



# **Work Well, an evaluation**

**Final report, August 2020**

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## Contents

Executive Summary.....	3
Background .....	5
Aims .....	6
Methods.....	7
Quantitative findings .....	9
Qualitative findings .....	12
Discussion and recommendations .....	21
References .....	26
Appendix .....	28

## Acknowledgements

Dr Claire Wryne, Professional Lead for Supported Employment at the South London and Maudsley NHS Foundation Trust, for supporting this work. All the Work Well staff and clients who took part in interviews and workshops for this evaluation. All the external stakeholders who were interviewed. Kathryn Watson and Jessica Bond in the communications team at the McPin Foundation for their support and input.

This document was completed in August 2020 and can be cited as: Robotham, D., Coyle, G., & Couperthwaite, L. (2020). Work Well, an evaluation. McPin Foundation.

## Executive Summary

Finding and retaining meaningful employment is vital for people's mental health and wellbeing. Evidence suggests that meaningful employment is good for mental health, not least because it improves financial security. However, mental health and employment are interlinked, and people with mental health problems may find it difficult to secure and sustain employment after a long period of unemployment. Similarly, people who have recently become unemployed are likely to suffer negative mental health consequences. The longer a person is unemployed, the more likely they are to develop a diagnosed mental health problem and the less likely they are to return to employment. Despite this, people with mental health problems can return to paid work with appropriate support. The situation is complicated further for those in receipt of welfare benefits and for those in debt. Finance, work, and mental health need a coordinated response.

The Work Well project was an employment project operating in South London and funded by the European Social Fund (ESF) and National Lottery Community Fund as part of the Building Better Opportunities programme. The aim of the programme was to invest in local projects that tackled poverty and promoted social inclusion and employment. The Work Well project aimed to provide clients with tailored employment support. The intended client group was unemployed or economically inactive people who were experiencing common mental health problems such as anxiety and depression, and who were living in the London boroughs of Lambeth, Lewisham, and Southwark.

The McPin Foundation was commissioned to conduct an independent evaluation of the Work Well project. Our evaluation describes the project, which operated from January 2017 to March 2020. The aims of the evaluation were as follows:

1. Understand the impact of the project for participants (i.e., on employment outcomes and mental health outcomes)
2. Explore participants' experience of the project
3. Explore staff and stakeholder experiences of the project and how it worked

We used a peer research methods approach. Some members of the research team had experience of long-term mental health problem and of long-term unemployment. They could bring these experiences into the interviews and analysis process to provide a more nuanced picture of the project and its context. Data was drawn from routine outcomes monitoring, collected by Work Well staff. This included scores on standardised depression and anxiety questionnaires, as well as outcomes relating to employment, training, and volunteering. These data were collected by Work Well staff before and after clients received with the service. Qualitative data on client, staff and stakeholder experiences was collected through interviews. Stakeholders included representatives from organisations referring into or out of Work Well, or employers receiving Work Well clients. Prior to client interviews we ran an exploratory workshop with clients to inform our interview schedule.

Monitoring and outcomes data were available from 551 people, all of whom were either unemployed or economically inactive at the beginning of the project. 152 people (28%) found employment by the time they finished engagement with the project. 57 (10%) had sustained employment for 26 weeks or more. 193 people (35%) had moved into education or training and 52 (9%) were still in education or training when they left. 113 people (21%) had begun a volunteering placement during their time with the project. Follow up data for depression and anxiety symptoms were available for 57 people across

three time points. There were statistically significant improvements in depression and anxiety symptoms between clients joining the project and at a long-term follow up (six to nine months later).

Interviews with clients showed that the service was valued for its person-centred approach and holistic attention to wellbeing, financial and employment outcomes. The casework was well received, particularly the support of career coaches and the financial advisor. What clients liked most about the service was the specialised mental health and wellbeing support within a destigmatised service, away from clinical settings and away from typical statutory employment support (such as the Job Centre). There was an understanding that the route into employment needed to be based on work readiness, improving confidence and wellbeing in all aspects of life. This would result in CV building, job applications and interview practice when the client was ready. The nine-month period in which career coaches worked with clients allowed these journeys to happen. The service could also answer questions about whether returning to work was likely to jeopardise benefits and leave them worse off. These are important factors for many clients attending the service. Several clients were disappointed to learn that the service was ending due to funding restrictions.

Interviews with staff showed the work required to set up such a service. Overcoming logistical challenges of getting the service to work within a large NHS Trust, particularly with the demands of the funder in this case. Setting up a central office for staff to work from, including enough remote capacity to cover all areas of the three boroughs was a challenge. Staff talked about the variety of the role, and of the clients they saw. This meant they had to tailor the support offered based on the client's journey. There were sometimes difficulties in obtaining private spaces to speak to clients in the more remote wellbeing locations, which potentially compromised privacy.

The importance of and employment support will increase again in the aftermath of the Covid-19 pandemic. There are currently 2.8 million people in the UK claiming job-related benefits from JCP, a 126% rise since before the coronavirus pandemic (The Guardian, 2020). This figure is expected to rise further as the UK enters a recession. The Covid-19 pandemic will also lead to an increase of recession and the likely over-reliance on the gig economy (Skills Commission, 2014). Modern ways of working following the pandemic may disadvantage people who are not used to working from home or are unable to work from home, and more and different skills will likely be needed in this new reality.

## Background

Finding and keeping meaningful employment is important for people's mental health and wellbeing. Evidence suggests that employment is good for mental health. First and foremost, it provides people with an income that improves financial security. It also provides structure, routine, confidence, a sense of contribution, and purpose within society, and opportunities for social interaction (Marmot, 2010). However, people affected by mental health problems might find it challenging to secure and sustain employment, particularly after a long period of unemployment. They are more likely to face stigma and discrimination in the job market, in recruitment processes and with employers themselves. A recent national survey showed that 9% of employees who disclosed mental health problems to their line manager reported being disciplined, dismissed, or demoted, 32% hid their problems, and only 11% of managers were trained in supporting mental health at work (Prince's Responsible Business Network).

