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Evaluation of the Out of Work Service: final report

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Evaluation of the Out of Work Service: Final Report

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Glossary

Acronym/Key word	Definition
CQFW	Credit and Qualifications Framework
CSCS card	Construction Skills Certification Scheme card
CV	Curriculum Vitae
EW	East Wales
ESF	European Social Fund
JCP	Jobcentre Plus
MI	Monitoring information, which is reported based on records of activities taking place in the programme. It is a process of routinely gathering information on all aspects of the project.
NEET	Not in Education, Employment or Training
OoWS	Out of Work Service
WEFO	Welsh European Funding Office
WWV	West Wales and the Valleys

1. Introduction

The evaluation

1.1 ICF was commissioned by the Welsh Government in March 2022 to undertake a second evaluation of the Out of Work Service (OoWS), following an earlier evaluation commissioned in 2018 and completed in 2020[1]. The aim of this second evaluation of the OoWS is to investigate the impact on participants and consider the impact coronavirus (COVID-19) has had on the service, participants and outcomes.

1.2 The evaluation has four key objectives:

- To update the findings of the first evaluation, providing an assessment which explains current performance (against that recorded in early 2020) and how COVID-19 has impacted on the achievement of targets and Cross Cutting Themes indicators.
- To explore the impact of the COVID-19 pandemic on the OoWS, including experiences for participants (those already enrolled and new participants) and those delivering the service – in particular having to move to digital/remote engagement.
- To examine the extent to which the recommendations made in our previous report were met, with consideration to the wider local and national delivery context; and
- To identify any further learning and best practice for the Welsh Government and partners for future programmes.

The Out of Work Service

1.3 The OoWS is a Welsh Government, European Social Fund (ESF) and Substance Misuse Area Planning Boards funded programme, which draws heavily upon the experience and underlying principles of the previous Substance Misuse Peer Mentoring Project, and the recommendations set out in its evaluation[2]. The main feature of the service is the employment of peer mentors who provide holistic employment support to two key groups of people who are out of work: 16–24-year-olds who are not in education, employment or training and those aged 25 and over who are long-term unemployed or economically inactive, and with substance

[1] Out of Work Service evaluation: Final report
[2] Maguire, M., Holloway, K. and Bennett, T.H. (2014) Evaluation of the European Social Fund Peer Mentoring Wales. Cardiff: Welsh Government

misuse and/or, mental health issues, and dual disorders (defined as co-occurring substance misuse and mental health issues).

1.4 The OoWS was initiated in August 2016 and, at the time of fieldwork for this report, was funded until the end of August 2022.

1.5 The structure of the service has not significantly changed since the first OoWS evaluation. The service is delivered across seven 'Lots' within the ESF East Wales and West Wales and the Valleys programme areas, each of which covers a specific geographical area aligned to the Local Health Board areas. Two consortiums of providers are responsible for service delivery:

- **Cyfle Cymru**, a partnership of providers (Barod, Adferiad Recovery, Kaleidoscope), managing delivery in five Lots (North Wales, Gwent, Dyfed, Western Bay and Powys); and
- **Platfform** (previously Gofal), partnered with **NewLink Wales** managing delivery in two Lots (Cardiff and Vale, and Cwm Taf)[3].

1.6 Previously, Cyfle Cymru was a partnership of providers including CAIS, Hafal and WCADA, until they merged with Adferiad Recovery.

1.7 The primary aims of the OoWS include reducing the number of 16–24-year-olds who are not in education, employment or training and reducing the number of people aged over 25 years and above who are long-term unemployed or economically inactive. Through the programme, the aim is for service users aged 16-24 to gain qualifications, education or training and subsequently enter employment, while the focus for service users aged 25 years and above is to gain qualifications, engage in job searching, complete work experience or volunteering opportunities and enter employment. Specific numerical targets relating to these outcomes were set for the 16-24 and 25+ age groups in both East Wales and West Wales and the Valleys. As noted above, the evaluation aims to assess the performance and perceived impact of the OoWS against these delivery aims.

1.8 The OoWS also aims to improve the health and wellbeing of participants (where possible, supporting service users to sustain recovery and substance misuse), improve participant access to support and enable participants to overcome complex barriers to achieve social (re)integration.

[3] Part of the service in Cwm Taf (16–24-year-old provision only) has been subsequently subcontracted to Barod.

1.9 Since the beginning of the COVID-19 pandemic in March 2020, the structure of the service delivery has remained relatively unchanged, although there have been some important adaptations implemented and challenges experienced by service providers. The OoWS has largely been delivered remotely/online since the beginning of the pandemic, meaning in large part contact between peer mentors and participants takes place by phone, text message or through online platforms. Training has also been delivered via online platforms, which means receiving service support has required the use of IT equipment by participants.

Structure of the report

1.10 The report is structured as follows:

- Section 2 sets out the methodology for the evaluation
- Section 3 draws on both qualitative evidence and monitoring information to look at participant recruitment, participant characteristics, referral pathways and the key factors affecting recruitment, early exits and maintaining engagement.
- Section 4 presents qualitative evidence of the progress made by providers in delivering the OoWS with a particular focus on the challenges presented by the COVID-19 pandemic and the ways in which the service has responded to these.
- Section 5 looks at the progress the OoWS has made towards achieving target driven outcomes and, from a participant perspective, how soft outcomes have been achieved.
- Section 6 sets out the conclusions and recommendations.

2. Methodology

2.1 The evaluation used a mixed methods approach, combining qualitative data from case study interviews in each of the seven Lots with quantitative monitoring information (MI) collected by service providers.

Inception and scoping

2.2 The inception and scoping phase involved a review of policy and status of the programme to define the key aims of the evaluation and set out the key issues and considerations. Based on this, the inception and scoping report set out an elaborated methodological approach, with a sampling framework for interviews designed to address the four key evaluation aims as set out in Para 1.2.

Area case studies

2.3 Area case studies were undertaken to explore service implementation, performance and outcomes in the seven Lot areas: North Wales, Gwent, Dyfed, Western Bay, Cwm Taf, Powys, and Cardiff and Vale. Interviews were completed between May and August 2022. A range of stakeholders were interviewed using semi-structured topic guides tailored to respondent type and experience with the service, ensuring interviews were able to abstract the most relevant information from each participant. Interviews took place either over the phone (which was typically the case for OoWS participants) or online using Microsoft Teams.

2.4 Lot leads (whose details were provided by the Welsh Government) were first consulted to obtain contact information of potential interviewees from four key stakeholder groups: peer mentors; employment specialists; referral partners; and employers. These contacts were then invited by email to take part in an interview.

2.5 Lot leads and peer mentors selected participants that could be contacted and provided details to ICF. We understand that this was based on their perception of participant willingness to take part. These were contacted by email initially (or by text, if no email address had been given), and provided with information on the evaluation. The vast majority of participants selected by Lot leads and peer mentors were 25 years or above. To obtain participant details for the 16-24 age group, we used Monitoring Information provided by the Welsh Government. We used this to target 16–24-year-olds.

Agreement to participate

2.6 Privacy notices were sent to all interviewees for whom email addresses were available. These set out the aims of the evaluation and the purpose of the interview, alongside a clear statement surrounding collection of personal data, confidentiality, anonymity, and the participant's right to withdraw from the research. Participants were asked whether they had read the privacy notice before interviews commenced, and important points were reiterated to establish explicit agreement to participate.

2.7 For participants who were contacted by phone, the key points of the privacy notice were read out to them at the start of the interview and then they were sent the privacy notice document by post to their address after completion of the interview, to reiterate the interviewee's rights, confidentiality, anonymity and use of personal data.

Sample

2.8 Table 2.1 below shows the number and profile of the stakeholders interviewed.

Table 2.1: Overview of participants interviewed by Lot

Area/Lot	Lot Lead	Employment specialists, coordinators, or employer-focused Peer mentors	Peer mentor	Delivery partners/referrers	Employers	Participants
North Wales	1	1	3	3	1	7
Gwent	1	1	3			3 (3 16-24[4])
Dyfed	3	1	4	1		8 (1 16-24)
Western Bay	1	1	4	2	2	5
Cwm Taff	1		3	2		2
Powys	1		2		1	
Cardiff and Vale	1	1	3	2		9 (1 16-24)
Total*	9(7)	5(7)	22(28)	10(20)	4(12)	35(32)

[4] This indicates the number of participants that were aged 16-24. In total, five of the participants were aged 16-24.

*Brackets indicate the target number of interviews for each group.

2.9 **Lot Leads:** Lot leads were interviewed first to provide an initial overview of the service delivery (specifically in relation to partnerships, peer mentor engagement, service user referrals and support provision), performance monitoring, alongside outcomes and perceived impacts. Interviews also had a specific focus on the impact of the COVID-19 pandemic on delivery.

2.10 **Peer mentors, employment specialists, coordinators or employer-focused peer mentors:** Peer mentors, employment specialists, coordinators and employer-focused peer mentors were interviewed to gauge their perspective of being employed in their role, in addition to the support they provide, and outcomes of the OoWS for service users. Employment specialists and peer mentors with a specific employment role were also asked questions surrounding the employment support provided.

2.11 **Delivery partners and referrers:** In addition to those directly involved in delivering the service, delivery partners and referrers were also interviewed to provide a deeper understanding of how the OoWS works in partnership with other organisations, the success of these partnerships, alongside perceived outcomes and any suggestions for improvements to the service.

2.12 **Employers:** Employers who had provided work placements or employment to OoWS participants were interviewed to gather an understanding of their involvement with the service and perceived benefits for service users.

2.13 **Participants:** OoWS participants from across the seven Lots were interviewed to establish the experience of service users in different areas. In total, 35 participants were interviewed, the majority (86 per cent) of whom fell into the 25 years and above category. Specifically, participants were asked questions relating to their background, the support they received and the benefits resulting from involvement with the service.

Considerations and challenges

2.14 Several methodological considerations are worthy of note. Firstly, while researchers were able to exceed the target number (32) of OoWS participant interviews by conducting 35 interviews, these were challenging to secure. Participant response rates to emails were low and some participants were difficult to engage given their mental health needs and, for those in employment, their time commitments.

Additionally, some contact information from the MI list did not include participant names, resulting in a less personal approach during initial contact. In the context of these factors, only five (14 per cent) of the 35 participants were not in education, employment or training (aged 16-24) with the remaining 30 participants in the 25 and above age group.

2.15 Secondly, engaging with delivery partners and employers was challenging, as contact details were not provided by some Lots and in other Lots, employers and delivery partners were unresponsive despite repeated attempts at contact.

2.16 Finally, achieving the target number of interviews with OoWS providers was not always possible due to the limited number of individuals in some roles at the time of fieldwork. For example, in Powys, there were only two peer mentors employed during the data collection period and there were no employment specialists employed in Powys, Cwm Taf, and Cardiff and Vale.

Analysis of monitoring information

2.17 Data for the OoWS is collected in hard copy by each provider. This is then inputted onto a central data base for monitoring purposes. This data monitors participant characteristics such as gender, ethnicity, employment status, and qualification level. It also monitors the participants' outcomes.

