course finishing may have a particular negative impact on people suffering from depression.

This person didn't seem to notice any frictions or cliques in the group so the issue raised by the workers themselves may not have had as great an impact on participants as first perceived. Alternatively the workers may have managed the issues that they were spotting very well and it never became a problem for the participants.

This person had been out of work for sometime, but in the field of mental health 5 years or less is a *relatively* short for people to have been out of work for - this can be seen in Table 14. As a result one should mention that the other participants, with a different employment history, may have had different experiences of the course.

## **Conclusion**

The WOW course for Penumbra clients has been a positive development of a tried employability focused programme.

In the last course that is the subject of this evaluation it worked with 11 women, saw 10 complete the course, 4 move into FE or training, 4 take up volunteering opportunities and 1 get into work. It exceeded the targets for education/training and volunteering but didn't meet the target for employment outcomes. This may have partly been due to a high threshold being set which was based on the previous course that they had run for Penumbra clients. The economic downturn is also likely to have been a factor.

Five clients had had 2 Rickter assessments and the average movement was from 4.9 score at the start of the course to 7.6 at the end of the course.

The organisation responsible for referring the most clients onto the project, Penumbra, spoke very highly of the course and indicated how they had seen very positive changes in the clients that they work with who had participated. They mentioned that whilst not all of them may yet be 'job ready' they thought that they were all closer to the labour market than when they had started.

The Penumbra workers mentioned the issue of challenges to people with mental ill health, referring to a client who, early in the course, felt she wasn't coping and her Community Psychiatric Nurse was suggesting to her that she withdrew. With the support of all concerned this person managed to get through this difficult period and went on to complete the course.

As part of this evaluation 1 client was interviewed (others were planned but for a variety of reasons were not realised). This woman spoke very highly of the course and the support that she had received, indicating the focus that the course had given her and how she felt disappointed when it was finished.

Clients of the course had a very problematic work history with 9 of the ten who completed having been out for work for over 5 years and 8 of the 10 having spent significant periods in hospital.

Overall it is thought that developing the course has improved practice towards mental health for WOW as a whole- as they have been seeing more women with mental health issues joining what could be seen as their more mainstream courses, this should effectively help service delivery as a whole. There is also a feeling that employability support for Penumbra clients within their organisation as a whole has also improved through the relationship with WOW. Penumbra are looking at developing a similar

programme that they can deliver to their male clients and Into Work and the Action Group have looked at how they could develop the courses within their organisation.

## **Overall Conclusion**

This evaluation has looked at three different projects all of which aimed to help move people with mental health issues who were out of work closer to the labour market. It can be seen in the general introduction to this report that there exists workplace stigma to mental illness, representing a significant hurdle to the hundreds of individuals in the city who are looking for work and suffering from mental ill health.

Its is clear from the literature, and from talking to the clients of the projects, the workers in the projects and the workers in the partner organisations that mental ill health is a description that can include a variety of different illnesses, a wide range of different medical interventions and a number of different outlooks for an individual.

As a result trying to introduce a standard solution is fraught with difficulties. For this very reason this evaluation has not tried to allocate the client group into any particular pigeon holes, however it is clear from what has been said to the evaluators and what has been read in the literature that within the group there are people who are a long way from the labour market, others that are very close to it and a significant number somewhere in between. It is important to some how reflect this in an evaluation.

Short of looking into the medical records of all the clients concerned, and then trying to allocate individuals to particular points along this job readiness continuum, there is no accurate way of assessing the number of clients close to the labour market- even if this approach were to be possible the episodic nature of some forms of mental illness may result in frequent reassessments as individuals move closer to, or further from the labour market. As a proxy we can look at how long people have been out of work, on the understanding that those that have been out of work the longest are further from the labour market.

Table 13 below breaks down the client profile of the three projects in terms of length of time out of work.

**Table 13 Length of Time Clients Out of Work (%)**

	Volunteer Centre Edinburgh Voluntary work coach	Forth Bridge	Women Onto Work/ Penumbra
Less than 5 years	86	57	10
5-10 years	9	19	20
10+ years	5	24	70

NB Voluntary work coach excludes 19 clients for whom we have no details of work history

It can be seen that using the length of time out of work as a proxy, the clients of the Voluntary work coach project are closer to the labour market than those who worked with Forth Bridge or Women Onto Work/ Penumbra. One would contend that the three projects may therefore be dealing with different parts of this continuum of mental ill health.

Table 14 below looks at the outcomes from the three projects. It can be seen that overall 19 people went into employment, 46 were volunteering and 8 were undertaking some form of education. The placements for Forth Bridge related to the Social Enterprises that are run by Forth Sector. The placements recorded for WOW relate to the work placements that make up part of the course.

**Table 14 Outcomes as at the End of June 2009**

	Volunteer Centre Edinburgh Voluntary work coach (%)	Forth Bridge (%)	Women Onto Work/ Penumbra (%)
Clients	88	102	10
Placements		80 (78%)	10 (100%)
Volunteering	41 (47%)	1 (1%)	4 (40%)
Employment	11 (12.5%)	7 (7%)	1 (10%)
Education		4 (4%)	4 (40%)
Richter Distance Travelled	40.5% (based on 11% of clients)		27% (based on 50% of clients)

All of the projects indicated that for this client group quantitative outcomes may not be achieved by all of the clients. As a result all of the projects had anticipated developing a way of measuring softer outcomes. Two of the projects used Richter scale for this and the results for this are shown above.

In the interviews with clients and partner agencies it was clear that even if the client hadn't moved into work or education, training or volunteering, they had made significant progress in terms of confidence, self esteem and aspirations with many of them saying that for the first time they were actually considering trying to get a job.

Not directly relevant for joined up for jobs but relevant to the SOA was the fact that all of the users of the services that we talked to (17 in total) said that they felt that they were in better mental health as a result of taking part in these projects. This indicates that health outcomes are being realised from what was a project grounded in employability targets. It is fair to say that the findings relating to mental health are indicative and not based on stringent medical monitoring techniques. To evaluate improvements in mental health accurately it would be necessary for an evaluation that had greater focus on health monitoring techniques to be undertaken.

One thing that is clear is that due to the cyclical nature of mental illness this enthusiasm may quickly diminish and the projects themselves have recognised the importance of continuing progress and support, no matter how incremental.

The three projects provide a different functions and these functions result in them being used by different sectors of a group classed as mentally ill. It would be useful to examine whether or not there can be better integration, for example could the Volunteer Centre voluntary work coach help to support Forth Bridge clients who may be fearful of taking the final step into work? Could Forth Bridge offer some of its courses to participants in the WOW course looking at careers in food preparation? The clients of all three courses have said that they have valued the support and understanding offered to them and concerns about that support and understanding not

existing elsewhere, may be dissipated by such exchanges. One would hope that this may help individuals to become more confident about moving into mainstream employment, education, etc. and willing to leave the safety net of projects that they have worked with.