

Mental Health & Employability

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

Summary

October 2009

CAPITAL CITY PARTNERSHIP



Background

The three projects were funded by the Joined Up for Jobs Partnership using its Pathfinder Grant from Department of Work and Pensions whilst Forth Sector and WOW were also part funded by ESF. The contracts were managed by the Job Strategy team at Capital City Partnership. This report provides a summary of the findings of an evaluation of the work carried out by these pilot projects.¹

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.

The three projects funded to provide programmes were

- Edinburgh Volunteer Centre through a voluntary work coach programme. The project started in June 2008 and 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).
- Forth Bridge is delivered by Forth Sector an organisation that works with people with mental ill health. 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
- Women onto Work through delivering one of their courses to clients of Penumbra a mental health support charity. 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.

Overall Summary

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 the 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.

¹ The full report is available at

http://www.capitalcitypartnership.org/UserFiles/File/publications/mental_health_and_employability.pdf

Short of looking into the medical records of all the clients concerned, and then trying to allocate individuals to particular points along a 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 1 below breaks down the client profile of the three projects in terms of length of time out of work.

Table 1 Length of Time Clients Out of Work (%)

| | VCE Voluntary Work Coach | Forth Bridge | WOWork/ 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 2 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

| | VCE Voluntary Work Coach (%) | Forth Bridge (%) | WOW/ 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 Edinburgh Single Outcome Agreement 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 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.