2.18 As part of the analysis, the data was cleaned and some categories were merged, such as qualification level. These were merged to ensure category sizes were comparable, as only a small number of participants achieved qualification levels above level 3. Frequency tables for all the participant characteristics were then generated. These can be found in Annex A. These frequencies were then cross tabulated by operating area to compare characteristics across the four programme areas.

2.19 Outcomes were aggregated where necessary to ensure category sizes were comparable where small sample sizes existed to understand the proportion of participants on the programme meeting them. These were then cross tabulated by outcome area, employment status when starting the programme, and participant category (Mental Health, Substance Misuse, or Both).

2.20 Cross tabulations were then tested for significance using Pearson's Chi-squared test of independence to ascertain whether the two variables are related to each other.

2.21 These were tested against a confidence interval of $p < 0.05$. Only cross tabulations that were found to have a significant relationship between the variables have been included in the data analysis of programme outcomes.

2.22 There are limitations with the data as participant outcomes have been claimed at the end of the support provided. Therefore, as the monitoring information does not include the date at which outcomes were achieved, any time-based analysis is impossible as it is not known when the participant took part in a course, took a qualification, or started a work or voluntary placement. As a result, it is difficult to ascertain the impact of COVID-19 protective measures on these outcomes.

2.23 Second, we know that the data is not fully complete or reflective of the activities. Interviews with peer mentors said that evidencing outcomes was an ongoing challenge. In particular, evidencing employment – especially six months after a participant has left the programme – was described as difficult.

2.24 Finally, the data available is complete until May 2022. As a result, outcomes for current participants are not reflected in the analysis.

3. Participant Recruitment

3.1 This section presents an analysis of programme monitoring data collected by OoWS providers between August 2016 and May 2022. It also outlines the challenges faced by providers in recruiting participants, particularly focussing on the impact of the COVID-19 pandemic on recruitment practices.

Recruitment against targets

3.2 Overall, according to the MI data, 18,110 participants were recruited to the OoWS up to May 2022. Recruitment targets were set based upon levels of substance misuse, mental health and unemployment at the time for each operating area and are all close to being met. All the programme areas had achieved at least 89 per cent of their recruitment target by this period, as shown in Table 3.1. It is therefore expected that all four operational areas will reach at least 90 per cent of their targets by the end of the funding period. Within the 25 and above category, there was also a targeted share of 60 per cent for people economically inactive, and 40 per cent for long-term unemployed. According to the MI data, the actual proportions were similar at 57 per cent and 43 per cent, respectively.

3.3 Interviewees in some areas also reported that to cope with marked variations in demand over time and between areas, coupled with staff absences, targets were shared across providers.

Table 3.1: Recruitment numbers by Area

Area	Number	Target	Percentage
East Wales 16-24	1,457	1,628	89%
East Wales 25+	4,446	4,768	93%
West Wales and the Valleys 16-24	2,878	3,100	93%
West Wales and the Valleys 25+	9,319	9,718	96%

Source: MI Data, as of May 2022.

3.4 The proportion of participants from each category varied across the operational areas as shown in Table 3.2. Most notably, the participants with substance misuse challenges (including those also with mental health problems) were more common in the 25 and above category (50 per cent) than the 16-24 category (31 per cent).

There was little variation between East or West Wales and the Valleys, or the individual lots.

Table 3.2: Proportion of participant categories for each area

Row Labels	East Wales 16-24	West Wales and the Valleys 16-24	East Wales 25+	West Wales and the Valleys 25+	Grand Total
Both	24%	24%	35%	42%	36%
Mental health	67%	70%	54%	48%	54%
Substance Misuse	9%	6%	11%	10%	10%

Source: MI Data as of May 2022.

Participant characteristics

3.5 The characteristics of the 18,110 participants as recorded in the monitoring data from August 2016 to May 2022 are as follows (a full summary of characteristics can be found in **Annex One):**

- **Age:** 77 per cent are aged 25 and over, with the remaining 23 per cent aged 16-24. This aligns closely to the expected distribution of participants (76 per cent aged 25 and above, and 24 per cent aged 16 to 24), which was informed by research on the ages of people accessing substance misuse and mental health support, and unemployment levels.
- **Gender:** Around two-thirds (64 per cent) are listed as male and a third (36 per cent) are listed as female. There was an option to select 'Other', but the number of participants who were listed as 'Other' is too small to maintain anonymity.
- **Ethnicity:** The share of Black or Minority Ethnic participants remains at three per cent. Again, just under half of participants from a Black or Minority Ethnic background were from Cardiff and Vale, which is representative of the overall Welsh demographic[5].
- **Employment status:** Of the 13765 participants in the 25 and over group, 57 per cent were economically inactive and 43 per cent long-term unemployed. 4335 participants were aged 16-24 and not in education, employment or training.
- **Health status:** Over half of all participants reported a mental health condition (54 per cent), 10 per cent reported a substance misuse issue, and 36 per cent a dual diagnosis. Compared to the position in the previous final report, there appears to

[5] According to 2011 census data, 95.6 per cent of the population in Wales is White

have been an increase in the share of participants reporting a mental health condition only (up by 3 per cent), but as previously, the number of participants recorded as only having a substance misuse issue has been consistently low and interviewees reported that most participants with a substance misuse issue also had an underlying mental health problem(s).

3.6 The MI provides an overview of the barriers to employment facing participants:

- **Limited pre-existing qualifications:** as with the previous report, over a third of participants had no previous qualifications (n=6808, 38 per cent), and where qualifications were held, they were often at a low level – for example of those reporting qualifications, 16 per cent (n=2965) were below Credit and Qualification Framework (CQFW) Level 1; 39 per cent (n=6925) at CQFW Levels 1-3; and around 8 per cent (n=1402) at CQFW Levels 5-8 (only five participants had a qualification at Level 8).
- **Household status:** 65 per cent of all participants were from a jobless household and 38 per cent were from a single adult household.
- **Homelessness:** six per cent reported being homeless/housing excluded.
- **Caring responsibilities:** 13 per cent of participants had dependent children, and 12 per cent had childcare responsibilities for children under 18. Three per cent also had care responsibilities for a disabled adult or elderly family member.
- **Disabilities and limiting conditions:** nine per cent reported a disability – although as this is based on self-reporting, actual shares may be higher. Twenty two per cent reported a work limiting health condition.

Participant referral pathways and processes

3.7 The most common referral route on to the service is through external agencies, usually the Jobcentre Plus (JCP). Other routes mentioned by the programme participants include a medical professional, a GP or Mental Health worker, Citizen's Advice Bureau, or the charity Mind which referred participants to OoWS after identifying they would benefit from additional support addressing a wider spectrum of need.

3.8 In areas where the OoWS delivery provider specialises in substance misuse support, participants who had been accessing specific recovery programmes were linked with the service by their substance misuse workers to benefit from additional

support around other needs, such as wellbeing, housing, financial issues, criminal justice and developing daily routines and support structures.

3.9 Interviews with participants found that gaining employment and work-related training was a less common reason for joining the programme, however it featured as a long-term goal once barriers related to mental health issues had been addressed. Even when participants already accessed support from another work-focused service 'Remploy', they were referred into OoWS for additional provision.

3.10 Interviewees also reported that a large proportion of the 25 and above demographic had self-referred on to the programme. This was particularly the case for those participants who had re-engaged with the service after having dropped out previously. According to participant interviewees, self-referrals were a result of word of mouth from a friend, recommendation by another service or an online search for such support. Young people were less likely to self-refer onto the programme.

Key factors affecting recruitment of participants

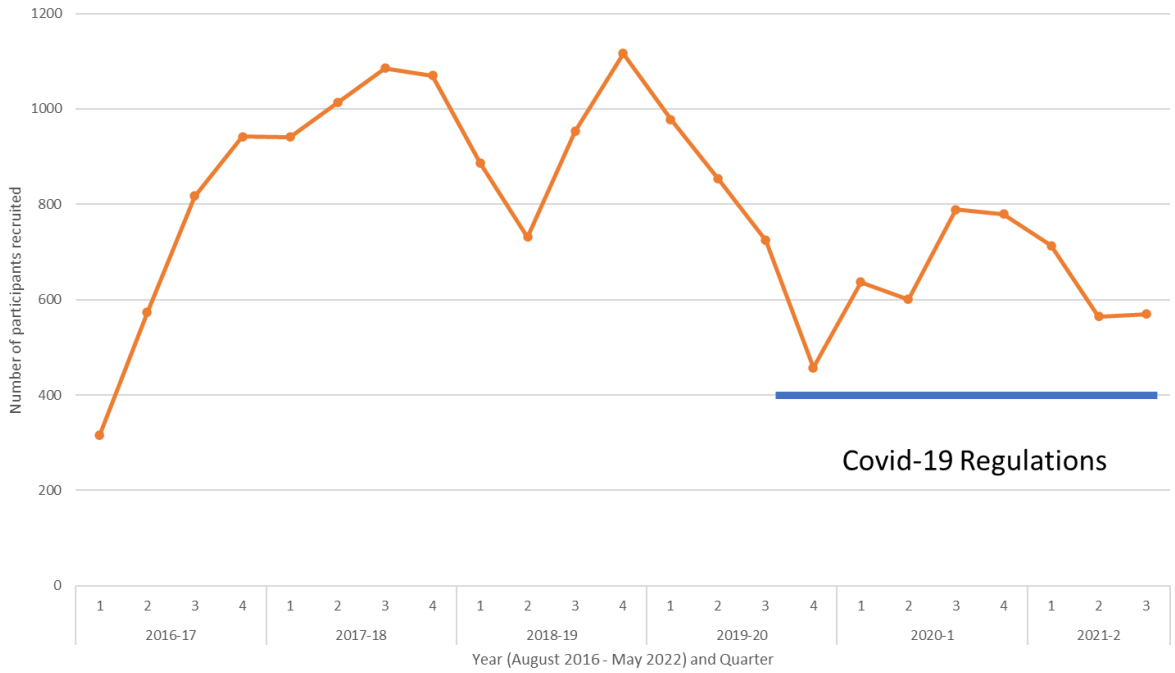
3.11 Peer mentors and provider leads said that COVID-19 had a significant impact on their ability to recruit new participants to the programme. This is corroborated by the MI data as shown in Figure 3.1 below. Unsurprisingly, the period during which the first national lockdowns were introduced (Year four, quarter four) saw a significant drop in the number of participants recruited onto the programme. However, before this drop, there had been a downwards trend of participant signups over the previous year (see Figure 3.1). In some areas, it was reported that recruitment stopped completely in the first few months of the pandemic, with some peer mentors and administrative staff furloughed for several months.

3.12 Recorded data does not account for those who have self-referred into the service for a second time. As these participants cannot be counted twice, reporting against targets does not always necessarily reflect the volume and level of work delivered on the ground:

> '*We get lots of self-referrals are from people already have been on the programme - we can't count these outcomes twice so that affects the targets, but we still offer support.*' (Peer mentor)

3.13 Figure 3.1 below shows the number of participant sign-ups for the period August 2016 to May 2022.

Figure 3.1: Number of participant sign-ups over time – headline statistics



Source: MI data, to May 2022.