The longer a person is unemployed, the more likely they are to develop a diagnosed mental health problem (Fryers et al, 2003) and the less likely they are to return to employment (Waddell et al, 2008). Mainstream employment agencies are less helpful to people who need the most help. 49% of people receiving benefits for longer-term disabilities cite mental health as a primary reason for not being able to work (Department of Work and Pensions and Department of Health, 2017) The Work Programme, introduced in 2011 and specifically designed for supporting those furthest from the job market, only managed to find work for 11% of people with mental health problems (Improving Lives, 2017).

Despite this, people with mental health problems can return to paid work with appropriate support (Modini et al, 2016). One study showed that people with serious mental health problems valued receiving emotional support relating to employment (motivation and encouragement, building confidence), practical support (job preparation, job searching, job application, and recruitment processes) and a participant-centred approach (tailored support, appropriate job matching) (Johnson et al, 2009). Individual Placement and Support (IPS) models for people with mental health problems are well evidenced and involve career coaches working with individual needs and preferences with an emphasis on job placement and return to competitive employment.

The Work Well project was an employment project funded by the European Social Fund (ESF) and National Lottery Community Fund, as part of investment in local projects to tackle poverty and promote social inclusion and employment (known as the Building Better Opportunities programme). The aim of the project was to provide tailored employment support to people experiencing common mental health problems such as anxiety and depression, across the London boroughs of Lambeth, Lewisham, and Southwark. The project was available to people who were unemployed or economically inactive; people recently returned to employment were not eligible.

The project operated with South London and Maudsley NHS Foundation Trust (SLaM), as part of a wider career management service. Prior to the Work Well, SLaM had employment advisers within its IAPT services in the three boroughs. The only way to access the employment support was by being an IAPT service user. Work Well was therefore the first time that unemployed people with anxiety and/or depression could access employment support through SLaM without having to be a SLaM service user. Many unemployed people do not want to access therapy and use mental health services. Work Well provided a service for people who were otherwise unable to get the support they need.

The project had a main office on the boundary between Southwark and Lambeth and another office in Lewisham and had access to other offices and hot desks in the boroughs, which would have been easier to access for some clients. Clients were from the local area and needed to have a common mental health condition to be eligible, either clinically diagnosed or self-declared. Work Well staff used the Patient Health Questionnaire (PHQ9) and Generalized Anxiety Disorder questionnaire (GAD7) to assess eligibility. Eligible clients were assigned a career coach who would meet with them over a nine-month period.

The Work Well project also included specialist support for people with mental health problems who were looking to return to employment. These included a financial advisor, who provided clients with advice around how employment would affect their benefits, including 'better off' calculations. They also helped clients with debt consolidation and negotiated with creditors and landlords. Work Well also included a recruitment specialist, who was tasked with finding opportunities for people in the local area. Their job was to speak to employers and build relationships with them and help clients with interview preparation. Work Well also had a website and social media feed which people could refer to, and clients and partners potentially found out about the project through this means.

## Aims

The McPin Foundation was commissioned to conduct an independent evaluation of the project. Our evaluation describes the project, which operated from January 2017 to March 2020. The aims of the evaluation were as follows:

1. Understand the impact of the project for participants (i.e., on employment outcomes and mental health outcomes)
2. Explore participants' experience of the project
3. Explore staff and stakeholder experiences of the project and how it worked

## Methods

We used a peer research methods approach. Members of the research team had experienced long-term mental health problems, long-term unemployment and of claiming unemployment benefits. These members of the team used these experiences to inform all aspects of the evaluation. This included the development of the research materials, collecting data, analysing data, and writing up. We used a combination of qualitative data and monitoring data provided by Work Well.

### 1. Outcomes data

#### *Measures*

Monitoring data was collected by project staff from all clients who joined the project. This included demographics (age, gender, ethnicity, disability), and situational data (homelessness status, offending history, length of time unemployed, whether they were economically inactive, whether in education or training). Data on employment and other related outcomes was collected from clients as they finished the project, these could be used to compare clients' situations before and after the project.

Psychological wellbeing data was collected from clients at baseline and at different follow-up points (three, six, nine and twelve months) where possible. Depression symptoms were measured using the PHQ9, a nine-item survey typically given to primary care patients to screen for depression symptoms. The questions relate to the person's experience within the last two weeks, and the answers are rated on a scale from 0-3, with higher scores indicating symptoms of depression. Anxiety symptoms were measured using the GAD7. This includes seven questions designed to measure symptoms of anxiety in primary care. Both the PHQ9 and GAD7 can be summed, providing a total score to indicate a person's depression and anxiety symptoms, respectively. Both measures are brief and easy to administer and score. The fact that they are commonly used means that scores can be compared with participants in other projects.

#### *Quantitative Data Analysis*

All monitoring data was collected by clients' career coach at the Work Well programme. The data was stored at South London and Maudsley NHS Foundation Trust headquarters, cleaned, and anonymised before being shared with McPin. The anonymous version of the dataset was available for analysis.

We analysed participants' demographics and their situation/characteristics at baseline. We analysed data relating to outcomes at follow-up such as employment and education, training, and volunteering status. We also compared baseline and follow-up scores for PHQ9 and GAD7 at three time points (baseline, three months, 6-9 months). We identified cases where a participant had completed three data time points (baseline, three months, and then one of either six or nine months). The scores for six and nine months were combined as 'Time Point 3'. This meant that more data was available and comparable, priority was given to the six-month data point over the nine-month data point, if the former was available. A repeated measures Analysis of Variance (ANOVA) was run to compare differences between the means at time-points, for both the PHQ9 and the GAD7. Paired t-tests were then done to establish whether there were differences in the means between any two of the three time points. A Bonferroni correction was done to improve the statistical rigour of the tests.