3.14 Interviews with peer mentors and delivery staff indicated that the most significant reason for the drop in referrals during pandemic protective measures – and the lack of 'bounce back' in the following periods – was the inability of staff to build a visible presence in the community and referral organisations. Due to local JCP rules limiting the number of staff in offices, most Lots were unable to maintain a visible, in-person presence. As a result, referrals were largely made by phone and depended on established good working relationships between organisations. Interviewees from referral organisations reported strong collaborative relationships with OoWS staff and high levels of confidence in making referrals into the service.

3.15 The drop in referrals was exacerbated by a high turnover of staff in both the programme areas and referring organisations. As one peer mentor who started during the pandemic said, *'we had to rebuild relationships with referrers from a standstill'.* Interviewees also reported a degree of distance from some referral services. Probation services were noted to be difficult to engage during and after COVID-19 regulations in some areas.

3.16 This lack of visibility 'on the street' has not yet been fully re-established. This was, again, attributed in part to the turnover in staff and the need to rebuild relationships

between organisations. While some referring organisations have reopened, not all have abandoned the rules and regulations that limit a physical presence on their premises.

3.17 Some areas reported they were currently in a period of stagnation with regard to referrals due to future funding insecurities (at the time of fieldwork) and were not actively promoting the service. Others questioned whether they should still be taking referrals given the service could theoretically be coming to an end.

> *'We need the peer mentors back at the job centres. Sometimes they are not there when booked in with us and this can affect referrals…peer mentors are not as present and visible as they were, but I know it's coming to the end of the programme phase so maybe don't want to take on too many more?'* (Programme lead)

3.18 There were also reports of inappropriate referrals, including people whose needs were too complex for the OoWS and those that needed to be re-referred to other agencies, for example housing. There was the perception that there had been an increase in inappropriate referrals due to other services being at saturation point, as an outcome of the pandemic.

Early leavers and maintaining engagement

3.19 Overall, 8,366 (46 per cent) of the participants left the programme earlier than planned. There was significant variation in the proportion of early leavers between the operational areas. West Wales and the Valleys saw a higher proportion of leavers across all categories (58 per cent) than East Wales (44 per cent) (Table 3.3).

Table 3.3: The proportion of early leavers in each contract

	Early Leavers
East Wales 16-24	35%
East Wales 25+	37%
West Wales and the Valleys 16-24	47%
West Wales and the Valleys 25+	52%

Source: MI Data, as of May 2022.

3.20 Peer mentors and programme leads reported additional challenges in maintaining engagement. However, the monitoring data shows that there was a higher

proportion of early leavers pre-pandemic regulations (55 per cent) than after the onset of the pandemic (45 per cent). The cited challenges included:

- Problems engaging with online support because of a lack of internet connectivity/access to digital/online/phone resources
- A fear that gaining employment might bring financial risk at a time of job insecurity: *'Some felt it's too much of an uncertain time to come off benefits… it keeps clients away, that and increased isolation, fear, anxiety'* (Peer mentor)
- Disillusionment when the service was unable to quickly meet clients' additional support needs:

  "*Client expectations of what we can do for them can be so high. They expect we can make everything good straight away and some of them get disillusioned when they can't get access to things straight away…Dropouts increased when access to support services such as health and counselling were shut down, some people don't want to or can't wait and get frustrated and leave the programme*". (Peer mentor)

4. Implementation of the Out of Work Service

4.1 This section presents evidence of the progress made by providers in delivering the OoWS with a particular focus on the challenges presented by the COVID-19 pandemic, the ways in which the service has responded to these and what is working well. It draws primarily on qualitative data collected through interviews with participants, front line staff, project leads and delivery partners in each of the seven Lots.

Recruiting and retaining peer mentors

4.2 The use of peer mentors who use their own lived experience to provide empathetic and non-judgemental support and guidance to participants was widely acknowledged to be key to the success of the OoWS and highly valued by both service users and delivery partners.

4.3 The earlier report on the OoWS[6] highlighted the high turnover of peer mentors and evidence from this evaluation shows this situation persists. The reasons include stress (sometimes occasioned by the role and in some cases due to pre-existing mental health issues), not having the right skill set and/or experience to undertake the role, challenges in dealing with the procedural and data driven aspects of the role (such as evidencing the achievement of targets) and dissatisfaction with levels of pay.

4.4 Recruitment to the peer mentor role was reportedly more difficult while COVID-19 protective measures were in place as services did not have the same level of access to people in recovery and doing well who have traditionally been recruited to the peer mentor role. As one interviewee explained:

> *"We recruit best when we have developed a relationship with people but due to COVID all the drop ins stopped and there were no group activities…online adverts get very few applicants".* (Programme lead)

4.5 Recruitment and retention challenges have been exacerbated by both COVID-19 and the contractual uncertainties that pertained at the time of fieldwork as the programme neared the end of its funding period. In some areas staff had already been made redundant while in others, staff were not being recruited to existing vacancies.

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4.6 Staff absences in some areas were also reportedly high, in some cases due to either having COVID-19, or the impacts of COVID-19 and its related protective measures on mental well-being. Interviewees also reported instances of staff going on long-term sick leave or disengaging from the programme in the context of possible redundancy.

4.7 One programme lead reported the biggest challenge being the *'ever-changing staff team'* and that this, coupled with staff absence, were factors that had to be understood when employing people with lived experience:

> *"If you want to employ people with lived experience you need to take this into account. You don't get over a mental health problem, you learn to live with it. People have had time off partly as a function of* their *mental health. If you want a peer mentor approach you have to face up to this".* (Programme lead)

4.8 The combination of staff absence and vacancies have had an impact on caseload sizes, which were reported to have been particularly high during the pandemic, typically between 45-60. While some peer mentors reported that their caseload sizes were manageable (especially where clients were 'dormant'), others reported struggling with their workload.

Training and development for peer mentors

4.9 Many peer mentors have either been a service user with the OoWS or been a volunteer peer mentor prior to moving into the role on a paid basis. This means they have a good level of experience and understanding of the service model and how it is delivered.

4.10 The initial mandatory training for peer mentors mostly consisted of the Peer Mentoring Level 1 and Level 2 and was generally well regarded by the peer mentors. It included: safeguarding; confidentiality/GDPR; boundaries and ethics; equality and diversity; and mental health first aid. In some cases, this initial training was completed by volunteer peer mentors or service users, with the prospect they could apply for a paid role if one became available. In other cases, it was completed by new recruits for the paid role.

4.11 In some areas the initial training also included provider specific induction training which comprised things such as 'train the trainer' training, manual handling, COVID-19 awareness training, and processing data and evidence. This was either offered

over an intensive period of around one week or over a longer period of around three weeks.

4.12 During the pandemic, initial training was largely delivered online, and some peer mentors found it challenging to learn in a context where they could not see tasks being done in a real work environment. There was also a sense from some peer mentors that the initial training was too abstracted from the practicalities of working with service users in a day-to-day context.

4.13 The limitations of the initial training were addressed by most providers through on-the-job-training and shadowing. This was highly valued by many peer mentors because it gave them the opportunity to learn by doing, especially as some tasks, such as completing the database, were difficult to learn without demonstration. The length of on-the-job training and shadowing varied by provider, with some offering just a few days and some offering up to six-weeks. Shadowing was challenging through the pandemic as new peer mentors could not physically work next to their supervising peer mentor, although in some cases they sat in on phone calls.

4.14 Peer mentors in some areas benefitted from relatively longer and more systematic training after the initial training phase. Some were offered additional courses and training for career development and job-role performance (some at Level 3 or Level 4). This included training on Substance Misuse Advice, Suicide Intervention, Advice and Guidance, Social Care, Motivational Interviewing, Restorative Approaches, and Leadership and Advice. While some providers placed peer mentors with external training providers, others did not pay for this and instead limited the training to that offered in-house. Peer mentors very much valued the opportunity for continuing training and saw this as a way to progress their career in support work.

4.15 One peer mentor said:

> '*It's a challenging and unique job but I feel well supported to deliver and have good progression routes and training for those who want it…We do an NVQ level 1 and 2 in advice and guidance, can also do ILM level 4 and specialise in leadership and substance misuse - all delivered by (provider) academy training - good and clear progressions*.' (Peer mentor)

4.16 Peer mentors value strong support structures over the course of their day-to-day work, which was especially important during periods of remote working. Effective support included regular team meetings, offers of counselling and regular one-to-

one supervisions. A good practice example was a regrouping call with peer mentors at the end of every day so they can get together and discuss any stressful or problematic situations. Peer mentors also benefitted from opportunities for case conferencing where they could discuss solutions and challenges regarding their clients.

4.17 Several provider leads emphasised the importance of addressing 'compassion fatigue' and burnout, given that a proportion of staff had experience of mental health issues themselves. Peer mentors are also sometimes encouraged to take a step back when struggling with certain situations and disclosures from participants.

4.18 Overall, peer mentors were satisfied with the training and support and felt well equipped to carry out their role. However, peer mentors working with one provider did not feel their training was adequate and were 'thrown in at the deep end'. This was largely due to a very high turnover of peer mentors and limited capacity, resulting in new recruits needing to begin work with clients as soon as possible and limited opportunities for job shadowing.

4.19 Some peer mentors expressed anxiety about their ability to cope with the sorts of issues they were presented with, which required more specialist support than they were able to provide:

> *"I've had two people referred, one with diagnosed personality disorders. The other drinks a bottle of vodka a day and she is a daily heroin user. I don't know how to work with these clients.'* (Peer mentor).

> *'If somebody is unable to work because of a mental health issue, I don't know if I can help. Because they still have that mental health issue. Yeah, they're still bipolar. They're still suffering from severe anxiety".* (Peer mentor)

4.20 Across all areas, peer mentors and provider leads suggested the following supplementary training would be useful:

- Supporting more severe mental health problems and crisis situations such as risk of suicide
- Maintaining boundaries (i.e., the line between counselling and mentoring)
- Procedural issues such as database management and collecting evidence
- Use of tools such as for measuring soft outcomes and work readiness, and for goal setting
- Facilitating group sessions

- Knowledge of external support and agencies

The impact of COVID-19 on the well-being of service users

4.21 The pandemic was reported to have had a significant and negative effect on the mental well-being of OoWS service users. Peer mentors consistently gave reports of clients presenting with increased levels of anxiety, social isolation, fear of leaving the house and substance use. Interviewees also noted an increase in the number of clients coming to them with suicidal feelings which they felt ill-equipped to deal with. Peer mentors also reported the pandemic had had a negative impact on the social and emotional development of younger clients.

4.22 Peer mentor accounts were corroborated by participant interviewees who reported experiencing increased anxiety, low mood, and feelings of agoraphobia during the pandemic. They explained that social and physical isolation had led to them becoming withdrawn and rendered contact with other people 'more awkward'. Loss of confidence and motivation, particularly in the social and work-related spheres, was a common theme, with lockdown magnifying these feelings.