## 2. Interviews

### *Methods & procedure*

We conducted an exploratory focus group with clients at the Work Well office base. This informed the interview schedule for which we would do the interviews. Ten clients attended the session. Two members of the research team, including one peer researcher with similar lived experience of long-term unemployment and mental health problems, was involved in running the group. The group identified potential participants to interview.

We then conducted interviews (over the telephone and in person) with clients. This included 11 interviews with clients, eight with Work Well staff and six with stakeholders who worked at organisations which referred into the project or who took clients from Work Well. Staff participants included five career coaches, an administrator, a business manager, and the overall programme lead. Stakeholder participants included four people working with voluntary sector organisations who made referrals into Work Well, one employer who received Work Well clients and one person from the local authority who collocated space with Work Well as well as making and taking referrals. We created an interview schedule for all three groups of interviewees (client, staff, and stakeholder).

Client interviews were conducted with two interviewers. These were primarily done over the phone, although one of them was conducted in person at the McPin Foundation offices. One of the interviewers identified as a peer researcher. The Work Well staff identified potential participants for us to contact. Those agreeing to take part were asked to complete a consent form in writing or on audio recording (prior to interview). Interviews were audio-recorded (with permission from the participant), and the interviewer took notes. Interviews varied in length from 20 minutes to 50 minutes.

The interviews with clients covered topics such as how people got into contact with Work Well, why they needed support, their understanding of the Work Well approach and what they wanted to achieve. Interviews with staff covered topics about how the project worked, how they worked with clients, impact of specific project functions, and what was happening after the project finished. Interviews with stakeholders asked variations on these questions and focused on referrals to and from the service. Interview schedule templates are available in the Appendix, though questions could differ based on the flow of the interview.

Clients completed a brief demographics survey after completing the interview. Of the eleven participants who took part, seven were female, three male and one preferred not to say. The majority (n=6) considered themselves to have a disability, four did not and one preferred not to say. In terms of age, three were aged between 26-35, three were aged between 36-45, four were aged between 46-55 and one was aged between 56-65. In terms of ethnicity, six identified as White British, three as Black British Caribbean, one as White Irish, and one preferred not to say. At the time of the interview, five were volunteering, three were employed (two part-time, one full-time), one was studying part-time.

### *Qualitative data analysis*

Interviews were transcribed verbatim by a researcher with relevant lived experience of mental health problems and long-term unemployment. Transcripts were then coded using a framework developed by McPin. Our coding framework included the following themes: project inception, how the project

worked, experiences through the project, impact of the project, legacy and the future, any challenges. Data was coded by two researchers with lived experience. They independently highlighted sections of the transcripts which were relevant to the topics above, along with any other interesting or noteworthy findings. The process involved reading through interview transcripts and noting important themes from participants, employment advisors and project stakeholders. Data from clients, staff and stakeholders were analysed separately at first, then common themes were pulled together across both sets of participants. A third researcher, the project manager, brought it together and the team developed a process for analysing and writing-up. Two members of the research team reflected on their own experiences of unemployment and of using peer support within this analysis process.

## Quantitative findings

### Data availability & sample characteristics

Monitoring data was available for 551 clients enlisted in the programme. The following table shows the sample characteristics for sample at the beginning of the project. The participants who completed sufficient follow-up data for comparison analysis are also shown. The subsample seems like the overall sample in terms of gender, age, disability status, education level, or basic skills. There were differences in the ethnicity of the subsample, which had a larger proportion of white people.

*Table 1: Sample characteristics*

	Overall sample (n=551)	Comparison sample (n=57)
Borough	Lambeth = 203 (37%) Southwark = 197 (36%) Lewisham = 151 (27%)	Lambeth = 16 (28%) Southwark = 26 (45%) Lewisham = 15 (26%)
Gender	Female = 312 (57%) Male = 238 (43%) Other = 1	Female = 35 (61%) Male = 22 (39%)
Age	Youngest = 25 Oldest = 66 Average = 45	Youngest = 26 Oldest = 66 Average = 46
Ethnicity	White/White British = 271 (49%) Asian/Asian British = 36 (6%) Black/Black British = 166 (30%) Mixed/Multiple ethnic group = 46 (8%) Other = 12 (2%)	White/White British = 34 (60%) Asian/Asian British = 4 (7%) Black/Black British = 13 (22%) Mixed/Multiple ethnic group = 6 (11%)

	Prefer not to say = 20 (4%)	
Considered themselves disabled	Yes = 275 (50%) No = 236 (43%) Preferred not to say = 40 (7%)	Yes = 31 (54%) No = 21 (37%) Preferred not to say = 5 (9%)
Baseline depression scores (PHQ9)	Mean=15.1 Min=2 Max=27 (n=549)	Mean=14.6 Min=4 Max=23
Baseline anxiety scores (GAD7)	Mean=12.8 Min=0 Max=24 (N=550)	Mean=11.2 Min=2 Max=20
Education level	None = 15 (3%) Primary = 13 (2%) Lower secondary = 52 (9%) Upper secondary = 150 (27%) Post-secondary = 116 (21%) Tertiary = 205 (37%)	None = 1 (2%) Lower secondary = 4 (7%) Upper secondary = 17 (30%) Post-secondary = 12 (21%) Tertiary = 23 (40%)
Lacked basic skills (English/Maths)	No = 422 (77%) Yes = 129 (23%)	No = 46 (81%) Yes = 11 (19%)
Length of time unemployed	Shortest = less than one month Longest = 50 years Average = Four years and nine months	Shortest = less than one month Longest = 37 years Average = Six years and four months
Employment status at beginning of project	Unemployed = 368 (77%) Inactive = 183 (33%)	Unemployed = 34 (60%) Inactive = 23 (40%)