4.23 In some areas peer mentors reported the increase in mental health issues had led the service to accept referrals of people who were further from the labour market than previously and noted this had led to an increase in caseloads for some peer mentors:

> "*We lowered the eligibility criteria of the project to accommodate those needing support…we have been less strict because need has been much higher over the pandemic, but this had a knock on with caseloads"* (Peer mentor)

4.24 Across all Lots it was noted that support had moved from an employment focus to 'well-being and helping people'. This had involved extending support to other family members, helping people to access food banks, and generally focusing on supporting improvements in mental health and building self-confidence as stepping-stones to employment.

> *"Our customers have so many health issues…few and far between are looking for work… so we are getting them just a little bit closer to a time when they feel they might be able to work".* (Programme lead)

4.25 Peer mentors and programme leads stressed dealing with more complex and higher levels of need is more time consuming and progress can be slow with these clients:

> *"Alcohol and substance misuse increased over lockdown, so we focus on tackling that first before employment skills and training. We try to address the more complex needs presenting at first assessment/referral stage, but this takes longer with each complex case".* (Programme lead)

Access to external support

4.26 The OoWS was widely recognised as filling significant gaps in employment and mental health support provision, in particular for the 25 and above age group. Participant interviewees reported that the OoWS was often the only service they had access to because of a lack of other resources in their area and there being long waiting times for mental health services.

> *"In my eyes he is my main support worker, he is the best worker I got. I wouldn't want any other worker; he knows me well and has been with me through some rough times."* (Participant)

4.27 Referral partners noted that while there are more services for the 16-24 age group, they do not provide the sort of tailored support that people facing mental health related barriers to work require. They valued the fact the OoWS, unlike other services, was able to offer swift access to counselling and noted the OoWS was unique in providing support to Category One offenders[7].

4.28 As discussed above, the pandemic and its associated protective measures impacted negatively on participant mental well-being and the OoWS saw an increase in referrals of people with more complex needs. This was exacerbated by the decrease in access to specialist external support as an impact of COVID-19 which put pressure on the OoWS to meet demand:

> *"People were struggling to access any services. Many NHS services simply stopped and discharged people with mental health and substance misuse issues who still needed support, so cases flew up…We needed to act much more as crisis prevention and trying to access front line support services as*

[7] Category One is for people who have committed sex offences and who have been placed on the sex offenders' register.

*well as assessing and delivering an agreed programme to get them back to work readiness eventually" (*Programme lead)

The shift to online/remote delivery models

4.29 The COVID-19 pandemic and associated lockdowns and other protective measures has had an enduring impact on the mode of delivery of the OoWS, which has seen a shift from largely face-to face contact with service users to online support. Lot Leads and peer mentors described both advantages and disadvantages associated with this new way of working.

4.30 Peer mentors found participants with social anxiety issues responded well to remote contact, being able to better manage the interactions and not needing to leave the house if this was too challenging for them. Remote contact also afforded a greater degree of accessibility for some participants, especially where there are transport barriers. In this way, peer mentors found that they had more options for reaching people with high levels of anxiety. At the same time, peer mentors had more flexibility in their working day because they did not need to work to fixed face-to-face appointments and could fit calls in when appropriate.

4.31 However, given many service users were experiencing high levels of social isolation, some peer mentors and programme leads felt the move to online support had exacerbated their isolation by cutting off an important point of social contact: *'Staying at home is dramatically worse for many and getting out and interacting is so beneficial.'* (Programme lead)

4.32 For some clients the lack of contact had contributed to them falling behind with the progress they had started to make: *"What we found was people who had really progressed over a few months had gone right back to the start".* Peer mentors also reported that online support had made it more difficult for them to pick up on the visual and verbal ques that make it easier to identify issues and problems that clients may be dealing with:

> *"With Zoom and telephone, there isn't any body language signs, so it's harder to read their needs, they can lie, it's easy to miss issues or clients can hide things that you'd pick up if you were in front of them"* (Peer mentor)

4.33 Peer mentors found a mixed response to online group activities. In one regard, online environments provided safe forms of interaction for people struggling with anxiety, and engagement with group activities increased. Things that worked well

were quizzes, music group (open mic), and a confidence and wellbeing chat room. However, in some areas peer mentors noticed that online engagement served to diminish the level of engagement. This is likely to depend on the quality of the online groups and the groups that participants missed out during the pandemic. One peer mentor said:

> "*Some group activities like gardening, beach cleans, walks, trips to the zoo for volunteering which are felt to be far more effective in boosting client's wellbeing stopped and were replaced with online social events. The face to face and outdoor aspects of the voluntary aspects of the programme had been greatly missed. Losing the face-to-face social aspect due to COVID was seen as a disaster".* (Peer mentor)

4.34 While the majority of service users had access to the internet and an online platform, peer mentors and Lot Leads reported they had lost some clients due to no/poor internet connectivity, no mobile phone, or a lack of confidence in using online resources. Others without access to the internet relied primarily on telephone contact and were unable to access group sessions that depended on access to Zoom. One provider reported that a high street bank had funded tablets for clients unable to access support because of lack of IT equipment and this had helped some clients to stay in contact.

4.35 In the period following the lifting of the last national pandemic protective measures, provider leads, and peer mentors found a mixed response from participants regarding the extent to which they wanted to, or were able to, visit premises for face-to-face support. Some participants were reportedly still reluctant to leave the house or expressed a preference for remote contact because of the accessibility and flexibility it affords.

Delivering Peer Mentor support

Offering wellbeing support and activities

4.36 One of the standout features of the OoWS is the frequent contact with peer mentors and the depth of engagement that peer mentors can offer participants. This often simply took the form of peer mentors checking-in with participants or having more meaningful wellbeing related conversations that participants would otherwise not have access to. Indeed, interviews with participants signalled very strongly the importance of people just having someone to talk to. Talking was felt to provide a

chance for people *'to vent and get things off their chest',* and to hear an objective opinion on things which participants were finding overwhelming or too emotional.

4.37 After initial trust had been established, participant interviewees reported they could open-up to their peer mentor. Several interviewees reported not having anyone else to talk to, feeling socially withdrawn and isolated, especially during the pandemic. Having a peer mentor as confidant emerged as one of the key catalysts for change and improved wellbeing.

4.38 Frequent contact was a key feature of remote working, as phone and online platforms provide greater efficiency and flexibility. Participants welcomed the opportunity for frequent and less intense contact at a time when many were experiencing social isolation. Contact was increased when participants required it, especially at the initial stage of working with peer mentors or during more challenging moments and decreased when interviewees required more space and time to deal with whatever they needed to focus on. Participants reported feeling confident and comfortable reaching out to their peer mentor whenever they needed to.

4.39 Peer mentors understood participants have very different needs and progress at different rates. One peer mentor explained that "*different things work well for different people"* and the approach they take needs to be tailored to the individual.

4.40 Both peer mentors and participants valued the trust and openness that often developed between them. From the participant point of view, being able to work with one dedicated person *'who knows me well'* was beneficial for this and for improving mental health, and rebuilding and developing trust with people in general.

> *"When people are too scared to explain how they feel, having the same person makes it possible to build rapport, it becomes normal to talk to them. In the first few conversations with (name of peer mentor) it was hard to open up."* (Participant)

Relationships were somewhat diminished when a participant passed between multiple peer mentors, which was the case in areas where there was high turnover. Replacement peer mentors found it difficult to re-establish trust and rapport, and participants struggled with the lack of continuity: *"(name of peer mentor) left and then another one left. It was a bit unstable. This knocked me down a bit".*

4.41 As well as frequent contact with participants, peer mentors consistently provided help with practical life tasks, such as form-filling, accessing services, banking, providing lifts, arranging and accompanying to appointments, advocacy in health care, help with moving house, prescription drop-offs, and accessing food parcels. This was highly valued by participants as it provided motivation and enabled them to complete necessary tasks.

4.42 One peer mentor gave an example of a participant they had encouraged to open a Universal Credit account when they were too embarrassed to do so. The peer mentor used motivational techniques to explain being on Universal Credit is a short-term goal which would enable them to 'get back on [their] feet' and 'look for and find a job'. The peer mentor described the particular value of their role as follows:

> *"Peer support gets through to people in a way that professional support doesn't. I've been where you are, and now I'm here. They know you understand. (…) I think it's one of the most important things about the programme personally."* (Peer mentor)

4.43 Peer mentors were also often able to refer participants to internal wellbeing activities and courses. In some areas these were linked to mental health, such as courses on confidence, understanding anxiety, stress awareness, and managing mental health. These were viewed very positively by both peer mentors and participants, but they were not seen as a substitute for professional mental health services such as counselling, and some peer mentors expressed frustration at the lack of referral options. In one or two areas, participants could access counselling services offered internally by the provider.

4.44 Other activities were socially orientated such as arts and crafts, walking, cooking, yoga, mindfulness, sports, quizzes, card games, and coffee mornings. The purpose of these social activities was to get people out the house and to interact with others. The same was true during the pandemic when online groups were put in place in most areas. While peer mentors acknowledge these activities are somewhat basic, they provide a way of building confidence and of gauging ability to socially interact.

4.45 Signposting to charities, food banks or other specialist services such as debt or legal support was also valued by participants who required financial, mental health, legal, housing or other support beyond what peer mentors could offer them. In most

cases, participants were not aware of what other provisions were available in their local area, hence their appreciation of peer mentors' knowledge of local resources.

Having lived experience of mental health issues and/or substance misuse

4.46 Provider leads, partner agencies, peer mentors and participants agreed on the value of peer mentors having lived experience of mental health issues and/or substance misuse. Most providers aimed to recruit peer mentors with lived experience although in some areas it was noted that not all staff did and it would be preferable to have more.

4.47 Provider leads and peer mentors described a number of benefits that lived experience brings to the role. These included a profound understanding of the challenges faced by participants, the ability to provide non-judgemental and empathetic support, a greater level of credibility and the ability to gain trust quickly with participants. With personal experience of health and social care services, peer mentors also felt more able to navigate participants through the landscape of wider provision. They reported that being motivated by a desire to 'give back' to people who are struggling as they once did, could be an important factor in them committing to the role.

4.48 From the participant perspective, lived experience was the key ingredient making peer mentors unique and different to other support or care workers, no matter how good these might have been. One participant remarked:

> *"As soon as I spoke to (name of peer mentor) I was sold. Cause it's run by people who get it and genuinely care…It's really good. You feel like you're really understood, like you're a person not a number."* (Participant)

4.49 Peer mentors were valued for their understanding of participant's addiction and mental health struggles and in particular coping with anxiety. This allowed them to speak about issues they felt were not understood by their family, friends, or health and other professionals with whom they had contact. Some participants reported that their peer mentor was the only person they were able to speak to following lengthy periods of social isolation, estrangement from family members or bereavement. Furthermore, peer mentors were able to provide a role model for some interviewees by showing that it is possible to achieve positive change:

"*(name of peer mentor) said that [they've]' also been there and made me feel that things are achievable, from hitting rock bottom to being in work and supporting others.''* (Participant)

Challenges and limitations with the peer mentor role

4.50 While peer mentors have a strong skill set emanating from their lived experience, a potential challenge is they may lack higher-level technical and professionalised skills and competences. Provider leads and peer mentors noted difficulties in performing the procedural and data driven aspects of the role like targets, assessments, and measurement tools. This led one experienced practitioner to suggest that it is important to get the balance of lived experience and professionalised skill sets. This may mean peer mentors are well supported and complemented by colleagues without lived experience who have other skills and competences.