In education or training at the beginning of project	No = 522 (95%) Yes = 29 (5%)	No = 51 (89%) Yes = 6 (10%)
Homeless or affected by housing exclusion	No = 508 (92%) Yes = 36 (7%) Preferred not to say = 7 (1%)	No = 55 (96%) Yes = 1 (2%) Preferred not to say = 1 (2%)
An offender or ex-offender	No = 485 (88%) Yes = 53 (10%) Preferred not to say = 13 (2%)	No = 52 (91%) Yes = 4 (7%) Preferred not to say = 1 (2%)

## 1. Impact of programme on participants

Of the 551 clients who took part in the programme, 152 people (28%) found employment by the time they finished with the project. Of these, 140 (25%) were in paid employment at the end of the project and 57 (10%) had sustained that employment for 26 weeks or more. This latter figure only reflects the number of people for whom data were available at the 26-week follow-up point, many clients either disengaged or left the project before this date and so the proportion of people retaining employment at 26 weeks may be higher. The average number of weeks for those who in paid employment was 22 (min=1, max=32). Where reasons were given for individuals not sustaining employment, 11 people had resigned from their job, six had their contract ended, three were dismissed and one did not pass a training test.

Beyond employment outcomes, 193 people (35%) had moved into education or training during the project and 52 (9%) were still in education or training when they left. 113 people (21%) had begun a volunteering placement during their time with the project. Approximately one quarter of participants (n=135) accessed the Improving Access to Psychological Therapies (IAPT) service during the time they were participating in the Work Well project. Of those who did, they accessed an average of six sessions (Min=1, Max=39, St Dev=6.4) during this time. Most clients attended the career coaching sessions (n=501, 91%), and those who accessed these sessions averaged 7.4 sessions (min=1, max=28, St Dev=5).

We then looked at the comparison sample (n=57) to see if there had been any difference in depression and anxiety scores for participants who completed data at three time points, at the beginning of the project, then at time point 2 and at a later time point 3. The data are as follows:

*Table 2: Mean scores for mental health data*

	<b>Baseline</b>	<b>Time point 2</b>	<b>Time point 3</b>
Depression (PHQ9)	Mean=14.6	Mean=9.2	Mean=7.6

	St Dev=4.8 Min=4 Max=23 (N=57)	St Dev=6.0 Min=0 Max=23 (N=57)	St Dev=6.3 Min=0 Max=23 (N=57)
Anxiety (GAD7)	Mean=11.2 St Dev=4.8 Min=2 Max=20 (N=57)	Mean=7.5 St Dev=5.1 Min=0 Max=18 (N=57)	Mean=6.2 St Dev=4.8 Min=0 Max=20 (N=57)

At baseline, the sample showed moderate levels of depression when compared on threshold scores for the PHQ9 (in which a score between 10-14 is considered 'moderate' depression and a score between 15-19 is considered 'moderately severe') (Kroenke & Spitzer, 2002). The average at follow-up decreased to 'mild' depression range (between 5-9). Similar patterns were found in relation to anxiety symptoms measured by the GAD7. The sample showed moderate levels of anxiety (i.e., above 10) at baseline (Spitzer et al, 2006). This dropped for successive follow-ups.

We ran statistical tests on all participants who completed data at three time points (n=57). The improvement in PHQ9 scores between baseline and follow-up was statistically significant. An ANOVA was run first to see if the differences were significant between the groups, follow-up (post-hoc) paired t-tests were then done to analyse differences between the time points. For PHQ9 scores, the ANOVA test was significant (df=2, F=46.8, p<0.01). Paired t-tests showed that there were significant differences between baseline and time point 2 (df=56, t=7.4, p<0.01), between baseline and time point 3 (df=56, t=8.1, p<0.01) and between time point 2 and time point 3 (df=56, t=2.4, p<0.01). All the above were significant when adjusted using a Bonferroni correction, with the p-value adjusted to 0.0167.

Likewise, improvement in GAD7 scores between baseline and follow-up was statistically significant. The ANOVA test was significant (df=2, F=24.5, p<0.01). Paired t-tests showed that there were significant differences between baseline and time point 2 (df=56, t=4.9, p<0.01), between baseline and time point 3 (df=56, t=6.2, p<0.01). However, the difference between time point 2 and time point 3 was not significant (df=56, t=2.0, p=0.02) when using a Bonferroni correction.

## Qualitative findings

### Service description

Through speaking to the range of clients, staff, and stakeholders we built a picture of the Work Well service, what it was and how it was perceived. The service was rooted in the NHS and took referrals in and out of the NHS and local statutory and voluntary sector organisations. It was set up to help people who were unemployed and looking to return to work, the aims were to help people with their

wellbeing and their mental health as well as supporting them with their employment journey. The service was designed to complement existing services such as the Job Centre Plus and other mental health services. This meant that the client base was broad and varied:

*“It was a short-term project integrated with the Career Management Service [...] Work Well was a brand new project which was out there to see if we could do the same role within the community.” (Staff #1)*

*“I know from experience in the Work Well project, that every job centre we approach ... thought our support was worthwhile and I think what they really valued was that we could spend a lot more time with clients than they could... they could really see that our approach was more holistic [...] As part of the funding for the project we were only able to see people who were unemployed and that differs slightly to some employment services where you can see people that are in work who are maybe struggling so this service was just people who were unemployed [...] it was part of our eligibility that they had to be motivated to find paid work and really we saw a huge range of clients.” (Staff #3)*

Work Well had a holistic approach and aimed to understand people’s situations. The service aimed to help people’s employment situation as well as their mental health situation. The service aimed to treat both simultaneously. Clients were assigned a ‘career coach’, who would work with them for up to nine months. They provided clients with up to nine months of regular one-to-one meetings, telephone calls and emails and up to a further six months of this support when clients moved into employment.