4.51 Interviews with peer mentors also suggested they have challenges with defining and maintaining the limits of support. This issue arose in the context of participants presenting with high-level, complex mental health needs over the course of the pandemic, and requiring some form of psychological-therapeutic intervention, which was unavailable locally given pressures on the system:

"In principle, support from peer mentors was designed to discuss employment prospects but this often turned into support sessions as people didn't have anywhere else to turn to…so they disclosed things which were hard to deal with..." (Peer mentor)

4.52 This touches on a related issue, the extent to which peer mentors with lived experience are progressed far enough with their own recovery or have sufficient stability in their health and wellbeing to enable them to maintain and thrive in the role. They can be 'triggered' by working with people with challenges they once had or may experience 'compassion fatigue'. Some provider leads also suggest that peer mentors can struggle with the pressure of the job, especially the procedural and target driven aspects of the role, and that this may lead them to leave their post or need to take time off for health and wellbeing reasons.

4.53 Given this, it is important to ensure peer mentors understand the boundaries and limits of support and don't get too drawn into counselling or intensive therapeutic-type relationships. To support this, it is also important that peer mentors have scope

to signpost effectively and refer to local health and wellbeing services, which may include local NHS services, counselling services, and personal development courses. Participants particularly valued NHS counselling (where available) and services offered by charities such as MIND and Sheds. In the absence of such referral options, peer mentors can become the main support option for participants.

> *"Essentially, the lack of other front-line services placed more pressure on us to act as counsellors. We are mentors first and foremost and are careful not to try and work outside our expertise."* (Peer mentor)

Offering timely and effective employability support

4.54 A high proportion of participants have relatively high-level, complex mental health needs and the support given to them has been orientated to this. This has meant peer mentors have needed to consider carefully when a participant is 'work ready' and what level of employability support to provide. Provider leads and peer mentors consider that the timing and balance of wellbeing related support with employability related support is crucial to maintaining engagement and achieving longer-term job and education outcomes. Pushing participants into work too early without wellbeing foundations and without overcoming entrenched barriers can be detrimental to the overall progress of participants. Providers stressed the importance of going at the participants' pace:

> "*We don't push people into something that they're not quite ready for. So, it's all about progression. It's all about starting off with those smaller things*." (Peer mentor)

> *"It can be a very long process getting someone ready for work…we don't put a huge emphasis on the outcome of getting a job, soft skills are more important …little victories build over time we don't define progress by timescales and targets."* (Programme lead)

4.55 In view of this, one provider has established a new 'well-being' pathway for service-users not yet work ready and needing support to overcome anxiety, build self-confidence and, in some cases, re-engage with others and leave the house. From early in the pandemic they have delivered popular online courses centring on normalising mental health conditions, *'so that people don't feel they are weird, so they don't feel they are alone in their experiences'.* Courses cover steps to well-

being such as good sleep hygiene, eating well, getting outside, strategies for managing stress and anxiety, and boosting self-confidence.

4.56 Participants, especially those who saw mental health and/or addiction issues as barriers to gaining employment, valued the fact that peer mentors understood the importance of working in a flexible way and at their pace to make sure they were ready for next steps:

> *"I was scarred by really toxic workplaces; I couldn't envisage working with the public again. I never liked any of my jobs.''* (Participant)

4.57 Going slowly allowed participants time to identify goals and activities to progress towards, meeting them for example through short courses, volunteering, and addressing additional needs. This could also include taking a short break from working with the service to stabilise mental wellbeing or deal with personal affairs with the confidence they would be able to re-engage at a later date.

4.58 Peer mentors typically have a skill set arising out of their lived experience and are therefore well placed to offer wellbeing support. They may be less well placed to offer employment and employability support, although the extent to which this is offered and the confidence to do so is mixed, with some considering themselves to lack the necessary skills and experience, and some feeling more able. This is likely to be related to the training received and support from colleagues.

4.59 In areas with an employment specialist role there was clear added value in peer mentors being able to refer participants to them as part of a progression pathway. This was considered most effective when there was a smooth and coordinated transfer. The role of an employment specialist typically covered: looking at career aspirations; skills appraisals; providing job search support; identifying vocational training; writing CVs and covering letters; providing interview preparation; and mock interviews. Some employment specialists placed emphasis on building confidence to go into work and held small group activities to support this.

4.60 One participant had no experience of looking for work, despite having employment experience, and was very much lacking in motivation. The employment specialist gradually introduced CV writing and helped with job searches and registering on employment websites such as Careers Wales and Indeed. The participant undertook certificated online courses, such as Food Safety, Heavy Loading, Working with Hazardous Substances, Care & Dignity in the Social Sector, and

Alzheimer's Awareness, as well as completing the peer mentoring course and accessing volunteering opportunities with local community centres. This steady building of experience and skills developed motivation and confidence and provided the tools to start looking for work.

4.61 Only a small number of areas offered work placements. There have been several challenges with securing work placement opportunities, including remote working over the pandemic and a lack of capacity to link with employers and monitor placements. However, one area found success in sourcing placements through JCP and approaching training providers directly as there is commonly a work placement element as part of training programmes. Some organisations have a social responsibility quota to take on people from the local community who have substance misuse and/or mental health issues.

4.62 Employers were also reported to be hesitant to engage with people with mental health and substance misuse conditions, and in view of this one provider has developed tools and delivered awareness support to employers to support them in taking clients on.

4.63 Participants reportedly do not favour work placements because they do not feel happy working for free. The physical and mental demands of a work placement were also reported to be overwhelming for many participants, especially where there is not a full package of in-work support for them to draw on. Work settings such as offices and factories were reported to be unappealing to many participants who often could '*not be bothered'* to complete a placement meaning they often fail to complete the required 16 hours. Peer mentors and employment specialists have, therefore, been very selective about who to send on a work placement.

Offer of volunteering placements

4.64 Volunteering opportunities were viewed very positively by both peer mentors and participants. This was because they were often more closely linked to the interests and goals of participants, were community focused, and were flexible depending on the needs of participants. Some participants used volunteering to gain work-related experience to improve job prospects, but others were focused on meeting new people and socialising.

4.65 One peer mentor described someone who had not left the house for two years until taking up a volunteering placement:

> "*My role was to help him reintegrate into society. He had put a lot of work into getting clean from his substance misuse. My role was to help him get back into the world. He expressed an interest in fishing, so I sought out a volunteering opportunity at the maritime museum. He can now go and volunteer as much or as little as possible. He now has a new friendship group and says the opportunity has changed his life."* (Peer mentor)

4.66 A popular volunteering placement was at community allotments, which participant interviewees described as "very satisfying" because they were doing something ''where my heart is'', were able to help others, and spend time in an environment which was inclusive and with people who understood their experiences. A similar opportunity was provided by a garden project at a museum. Here volunteers worked on site for over 18 months to complete a garden project with around seven to eight volunteers and two peer mentors coming weekly to work. The guiding ethos was to promote social interaction, creativity, biodiversity, and sustainability. The host organisation commented that such volunteering placements provide clients with:

> "*An ideal steppingstone into work readiness… they provide a more gradual reintegration into work routes, personal organisation, a routine, confidence building, and socialising with others."* (Volunteering placement provider)

4.67 Volunteering for the delivery provider was very common and valued for offering an environment that was understanding of mental health and/or substance misuse issues and a route into future employment with the service.

Offer of short courses/training

4.68 All providers offered training courses to participants, either internally or purchased externally. Vocationally orientated courses included:

- Forklift license training
- Security Industry Authority license
- Construction Skills Certification Scheme (CSCS) cards for building sites.
- Digital skills
- First aid
- Manual handling

4.69 These were very well received by participants because they often represented a step closer to work or had the potential for directly leading to work. Many were delivered by national online training platforms and offered accredited qualifications. Some areas provided access to personal interest courses, such as arts, climbing, wood carving, and creative writing.

4.70 Providers viewed such courses positively because it served to maintain the engagement of participants, especially during the pandemic. Courses also gave a day-to-day structure for participants, a sense of purpose and '*having something enjoyable to do'*. After a period of severe mental health problems, one participant began to reconnect with people and was getting out the house after doing a wood working course: "*I got used to being around people again. I got the mindset of turning up and having somewhere to go".*

5. Achievement of project outcomes

5.1 This section provides data on the achievement of project outcomes against ESF targets. Data is complete until May 2022. It should be noted that outcomes are only reported when a participant has exited the service and their file is closed. Contextual qualitative case study evidence is also presented on the challenges and facilitators in meeting and evidencing targets.

5.2 The second part of the chapter presents participant accounts of the contribution of the service in achieving the 'soft outcomes' that have supported them in progressing towards employment.

5.3 Despite the perception that outcomes were less frequently achieved because of COVID-19 regulations, the MI data shows the impact of the pandemic would appear to be fairly limited. Reported outcomes remained fairly stable over the pandemic period, and for some outcomes recovered to a higher level after the end of regulations.

5.4 However, the full impact of COVID-19 on outcomes is difficult to ascertain. The available MI data does not include the date on which outcomes were achieved. Therefore, the only accurate comparison usable is between those who started and finished before the onset of the regulations, those who started and finished during the regulations and those who started and finished after the end of the regulations (italicised in Table 5.1). As a result, we are unable to ascertain the impact of the pandemic on those participants whose time on the programme crossed these periods. The findings are presented below in Table 5.1. 'Pre-COVID' refers to all dates before the first lockdown on 20th March 2020. 'During COVID' refers to the period between 20th March 2020 and 6th August 2021, during which there were more stringent measures in place across Wales. 'Post-COVID' refers to all dates after the end of these measures.

Table 5.1: Outcomes recorded based on when participants started and finished the programme.

Started	Finished	N=	Gaining a Qualification or Work Relevant Certificate	Entering Employment	Engaged in Job Search (Economically Inactive)	Completing Work Experience or Volunteering	Entering Education or Training (16-24)
Pre-COVID	**All**	**12,764**	**23%**	**10%**	**11%**	**12%**	**4%**
	Pre-COVID	**10,067**	**20%**	**10%**	**10%**	**10%**	**4%**
	During COVID	1,963	37%	12%	16%	22%	5%
	Post-COVID	373	30%	10%	17%	17%	1%
	Still on programme	361	8%	3%	2%	6%	0%
During COVID	**All**	**3,529**	**16%**	**11%**	**9%**	**9%**	**4%**
	During COVID	**2,087**	**16%**	**11%**	**9%**	**8%**	**4%**
	Post-COVID	928	20%	14%	13%	11%	6%
	Still on programme	514	6%	4%	4%	4%	0%
Post-COVID	**All**	**1,807**	**6%**	**4%**	**3%**	**4%**	**1%**
	Post-COVID	**8,26**	**12%**	**8%**	**6%**	**9%**	**3%**
	Still on programme	981	2%	1%	0%	0%	0%
	Grand Total	**18,100**	**20%**	**10%**	**10%**	**10%**	**4%**

Source: MI data, May 2022. Note: All time categories are mutually exclusive. All Outcome categories include all participants eligible for the outcomes. Pre-COVID refers to all dates before the first lockdown on 20th March 2020. During COVID refers to the period between 20th March 2020 and 6th August 2021, during which there were more stringent measures in place across Wales. Post-COVID refers to all dates after the end of these measures. Shaded areas comparable groups. The percentages presented are for all participants eligible for the specific targets.

5.5 Furthermore, there was little variation in achieving outcomes according to:

- When participants started the programme.
- When participants left the programme.
- Whether the participant was an early leaver.
- Operational area.
- Category of participant.
- Employment status when starting the programme.
- Gender.
- Qualification level.

Significant variations according to these cross-tabulations are referred to in the text.

5.6 The achievement of the targets, according to the May 2022 MI data, are presented below in Tables 5.2 and 5.3. The achieved outcomes are not mutually exclusive, and one participant could have multiple outcomes claimed by the providers. Furthermore, targets have been revised to reflect the fact that data is relevant to May 2022, not the end of the programme.

Table 5.2 Project outcomes 16–24 age group

West Wales and the Valleys 16-24	Gaining Qualifications including work related certificates	Entering Education or training	Entering Employment	Completing Work experience or volunteering
Target	442	295	442	514
Achieved	588*	121	300	317
Percentage Achieved	133%	41%	68%	62%

East Wales 16-24	Gaining Qualifications including work related certificates	Entering Education or training	Entering Employment	Completing Work experience or volunteering
Target	223	154	233	262
Achieved	256*	32	180	123
Percentage Achieved	115%	21%	77%	47%

*Whilst work relevant certificates are not a formal WEFO target for the 16-24 age group, the recorded achievement includes 345 work related certificates achieved in WWV and 111 in EW. These are included as they were seen as a valuable intervention to support the participant's employment journey.

Table 5.3 Project outcomes 25 plus age group

West Wales and the Valleys 25+	Gaining Qualifications including work related certificates	Entering Employment	Engaged in Job Search (For Economically Inactive Participants)	Completing Work experience or volunteering
Target	1677	1398	671	1584
Achieved	1914	762	676	1054
Percentage Achieved	114%	55%	101%	67%

East Wales 25+	Gaining Qualifications including work related certificates	Entering Employment	Engaged in Job Search (For Economically Inactive Participants)	Completing Work experience or volunteering
Target	685	685	325	822
Achieved	791	488	336	399
Percentage Achieved	115%	71%	103%	49%

Engaging in job searching

5.7 For the over 25 contracts, the target for economically inactive participants engaging in job searching upon leaving the programme was 671 participants in West Wales and the Valleys and 325 in East Wales. Both operating areas exceeded this target, achieving 101 per cent and 103 per cent respectively as of May 2022.

5.8 The 16-24 categories also saw a high proportion of participants engaging in job searches upon leaving the programme, although this was not a formal target for this age group. In East Wales, 20 per cent engaged in job searching. In West Wales and the Valleys, the proportion was 17 per cent.

5.9 In all areas, COVID-19 regulations do not appear to have had a significant impact on job searching. The proportion of participants engaging in job searching dropped only one per cent for those who started and finished the programme during the pandemic's strictest regulations (9 per cent), compared to those who started before the onset of regulations (10 per cent). However, 6 per cent of those participants who finished after July 2021 were engaged in job searching, a decrease of 4 per cent compared to pre-pandemic levels.

Gaining qualifications

5.10 The 'qualifications upon leaving' outcome relates to participants obtaining a CQFW qualification within four weeks of exit (with the highest level of qualification being reported). 'Work relevant certifications' are units working up to a full qualification or unaccredited training necessary for work e.g., a CSCS card or a food hygiene certificate achieved within four weeks of exit. The targets for the programme areas were to have participants gaining either qualifications or a work relevant certification. While some participants achieved both, providers could only claim for one outcome, and this is reflected in the reported figures.

5.11 For the over 25 contract, the target for this outcome is set at 1677 for West Wales and the Valleys, and 685 for East Wales. The target is also set at 223 for the 16-24 contract in East Wales and 442 in West Wales and the Valleys. Across all programme areas, these targets were exceeded by at least 15 per cent. The West Wales and the Valleys 16-24 contract saw their target exceeded by 33 per cent while the two East Wales contracts saw their target exceeded by 15 per cent. The West Wales and the Valleys over 25 contracts exceeded their target for gaining qualifications by 14 per cent.

5.12 Within these outcomes, there was some variation in the kind of qualification gained. Across all areas, 15 per cent of participants gained a work relevant certificate compared to 9 per cent gaining a qualification. Of those who gained a qualification, 62 per cent gained a CQFW Level 1, 35 per cent gained a Level 2 qualification, and four per cent gained a Level 3 qualification.

5.13 The COVID-19 pandemic saw a reduction of four per cent in the proportion of participants gaining a formal qualification between CQFW Levels 1 and 3 or a work relevant certificate, from 20 per cent to 16 per cent. Of those participants who started and finished after the pandemic measures were lifted, 12 per cent gained a work relevant certificate.

5.14 Facilitating factors include the fact the OoWS is able to fund both academic and vocational courses and providers ensure participants are ready for training through the requirement that they undertake and pass preparation tests. Peer mentors reported they thought more courses had been completed during the pandemic as people had more time at home to complete them.

Entering Employment

5.15 The target for employment on leaving the service is 15 per cent across the whole OoWS programme. In the over 25 contracts, the target figures for May 2022 were 1398 in West Wales and the Valleys and 685 in East Wales. For the 16-24 contracts, the targets were 442 in West Wales and the Valleys and 233 in East Wales. The service supports participants to find and apply for job opportunities, but participants may also find their own employment whilst they are being supported by the OoWS.

5.16 Achievements against targets varied significantly across the programme areas, with all areas below their targets as of May 2022. For the 16-24 contract, in West Wales and the Valleys 68 per cent of the target was achieved. In East Wales, 77 per cent of the target was achieved as of May 2022. For the 25 and over contracts, there was a higher achievement: 55 per cent in West Wales and the Valleys; and 71 per cent in East Wales.

5.17 Therefore, across the overall programme, 10 per cent of participants had entered employment by May 2022 of an overall target of 15 per cent. This figure drops to 2 per cent of participants in maintained employment six months after leaving the service. This suggests that while participants may have been successful in gaining

employment, enduring mental health and/or substance misuse issues are a continuing factor to sustaining that employment in practice.

5.18 However, it should also be noted that projects reported challenges in maintaining contact with participants once they had left the service as they are less inclined to stay in touch or mobile phone numbers change. Even where they were contactable it was noted that *"people don't want to share their bank account statements or salary details"*. This means that it has not always been possible to evidence sustained employment outcomes and the data may not reflect what has been achieved in practice. It is not possible to estimate the size of this gap in evidence.

5.19 There was some variation according to participant categories. For those across both age-groups with both mental health and substance misuse barriers, only 7 per cent entered employment. For those with mental health problems only, the proportion was higher at 10 per cent. Those with histories of substance misuse entered employment more regularly, at 13 per cent.

5.20 Programme leads and peer mentors raised a number of challenges in meeting the employment targets set for the programme. As discussed in Section 4, the impact of the pandemic on mental well-being has led to the service accepting and working with people who are further from the employment market and in need of more intensive support than previously. In addition, the pandemic has led some people to feel they might end up in a worse financial position than before and fearful of entering into employment at a time of work insecurity. The service also supports Category One offenders for whom it is extremely challenging to find employment.

5.21 According to the MI data, COVID-19 did not have a significant impact on the proportion of participants entering employment. Ten per cent of participants who started and finished the programme pre-COVID entered employment, compared to 11 per cent who started and finished during COVID-19 regulations. This then drops to eight per cent for participants who started and finished post-COVID measures.

5.22 Some OoWS providers reported they no longer had employment specialists in post, leaving peer mentors to pick up the task of engaging with employers. They suggested the reintroduction of a specific employer engagement role would help develop links for work opportunities in their areas and across the region more generally. More direct engagement with employers of differing sizes and scale was wanted, including support for employers who take on clients as *'getting employer*

buy in to work with people with complex needs is challenging'. It was noted that while peer mentors have engaged with small and medium local businesses, they do not have the skills and experience to engage with larger employers or big multi-national companies who can offer more significant employment opportunities.

> *"We need to develop a pool of employers that we can direct our clients to when they're ready. Employment is difficult, there is anxiety about going to work evident, also a lack of opportunity. Employers feel a bit anxious about how to deal with clients with mental health and substance use…Work experience is the foot in the door and good for a CV. Focusing on this is more realistic for many clients and employers get a chance to test the water too."* (Programme lead)

A common route into employment is through volunteering as a peer mentor with providers of the OoWS and then progressing into a paid position.

Entering education or training (16-24 age group)

5.23 The target for entering education or training on leaving the service is set at 295 participants in West Wales and the Valleys and 154 participants in East Wales. The programme has clearly struggled to meet this target with a success rate of 41 per cent of participants in West Wales and the Valleys and 21 per cent in East Wales. This was the case for participants who started before, during, and after the pandemic measures.

5.24 In common with similar employment support programmes, stakeholders reported participants were more interested in entering employment than education or training, especially as they had commonly had negative past experiences of education.[8] The proportion of participants who achieved this target stayed stable before, during and after the pandemic measures.

Completing work experience or volunteering

5.25 The target for completing a work experience or volunteering placement was set at 514 for West Wales and the Valleys, and 262 for East Wales for the over 25 age group. The target is also set at 18 per cent for the 16-24 contracts in both ESF areas, with targets of 1584 for West Wales and the Valleys and 822 for East Wales.

5.26 By May 2022, 10 per cent of participants had completed a work experience placement or volunteering opportunity, with only 10 per cent of this group having

[8] See for example MHCLG (2019) Fair Chance Fund evaluation: final report

completed a work experience placement. In West Wales and the Valleys, the proportion who had completed work experience or a volunteering opportunity was 11 per cent for both 16-24 and 25 and above. In East Wales, the proportion was eight per cent for 16-24 and nine per cent for 25 and above.

5.27 A number of challenges in securing work experience placements were reported, exacerbated by lockdowns and other protective measures introduced to address the COVID-19 pandemic. As above, employers were reported to be hesitant to engage with people with mental health and substance use barriers to employment, despite some providers offering tools and awareness support to enable employers to accept people onto a work placement. In addition, peer mentors and programme leads reported participants could be reluctant to undertake a work placement as *'nobody wants to work for free'.* Interviewees also pointed out that many people undertake a one-day work trial, but this does not add up to the 16 hours needed for the payment against this target. Where work placements did take place, these were often attached to a training course, and described as the '*best way to achieve a work placement outcome.'*

5.28 However, according to the MI Data, COVID-19 regulations had a small impact on participants completing work experience or volunteering opportunities. The proportion of participants undertaking work experience or volunteering dropped by just under two percentage points for participants who started and finished during the pandemic (eight per cent) compared to those who finished pre-pandemic (10 per cent). Just under nine per cent of those who started and finished the programme after the pandemic regulations finished completed a work experience placement or volunteering experience. Further, there was no significant variation between participants with mental health barriers and substance misuse histories.