*“I think the clue is in the title in a way... It was a very much person centred approach and dealt with the situation that people face at that time rather than having a prescriptive model that people have to follow [...] It was around what they were facing at the time they came to see us and where we could move them within during their time with us.” (Staff #1)*

*“it was made up of different modules – things like job market navigation, career exploration so really it provided the model that a client entering the service would go through, dip in and out of, so every Career Coach was trained up in this model and knew how to deliver and when to deliver certain things and how to put together goal setting plans and consultations for clients” (Staff #3)*

*“It was all based on whatever they need so quite often it tended to be either working on their CV or creating a CV from scratch if they’d never had one and helping them to find out where to look for work. Support with writing applications and writing personal statements, interview practice – preparing for interviews. Looking for voluntary work, looking for courses, so yes it was really varied.” (Staff #4)*

The service aimed to help clients maximise their strengths and abilities and readiness for employment. Staff aimed to assess clients’ abilities with mind to their health conditions and give appropriate support and help people to realise their potential; guiding clients towards manageable and appropriate employment, while working around the client’s needs. Career coaches worked with a range of clients with differing levels of need. Some had been unemployed for a long time, and others had only recently been made unemployed. Coaches described some clients as being further away from the job market and others being closer to it. Some clients had been out of work for a long time due to mental ill-

health, many suffered with anxiety or depression or were lacking motivation. Work Well gave individualised help and support to the people referred to the service.

*“Well, it was really varied, some had been out of work for years and other people have just been out of work for maybe a couple of weeks, they’d just been made redundant. It just really varied. Some were really ready for work and then others not so much” (Staff #4)*

*“It can vary, most clients are just... their wellbeing’s been very poor... the vast majority - have been out of work quite a long, some we’re talking fifteen, twenty years. Some have never worked before and then you do get those clients that are a bit closer to a job market, maybe they’ve been out of work six months to a year but there’s been an incident that’s forced them to come out work and to have some type of breakdown or some type of trauma that’s stopped them being able to work and the clients come from a range of places.” (Staff #6)*

*“I was out of work yes, not because I couldn’t find a job but because I’d been unwell and I was under Mind at the time and under SLaM and, as I said, I was just looking for something to help me mentally, to help with my mental health but also kind of like build towards some type of part-time employment.” (Client #3)*

The service was bolstered by a website and social media presence. Staff used the website as a central point of information for the project, which they referred potential clients to. Having photos of staff also felt important. Staff could also use the website to engage with referral partners although there was little evidence of this through the interviews we conducted. Some clients used the website as a way of finding out about the service and what it offered or using the interactive form for referrals. One referral partner mentioned using the website for referral processes.

*“I think the website was really good for the new clients and the fact that our partner organisations could use it with them as well to let them know who they were referring people to... So we were able to give the website details to those people so they could at least let their clients know where they were going and what it was for... for a long time we didn’t have a website and we didn’t have any sort of social media presence so people didn’t really believe us to be true, if you know what I mean? You couldn’t Google us; we weren’t online and there were other similar work projects with similar names” (Staff #1)*

*“The website was great, it was in an interactive form that people could use it to refer themselves, but it also had some really lovely client stories, successes of our projects. It had a ‘meet the team’ page that was much more approachable, there was a face to a name.” (Staff #3)*

*“I went on to it, I didn’t use it, but I went on to it, yes, when I was researching about Work Well when it started” (Stakeholder #1)*

*“I had a look when I first got the card from the job centre coach because I wanted to understand what type of service it was that he suggested I look at. Yes, fairly generic, but it says all the relevant things.” (Client #4)*

*I haven’t been on it for a while, but yeah, it was easy enough to just find the standard ‘who are we’ and was easy to navigate. The referral - that wasn’t tricky at all and it was a short form*

*actually... I don't remember spending ages on it. It was quite brief because I think they called you back and then asked you a few questions. (Client #10)*

## Client journeys into service

Clients who entered the service tended to have experienced mental health issues and were looking to get back into work. Some clients who accessed Work Well described how they were lacking confidence. They wanted to receive specialist support from the service around employment and wellbeing. They may have been seeking support and advice about how to get back into employment (full or part time), some clients were unsure of which career path was suited to them and uncertain of their abilities. Some clients needed help to assess whether they were ready to go back to work.

*"I felt that my confidence was very low... I didn't have much self-worth, I suppose. I was very disillusioned about what I could do and what I couldn't do." (Client #8)*

*"I had heard that this was a service that specialised in people with anxiety and depression rather than just a generic one... the fact that it was specialised that really encouraged me to get in touch." (Client #4)*

*"they have a tailored plan for every person. I would say it is holistic because they don't just use one set of rules for everyone. There are individual tailored plans for each person." (Client #2)*

Clients described wanting to improve their interview techniques, writing CVs or letters and other practical support for securing employment. Few clients had experienced this type of bespoke service from other employment services, such as the job centre. Stakeholders who made referrals to Work Well described the usefulness of the service too.