5.29 Providers had been more successful in securing volunteer placements, and these were described as being a far more important aspect of the service, in particular for the 25 and above age group. One provider had created a Well-being and Volunteering Co-ordinator post who, with the spread of COVID-19, had successfully '*sold the idea of volunteering from home'*. This was reported to work well with people with mental health problems and in particular people who are agoraphobic or socially anxious.

5.30 Participant interviewees were generally enthusiastic about volunteering, describing it as a helpful way to ease back into a working environment without feeling

overwhelmed but *'confident going to a workplace but with no pressure because I was volunteering'.* Volunteering for the OoWS was the most commonly cited option and experienced as a positive route into future employment with the service. The opportunity to work alongside peer mentors with lived experience was particularly highly valued:

> *"[Name of peer mentor]) has been absolutely brilliant, volunteering with him has really helped me into work environment."* (Participant)

Enabling participants to overcome complex barriers

5.31 Given that levels of need and complexity had risen since the onset of COVID-19, it was not surprising that stakeholder interviewees described the achievement of soft outcomes as even more important than the pre-pandemic situation. Many service users were reported to have a long way to go before they were job-ready and small steps, such as going outside for the first time in months, were described as very important.

> *"You've got to have the well-being stuff in place…the soft stuff is the bulk of the work and the main achievement for people"* (Peer mentor)

5.32 This was echoed by participant interviewees who reported significant improvements in mental health, general well-being, and confidence. Interviewees who had been previously unable to leave the house reported that they now had the confidence to do so, and others reported that they now had greater structure and sense of purpose in life.

> *"[Name of peer mentor] absolutely got me out of the house and triggered the process of shifting a lot of things in my life."* (Participant)

5.33 Overcoming social isolation frequently went hand-in-hand with a restored sense of purpose and confidence derived from spending more time with other people within the community, partaking in social activities, support groups or volunteering placements. Taking small steps, such as going on public transport, or going to public places to meet their peer mentors, were important in promoting confidence and a sense of agency.

> *"I was a mess and [name of peer mentor] really helped me feel like I've got hope for the future instead of feeling anxious and depressed."* (Participant)

5.34 Even interviewees with complex and enduring mental health issues reported improvements, for example that earlier suicidal feelings had been overcome or they no longer felt severely depressed. They explained their peer mentors had not tried to offer counselling but had simply shown understanding and helped create structure and purpose.

> *“I wouldn’t be here [without the OoWS]. Stress can really wipe people out. It’s amazing how just having someone to chat helps.’’ (Participant)*

6. Conclusions and recommendations

6.1 This final chapter presents conclusions drawn from both key sources of evidence (qualitative fieldwork in the seven Lots and programme monitoring information), with key learning points that might be applied to the future development and delivery of the Out of Work Service.

Participant Recruitment

6.2 The OoWS has been successful in recruiting participants, especially given the challenging circumstances of the COVID-19 pandemic. Recruitment targets for each operating area are all close to being met. The split between the 25 plus economically inactive (57 per cent) and the long-term unemployed (43 per cent) were also close to expectations.

6.3 The most common referral route on to the service is through external agencies, usually the Jobcentre. In areas where the OoWS delivery provider specialises in substance misuse support, participants who had been accessing specific recovery programmes were linked with the service by key workers.

6.4 Participants were largely attracted to the OoWS initially to get support with health and wellbeing challenges and gaining employment and work-related training was a less common reason for joining the programme.

Key factors affecting recruitment of participants

6.5 Interview data and analysis of MI data shows that COVID-19 had a significant impact on recruitment of new participants to the programme. Unsurprisingly, the period during which the first national lockdowns were introduced (year four, Q4) saw a significant drop in the number of participants recruited onto the programme. This was mainly because of the lack of visible presence of peer mentors in community venues and at referral organisations, which had been important prior to the pandemic. Clearly, prospective participants were also not attending services as before and therefore could not be reached.

6.6 High turnover of peer mentors and lack of staff in referral organisations also contributed to the reduction in referrals because previous links between staff were severed. As pandemic protective measures have been withdrawn some providers have been reluctant to continue recruitment of participants in anticipation of the service winding down when funding was due to end.

6.7 Provider leads and peer mentors considered that a good proportion of referrals were inappropriate because the participants had high-level needs and were experiencing complex mental health problems and were, therefore, far-off from entering employment. This was likely related to the conditions of the pandemic whereby people were facing significant challenges and services were less accessible than usual. However, providers were reluctant to turn away referrals.

Early leavers and maintaining engagement

6.8 A large proportion of participants (46 per cent) have left the programme early. There was significant variation in the proportion of early leavers between the operational areas. West Wales and the Valleys saw a higher proportion of leavers across all categories (58 per cent) than East Wales (44 per cent). The main reasons for early leaving over the pandemic period are likely to be problems engaging with online platforms, diminished motivation to find work, and unmet expectations regarding specific needs, such as provision of goods and services and access to training courses.

Participant characteristics

6.9 Regarding the challenges faced by participants, mental health problems were the predominant issue for participants; over half were recorded in this category. A much lower proportion (10 per cent) were categorised as having only substance misuse problems. The remainder experienced both mental health problems and substance misuse.

6.10 Over half of participants had qualifications at CQFW 1 or lower, which may have presented a significant barrier to employment. and is likely to mean that training and qualifications are in high demand.

Implementation of the Out of Work Service

Recruiting and retaining peer mentors

6.11 A key challenge for the OoWS has been recruiting and retaining peer mentors, which has resulted in high turnover and lack of capacity at times. Recruitment to the peer mentor role was reportedly more difficult during COVID restrictions as services did not have the same level of access to people in recovery and doing well who have traditionally been recruited to the peer mentor role. Low salaries were consistently identified as presenting a challenge to staff retention, but administrative

overload was also a source of dissatisfaction. Some staff were reported to have left because of challenges in dealing with their emotional well-being. The effect of recruitment and retention problems has been high caseloads, inconsistency in support and a lack of experienced peer mentors.

6.12 The initial mandatory training for peer mentors mostly consisted of the Peer Mentoring Level 1 and Level 2 and was generally well regarded. However, training delivered online over the period of pandemic-related protective measures lacked a 'real-world' application. On-the-job-training and shadowing was also well regarded by peer mentors, although it also had significant limitations during remote working. The length of on-the-job training and shadowing varied by provider, with some offering just a few days and some offering up to six-weeks. Some peer mentors felt that shorter timeframes were insufficient. Peer mentors in some areas benefitted from relatively longer and more systematic training after the initial training phase, which seemed to be an effective approach in engendering commitment to, and confidence in, the role.

6.13 Key areas of training that would be beneficial include supporting more severe mental health problems and crisis situations such as risk of suicide, and maintaining boundaries (i.e., the line between counselling and mentoring).

6.14 Peer mentors value strong support structures over the course of their day-to-day work, which was especially important during periods of remote working. Effective support included regular team meetings, offers of counselling, and regular one-to-one supervisions.

The impact of COVID-19 on the well-being of service users

6.15 In the context of the pandemic, participants often presented with relatively high-level and complex needs related to mental health, including social anxiety, social isolation, fear of leaving the house and substance use, such that a large proportion of participants were a long way off from employment and may need longer-term support to address complex barriers. Consequently, the emphasis of support was 'well-being' related rather than directly employment related.

Access to external support

6.16 Referrers recognised the OoWS filled significant gaps in employment-related mental health support, particularly for the 25 plus age group. Dealing with complex mental health issues requires specialist support, with interviewees reporting this had

become increasingly challenging since the onset of the pandemic. This put additional pressure on the OoWS and peer mentors who were often problematically drawn into therapeutic-type relationships.

The shift to online/remote delivery models

6.17 While the shift to online/remote delivery models produces challenges, a key advantage of the shift was that participants with social anxiety issues were able to better manage the interactions and they did not need to leave the house if this was too challenging for them. Remote contact also afforded a greater degree of accessibility for some participants, especially where there are transport barriers. In this way, peer mentors found they had more options for reaching people with high levels of anxiety.

6.18 Peer mentors found a mixed response to online group activities. Online environments provided safe forms of interaction for people struggling with anxiety, and engagement with group activities increased but in some areas peer mentors noticed that online engagement served to diminish the level of engagement. This is likely to depend on the quality of the online groups and the level of digital skills and access to technologies.

Effective practice in delivering peer mentor support

Offering wellbeing support and activities

6.19 Peer mentors and participants considered social contact, ‘checking-in’, and meaningful wellbeing related conversations to be crucial elements in maintaining wellbeing and progressing towards employment and education. Alongside this, peer mentors provided much needed help with practical life tasks and were able to refer participants to internal wellbeing activities and courses, covering confidence, understanding anxiety, stress awareness and managing mental health. Other activities were socially orientated such as arts and crafts, walking, cooking, yoga, mindfulness, sports, quizzes, card games and coffee mornings. The purpose of these social activities was to get people out of the house and to interact with other people.

Having lived experience of mental health issues and/or substance misuse

6.20 Peer mentors having lived experience of mental health issues and/or substance misuse was highly valued by participants. The support given is thought more likely

to be non-judgemental and empathetic. However, while peer mentors have a strong skill set emanating from their lived experience, a potential challenge is they may lack higher-level technical and professional skills and competences. Provider leads and peer mentors noted difficulties in performing the procedural and data driven aspects of the role like targets, assessments and measurement tools. Another challenge was that in the context of participants showing high-level, complex mental health needs over the pandemic, peer mentors were at risk of being drawn into offering psychological-therapeutic interventions, something they were not equipped for, and which was challenging, given their own recovery journey and wellbeing status.

Offering timely and effective employability support

6.21 The timing and balance of wellbeing related support with employability related support is crucial to maintaining engagement and achieving longer-term job and education outcomes. Identifying a participant as work ready or offering employability activities too early can disrupt their overall progression. Peer mentors benefited from support from other colleagues in establishing work readiness. At the same time, some peer mentors did not feel equipped or confident to offer employability related support. This is why an employment specialist role can add distinctive value; providing participants with support in job searching and writing applications, freeing up peer mentors to focus on wellbeing support.

Volunteering opportunities

6.22 Volunteering opportunities are a valuable option for many participants because they are often linked to their interests and goals, are community focused, and flexible depending on the needs of participants. The benefits of volunteering were thought to include the opportunity to gain experience of working with other people in a professional environment, re-using old skills or/and learning new ones that in turn would increase employability.

Offering short courses

6.23 Offering short courses, especially with a vocational orientation, also worked well, often representing a step closer to work or having the potential to directly lead to work. Just as importantly they served to maintain the engagement of participants, especially through the pandemic. Courses also gave a day-to-day structure for participants, a sense of purpose and something enjoyable to do.

Achievement of outcomes

6.24 Outcome targets for participants entering employment, completing work experience or volunteering, and entering training or education were not met. However, targets for gaining qualifications or work relevant certification were significantly exceeded. Further, targets for engaging with job searching were met.

6.25 There is underreporting of the achieved outcomes, particularly with employment. This is due to losing engagement with participants when they move into employment and off the programme. Furthermore, the current MI data records the most recent outcome achieved when a participant leaves the programme. As a result, it is unclear when outcomes were achieved by participants.

6.26 Some delivery staff members argued targets should have been adjusted to account for the impact of COVID-19 on the delivery of the programme, particularly the employment targets, in light of changes to the local labour markets.

6.27 That said, peer mentors suggested recording a participant in employment six months after leaving the programme was difficult, irrespective of when the outcome was achieved. They felt that this outcome was heavily underreported.

Effect of COVID-19 on targets

6.28 Table 6.1 below shows the COVID-19 pandemic and associated regulations, including lockdowns, did not have as large an impact on the achievement of outcomes as perceived by peer mentors and delivery staff. Achievement of outcomes did reduce by a few percentage points over this period. However, participants who started the programme during the pandemic and finished after the pandemic protective measures were withdrawn achieved a higher proportion of outcomes than those who finished before COVID-19 regulations loosened.

Table 6.1: The effect of COVID-19 on outcomes achieved

Started and finished	N=	Gaining a Qualification or Work Relevant Certificate	Entering Employment	Engaged in Job Search (Economically Inactive)	Completing Work Experience or Volunteering	Entering Education or Training (16-24)
Pre-COVID	10,067	20%	10%	10%	10%	4%
During COVID	2,087	16%	11%	9%	8%	4%
Post-COVID	826	12%	8%	6%	9%	3%

Source: MI data, as of May 2022.

6.29 However, the full impact of COVID-19 on outcomes is difficult to ascertain. The available MI data does not include the date on which outcomes were achieved. Therefore, the only accurate comparison usable is between those who started and finished before the onset of the regulations, those who started and finished during the regulations and those who started and finished after the end of the regulations. As a result, we are unable to ascertain the impact of the pandemic on those participants whose time on the programme crossed these periods

Achievement of the Cross Cutting Themes indicators

The service has had wider policy impacts in terms of ESF cross-cutting themes.

6.30 **Equal opportunities and gender mainstreaming:** There was a good level of diversity amongst the participants. For example, black and minority ethnic participation was representative of the overall Welsh demographic. Nine per cent reported a disability – although as this is based on self-reporting, actual shares may be higher. The service did well in providing opportunities to people with mental health conditions (over half of participants had such a condition). The service was populated by a higher proportion of males (64 per cent) compared to females (36 per cent) so there were limits to gender mainstreaming in this way. In the context of COVID-19, projects overcame any accessibility challenges by offering online provision, which helped rural areas to receive services.

6.31 **Sustainable development:** The OoWS did not deliver training/support in community spaces (e.g., libraries, accessible charity buildings, etc.) to the extent that it did prior to COVID-19, so the impact in this regard was relatively low. However, several of the volunteering opportunities contributed to environmental improvement and community development.

6.32 **Tackling poverty and social exclusion:** The purpose of the service is to move people into paid employment, and in doing so, provide participants with financial security. While targets for entry to employment were not met, there was a still a good number of economically inactive and long-term unemployed people that were helped into a job. Targets were met for people achieving work relevant qualifications, which could improve livelihoods over the long term. It is particularly notable that, in the context of COVID-19, the OoWS helped to reduce social isolation. Overcoming social isolation frequently went together with a restored sense of purpose and confidence derived from spending more time with other people within the community, partaking in social activities, support groups or volunteering placements.

Recommendations

6.33 Based on the preceding analysis of qualitative and MI data, this section identifies key recommendations that could inform a future programme with similar aims and objectives of the OoWS.

Recruiting and retaining peer mentors

6.34 **Recommendation 1:** Retaining and developing peer mentors is crucial for the stability and effectiveness of the service. To achieve this, funders and providers should ensure salaries are locally competitive and provide a decent livelihood for peer mentors, that employment contracts are of a sufficient duration to engender commitment and motivation to the role (despite funding uncertainties where possible), and there is a clear progression and training plan.

Training and development for peer mentors

6.35 **Recommendation 2:** The training and development of peer mentors should be formalised and systematic, including continuous professional development options such as accredited courses at Level 3 or Level 4. Courses should usefully focus on supporting people experiencing mental health problems and dealing with crisis situations. For example, training on trauma informed approaches, motivational interviewing, and/or Psychologically Informed Environments (PIE) might be useful in future. Peer mentors may also need additional training related to the procedural and data driven aspects of the role such as using soft outcome measurement tools and collecting evidence to demonstrate outcomes.

Having lived experience of mental health issues and/or substance misuse

6.36 **Recommendation 3:** While many peer mentors have a unique skill set based on their lived experience and are highly motivated to help people, providers should give

fuller consideration to defining and limiting their role. There is a risk peer mentors are drawn into providing psychological therapeutic interventions for which they may not be trained, putting undue pressure on them. If peer mentors are expected to offer such interventions additional training would be required. The key aspects for which peer mentors are valued is providing a consistent contact point, being available for non-judgemental and empathetic listening and guidance, offering practical help with tasks, and signposting to services. A peer mentor role should be more clearly defined around these roles.

Offering timely and effective employability support

6.37 **Recommendation 4:** Given the high-level needs of many participants, providers and peer mentors should have procedures and pathways in place to identify when a participant should move from wellbeing related support to receiving employability support/beginning job search and entering employment. For example, this could include the use of toolkits to ascertain how ready someone is to begin work.

6.38 **Recommendation 5:** Peer mentors may not be best placed to offer some aspects of employability support such as how to write CVs and enhancing performance in job interviews. Employment specialists can play a distinctive and valuable role here and can also help to source volunteering placements. Providers should install employment specialists and ensure their role with peer mentors is defined and that there are clear pathways between the two roles.

The shift to online/remote delivery models

6.39 **Recommendation 6:** The shift to online/remote delivery models brought considerable benefits for participants and peer mentors regarding accessibility and flexibility of support, although there were challenges such as lack of digital equipment and digital skills. Providers should develop hybrid models of support which can ensure that accessibility and flexibility of support is maximised. This can be done by developing or procuring short courses or vocational courses that are delivered online. Online courses delivered through a virtual learning environment can provide good scope for developing interactive content. Also, providers should consider bespoke online learning platforms, videos, interactive forums, and space for reflective practice.

Offer of short courses and volunteering placements

6.40 **Recommendation 7:** Participants value the opportunity to undertake short courses (vocationally orientated or personal development) and peer mentors also suggest this is an option they should have access to for their participants because it builds confidence and increases employability progression. Providers should prioritise short courses as an engagement mechanism and steppingstone to work, while

funders should recognise this outcome in contractual/payment structures.

6.41 **Recommendation 8:** Providers should more fully develop roles and workstreams to source volunteering opportunities and to place participants in them to build confidence and develop skills and experience. This could mean employing a dedicated volunteer coordinator to broker volunteering placements and support participants whilst placed. It is important that volunteer hosts have a good awareness of the specific needs of the participants and that they adapt and respond accordingly. Also, hosts should be supported to develop a structured placement whereby learning or soft skills objectives are identified for that participant.

Access to external support

6.42 **Recommendation 9:** Ease of access to external services, such as counselling, is very important for the provision of a coherent and comprehensive service for participants. Funders and providers should ensure that peer mentors have full awareness and understanding of local services and the procedures for signposting and/or referral. This may also require systematic coordination of local services to link into a peer mentoring service.

Previous recommendations

6.43 The previous evaluation report identified the following recommendations focused on changes to the delivery model to help the providers to achieve targets. One of the objectives of this second evaluation was to consider to what extent the recommendations were actioned. We have provided a reflection in respect to each of the recommendations below:

6.44 **Providers should explore ways to retain experienced peer mentors to prevent turnover and service disruption.** High turnover of peer mentors has continued to be a challenge and there is little evidence of providers putting in place systematic measures to retain peer mentors. One promising development is the investment in upskilling peer mentors through L3 and L4 courses. COVID-19 and the pandemic-related protective measures are likely to have impacted on the ability to recruit and retain peer mentors because they were working from home and experiencing extra pressures.

6.45 **Providers should maximise opportunities for participants to obtain paid work experience through running employer engagement events (endorsed by Welsh Government), considering the work-trial approach, and encouraging proactive employers to become 'champions'.** Work placements have not been a significant feature of the OoWS over the last two years. Employer engagement has been very limited due to COVID-19 and the pandemic-related measures. At the same time, it is not clear that there is high demand for work placements from

participants, and instead more flexible and relevant volunteering opportunities may be more appropriate.

6.46 **Consideration should be given to re-defining the existing metrics, particularly for work placements and sustained employment outcomes.** There is no indication that metrics were reconfigured. The outcomes for sustained employment were very low although it is acknowledged that this may be in part due to challenges in securing evidence of sustainment.

6.47 **Providers should ensure there is sufficient resource to collect and record WEFO performance data, particularly six-month follow-up data. Providers could consider more innovative ways of evidencing participant pathways after exit. Providers should also continue to capture soft outcomes, and Welsh Government should encourage the adoption of a common system for soft outcome data comparison.** There is little evidence that this has occurred, and providers have continued to be significantly challenged by collecting six-month follow-up data.

Annex A

Participant Characteristics:

	Total	Per cent
Employment Status at Intervention (16-24)		
16-24 (not in education, employment or training)	4,335	
Employment Status at Intervention (Over 25)		
Economically inactive	7,885	57%
Long term unemployed	5,880	43%
Condition		
Substance Misuse	1,735	10%
Mental Health	9,825	54%
Both	6,540	36%
Gender		
Male	11,540	64%
Female	6,558	36%
Other		0%
From a Black or Minority Ethnic Background		
Yes	571	3%
No	17,521	97%
Information Refused	8	0%
Existing Qualification Level		
Below CQFW level 1	2,965	16%
CQFW level 1	561	3%
CQFW level 2	4,268	24%
CQFW level 3	2,096	12%
CQFW level 4	81	0%
CQFW level 5	1,008	6%
CQFW level 6	99	1%
CQFW level 7	209	1%
CQFW level 8	5	0%
None	6,807	38%
Circumstances		
Single Adult Household	6,898	38%
Jobless Household	11,787	65%
Dependent Children	2,436	13%
Homeless or Affected by Housing Exclusion	1,007	6%
Migrant Status - Yes (EU)	103	1%
Migrant Status - Yes (Non-EU)	52	0%
Work Limiting Health Condition	4,419	25%

Disability	1,688	9%
Primary Carer - Childcare (under 18)	2,155	12%
Primary Carer - Disabled adult (18 and over)	184	1%
Primary Carer - Elderly (65 and over)	286	2%
Welsh Language		
Understand Welsh	1,260	7%
Speak Welsh	1,093	6%
Read Welsh	974	5%
Write Welsh	910	5%