*"They were a service that helped you get back into work, helping you with your CV so that was really what I wanted more than anything was the support with my CV." (Client #6)*

*"you can speak to them quite openly about your own life and talk to them about things, but they're always very positive and even if I'm not doing all the things I should be doing, there's no lack of constant support or total conviction on their behalf that things will improve so that's quite good as well." (Client #8)*

*"Work Well was a really amazing opportunity for us to be able to signpost people to specialist support for mental health and that was a really good thing for us and long may it continue." (Stakeholder #6)*

*"The reason for referring is I meet people who, usually they're looking to volunteer but they're also looking to get back into work and that's usually – often that's their angle but often they're kind of lacking in some confidence and might have some mental health difficulties and Work Well would be the place to refer them to" (Stakeholder #3)*

## Clients' experiences of the service

Clients spoke about the importance of Work Well focusing on all aspects of life, rather than solely on employment. Addressing issues in other areas of life was important for clients to begin thinking about the process of job seeking. Clients experienced empathy and understanding from career coaches, who

took time to examine what could be done to make this journey easier. Most clients we interviewed described having a good experience and many felt it exceeded their expectations.

*“They encompass all aspects of your life; they’re checking on your personal wellbeing. Not just work focused, its people focused, getting people into the right mind-set, giving them support and building them up as well. I felt really built up by [career coach], she was incredible, she inspired me to even change my career path. [...] I think the whole programme is just so meticulous they think of every single aspect of your life, that could be causing your mental illness to get worse. Like either they supported me with my anxiety to the utmost as I get overly anxious about everything. [...] Absolutely brilliant, I couldn’t fault them at all.” (Client #2)*

*“the fact that it’s a service that’s specifically for people with mental health issues and that makes it way more valuable than a generic employment service. There’s a lot more help, a lot more compassion and understanding involved... we weren’t just talking about strictly employment related issues, we were talking about the underlying issues that get in the way of accessing employment support when you’ve got a mental health issue. [...] I feel I got a great deal from it even when I didn’t expect to, and I guess that the service and the coach were better than I expected.” (Client #4)*

Work Well was useful for clients seeking a routine. It helped them practice the kind of structure, motivation and focus that would be necessary in the workplace. For some clients who found employment, the support they received from Work Well after securing employment was helpful in relation to issues that could arise in the workplace.

*“I lack motivation ... having somebody to meet with on a fortnightly basis and be accountable to and report back to, ensures that I actually get on and do what I say I’m going to do, so that was really useful.” (Client #5)*

*“I was really struggling to get back to routine and the coach would say ‘How about you try to incorporate this into your daily routine.’ For example: as if you’re going back to work on Wednesday start at nine or try and act as if you’re doing work stuff just like walking around the house. At 9.00 you get ready, at your desk by 10.00 and just do job search, as if you’re at the job. It is just setting up routine. So that was really helpful.” (Client #1)*

*“once I did start working, then I would go to work I’m not sure how to handle it and he’d be like, you know – ‘this might be going on with your manager, they might be having’, kind of like a lot of looking at what a manager might need, what a company might need from me and so different perspectives” (Client #11)*

Clients often described Work Well as having a reassuring and non-pressured approach to job seeking; with some clients using their time to work on issues such as confidence and self-esteem to become ready for work. However, they would nudge the client in the right direction by offering support and encouragement to maintain motivation. Emphasis was often placed on helping clients to work out and set their own goals, providing them with a sense of autonomy that could be helpful in all areas of life. They would also help clients to be realistic about their goals and expectations, at times dissuading them from jumping into work that might prove to be unsuitable or detrimental in the long term.

*“Work Well were more like ‘what do you need’. It’s not just ‘you must get a job right now’ it’s a bit more like ‘you need to find a job that works for you’ because, obviously Universal Credit was pressuring me into any job [...] I think, basically, what was really helpful about it, is it was really empathetic and quite compassionate... I found that incredibly helpful because it wasn’t so pressurised or stressful. It was trying to solve those problems.” (Client #11)*

*“They encourage you to be responsible and they’re also incredibly supportive and it wasn’t a case of being spoon fed or, also, them doing everything for you; you are made to see you need to do these things for yourself as well, or encouraged to do things for yourself.” (Client #8)*

*“I think they’re really good. I think they are very understanding. They are very genuine. They talked about ... as much about employment... your whole wellbeing, you know, the things that you enjoy and the things that are holding you back and the things that’s causing you distress.” (Client #3)*

Clients were able to use the sessions to develop skills such as CV writing, interview practice, time management and filling in applications forms. Clients found mock interviews particularly useful in building confidence and preparedness. Coaches were flexible with their communications and clients were able to email or telephone to discuss any problems. There were opportunities for training and voluntary work and work coaches would use signposting for clients who needed something that Work Well was unable to provide.

*“She would question me – like, let me think about the particular part of the CV and then she would probably give her input and ask me ‘what do I think’. She wouldn’t say to me ‘okay, maybe you should word it like this or word it like that’” (Client #6)*

*“They helped me with regards to editing my CV for the type of work I’m going for. Building up my confidence and to be able to apply an, regarding interview, I had interview help. I also had welfare advice which was really helpful. It was just brilliant.” (Client #2)*

*“Then they got me on to a baking course last year which was just, like, a one evening a week for six weeks and then from there it’s kind of built on to other things, but my experience of Work Well has been a very positive experience because they’re not putting you under any pressure to get a job and they’re trying to get you into something that would suit you rather than trying to get you into paid work.” (Client #3)*

The financial advisor, with his extensive knowledge in all areas of finance relevant to clients’ lives, proved to be invaluable. He provided them with ‘better off’ calculations ensuring that they would be earning more money by working than remaining on benefits. Not only did he give clients useful budgeting and benefits advice, but he would also apply for and appeal benefits on their behalf, alleviating a great deal of stress.

*“I was going through a bit of a crisis ... they helped me get some of my benefits sorted out, like, for example, Council Tax. They helped me with that because I was paying Council Tax and they made an application that I could become exempt whilst I’m unwell.” (Client #3)*

*“he knows everything about Universal Credit, absolutely everything. He can just tell you, he can work out what you’re entitled to; what you should be getting, if you aren’t getting something, what you could be getting, he’s just a fountain of knowledge really.” (Client #10)*

*“At that time, I was having my [Personal Independence Payment] PIP reassessed I’d had my meeting and he said as soon as you get a decision back, if you aren’t happy with it, I can contest it on your behalf. So, he was basically taking out all the hard work. Because if you get a pip rejection I’d say yeah as you know what they’re like. If it was rejected, he would fight it on my behalf, and he did with my Council Tax as well.” (Client #2)*

The recruitment consultant provided links for clients to employers. This included linking to large companies in the area who might be looking to take clients on. For career coaches, it was useful to have someone to help clients with interview practice.

*“It was positive that we could refer our clients through to the work recruitment specialist for extra support. He did a lot of interview practice with a lot of my clients, he was able to generate some key links with employers, I know he linked up with a service called ISS who provided domestic roles; he linked up with Tesco in Lewisham and ran open days for clients there, so he was certainly bridging the gap between the employers and us. (Staff #3)*

*“He would do case work reviews with us quarterly so that he know who we had on our case load and what stage they were at so he had an idea of what employers to go and try and get jobs with and he shared those vacancies one a week so we could share those with our clients as well, so that was very useful and that was the main part of his job, really, just to get out there and speak to employers and try and let them know that we were working with people with mental health challenges or had just recovered from one and would like to get back to work. So he always did that employer engagement... Kind of paving the way when somebody’s had a bit of a knock-down so that they’re almost not worried about disclosing the fact that they’ve had a bit of a challenge recently - so that they can then feel a bit more confident about then going to work with those people.” (Staff #1)*

The service used a variety of venues such as cafés and libraries because sometimes finding meeting space was a challenge. This meant that other spaces were used. While some clients appreciated the non-clinical feel of these spaces, others felt that the lack of privacy could be inhibiting and could compromise confidentiality.

*“Well sometimes you can meet at different places ... generally I only had sessions after I finished work ... we could be across the road from where I work... You can go there and have coffee or whatever; it’s quite relaxing” (Client #10)*

*“It would have been better had there been private rooms, yeah, definitely. In fact it gave one the general impression that there wasn’t funding for private rooms anywhere, it just gives one the impression that whoever was in charge of how the funding works doesn’t see that privacy as being particularly important or hasn’t bothered to think about it. That definitely would have helped.” (Client #4)*

*“Basically you could more or less hear the other person over there talking. You could hear the conversations with the clients and career coaches and sometimes I wondered how they would*

*feel; being in their shoes and there were certain things that I would want it to be a bit more confidential” (Staff #2)*

## Impact and legacy of the service

Work Well seemed to have a positive impact on clients. Almost every client had constructive things to say about the service, many praised the team or individual staff who had helped them on their journey. Some had been supported to find satisfying work, some had been assisted to find training or volunteering. Others improved their confidence and knowledge about what their next steps on their journey would be. Many of the clients praised the service and individual staff team members for the help they had received. Staff also mentioned that they felt that clients moved on through receiving this support. Some clients mentioned that they were seeking employment, but now had more direction and skills in job searching because of Work Well.

*“My experience with them was really good because they’ve got me into [work] which is helping me massively and I wouldn’t have found that if I hadn’t gone to Work Well... They put me on to other people like dealing with mental health who are giving me support. [...] one of my goals was to do voluntary work. I’m still doing it now – voluntary work for the same people who trained me in baking so I’m volunteering with them.” (Client #3)*

*“I think my confidence has grown so much and I just can handle more at work, so I think that’s probably things I can do anywhere ...I’ve been thinking ‘oh, I’ve really grown a lot in the last couple of years’, even experiencing redundancy has contributed to that in a positive way but I don’t know if I would have seen it as positive without Work Well.” (Client #11)*

*“I would advise anybody to use the service regardless of what ‘illness’ they have. I am obviously aware that they are a mental health service, but it should be available to everyone. It helps you to build confidence in yourself. It is not as if they do it for you, you have to put in the hard work. They are a great service that build people’s confidence and esteem.” (Client #2)*

*“I had a client that had had the last session the week before last and there were tears on her end and tears were almost coming out of my eyes because it was such a big transformation in terms of the person she is now and will go on to continue to be and that’s what’s amazing for me. I know it sounds quite self-centred, but that is what I think good work is. The goal is life change, and I’m of the belief that the process is more important than the outcome.” (Staff #6)*

The funded Work Well project was coming to an end when we interviewed clients and has since ended. From this point forward, only clients who were also (incidentally) SLaM service users could access employment support through SLaM. The external office bases for Work Well were closed, but the Work Well project continued as a network of local employment teams who provide employment support to IAPT and secondary mental health service users. The Work Well website is still used by the network, with potential clients signposted to the employment teams in their Borough. Some staff moved to new roles within the wider Work Well network.

The number of people who used the Work Well service and provided positive feedback shows that there is a need for specialist employment support for the types of clients who used Work Well. Some clients had recommended the service to others. Clients expressed concerns about the future of the service:

*“I am gutted; I’m not going to lie. I wish it was going on for longer, especially as now I know where I’m going, just to have someone to give a bit of ongoing support.” (Client #10)*

*“Well, I’m hoping the service is going to continue in some form because there are an awful lot of people who are mental health service users who want to go back to work; they do want to do something to contribute. We’ve all got skills, we’ve all got abilities, but we can lose sight of it and I think having the opportunity to talk to somebody who is completely non-judgemental about your aims and your ambitions and starting to recognise what strengths you’ve got and what you have to give.” (Client #5)*

*“I would like to see them take over the world. I honestly feel that with more funding they could go far. I think it would be something that every borough every city would really help people.” (Client #2)*

*“I just think it was a shame that Work Well had to end because I think there is a bit of a gap where it would be good to have that kind of service. IAPT’s employment service is great but in terms of immediate support and the ease in getting referrals and being able to go out and actually promote the service and accept referrals there and then... was really good.” (Staff #4)*

*“They obviously do really good work and I think it’s awful when a service like that has to wind up because what are those people going to do now? Who’s going to replace them? To do that good work. Probably nobody.” (Stakeholder #1)*

### **Logistical and funding perspectives from staff**

The project should be seen in terms of its funding and logistical context. All staff interviewed mentioned logistical difficulties in the project. Most involved said that they would not do this project again due to the funding constraints and demands placed on the project by the funder. This was compounded by being situated within a large NHS Trust, which had its own bureaucracy around procurement and office space. The most cited example of this was the lack of a printer, and the fact that frequent trips to another location were needed to sign paperwork.

*“We were working in a shared office in Elephant and Castle for the Lambeth and Southwark boroughs and we didn’t have a printer or a scanner for maybe about a year and two months and that was an NHS problem; it just took forever to get one off site and installed into a new building. [...] Every piece of work that we did had to be evidenced, so every session had a record that was handwritten, every outcome also had a handwritten record that was signed by the client and yourself and all the induction stuff, all the enrolment paperwork was printed and signed and handwritten as well so it might sound like a small thing but if you’re dealing with fifteen people - not to have a scanner, a printer and a copier was a big deal.” (Staff #1)*

*“They have very stringent procedures and requirements so certainly a big piece of work was getting all the staff on board with the amount of paperwork that we had to complete, there was huge amounts of changes to paperwork throughout the project [...] I think it took us twelve or thirteen months just to get a printer which is ridiculous when you think any normal person could just go to the shop and buy a printer but there was so many loops to jump through in terms of our IT infrastructure and our IT policies and we couldn’t do that so that was a huge challenge.” (Staff #3)*

This impacted on staff morale, with all staff finding these demands difficult. The risk was that staff would leave the project after becoming disenfranchised with the procedures. It also affected job satisfaction.

*“Oh my God, it was so bad! I want to say good things but there is nothing good I can say about it. There was a massive duplication of effort which was a waste of time really because you could have been doing something useful.” (Staff #5)*

*“It was way too much, in the end I thought it was more of an admin role. We were spending so much time on paperwork it took the enjoyment out of the job” (Staff #4)*

Most of the frustrations that staff experienced with this project would not have been visible to clients, but it could have an indirect impact. Firstly, the large amount of time spent on administration meant that staff could not spend as much time seeing clients. Secondly, clients’ sessions were sometimes interrupted by data collection procedures which felt out of keeping with the rapport building they were doing. No clients mentioned this as a problem though.

*“Good money is paid for those targets and that support in the community, but the evidencing of it was really laborious and it takes away from a lot of the work that you can do with people face to face in supporting them... it always felt like you’d had a really nice, engaging session with them and then it got very formal and serious for no reason really. It almost killed the atmosphere, but it was necessary and then the paperwork at the beginning for the registration was really lengthy.” (Staff #1)*

*“the amount of paperwork sometimes took away from the real value of our work so rather than just having a really open session where we’re talking about their mental health, aspects of employment and wellbeing, sometimes it could feel a little bit prescriptive in a way or we had to stop the session to fill out these forms that were quite robotic; asking them to provide quite a lot of information and tick boxes and things and especially when someone is maybe difficulties with their mental health, to then ask them to fill out reams of forms and asking them to provide evidence and ID, was not in line with the overall aims of what we were trying to do.” (Staff #3)*

## Discussion and recommendations

Our evaluation showed that Work Well was a valued employment service. There were advantages in having a central, non-NHS hub for clients to visit. There were also advantages in coordinating expertise, e.g., financial advice, career coaching and mental health expertise. Of those clients we interviewed, views about the service were almost always positive. The Work Well team were able to demonstrate impact in terms of clients returning to work; over a quarter of clients found employment by the end of their sessions, over a third had moved into education or training and a fifth had started volunteering. In terms of mental health and wellbeing outcomes, a quarter of clients were accessing IAPT wellbeing services. Of clients who provided enough follow-up data, there were improvements in depression and anxiety symptoms which were maintained long after their engagement with the project.

Data from similar services working with similar populations shows similar rates, some higher and some lower. It is difficult to compare employment interventions because contextual factors differ, and the

client group is likely to differ. For Work Well, it is worth considering that the average length of unemployment was almost five years. Clients were therefore further away from the labour market than could have been expected. The funder's target of getting 35% of clients back into work seems much more difficult in this context. Some comparable UK-based studies have been done with people regarding employment and mental health. Individual Placement and Support (IPS) models in the UK have achieved modest outcomes for people with severe mental health problems (Howard et al, 2010), where 13% of IPS clients retained competitive employment after one-year follow-up. In another UK study, 35% of people who saw an employment specialist within a mental health team after one year follow up (Marwaha et al, 2014).

There were significant logistical challenges in setting the project up. Most staff who were involved in the project mentioned the challenges responding to funders' monitoring requirements. Several staff expressed relief that the project was over. However, there was disappointment from clients and referral partners after the project finished. The Work Well project temporarily filled a gap in service provision for people who wanted to access employment support but who did not qualify for (or want to access) statutory mental health support. The advantage of a service which focused on mental health and employment support was that it could be tailored to what the client wanted. Now the project has ended, the client group who would have accessed Work Well are unable to access appropriate employment support because it is only available to mental health service users through the NHS Trust. An employment service that can only be accessed through mental health services may not be appropriate for someone who primarily wants employment support. Work Well was equipped to work with both groups of clients, those who were looking for work after a recent stretch of unemployment, and those who had been unemployed for a longer period and were trying to improve their wellbeing and confidence before thinking about returning to work. The nine-month casework allowed for some detailed work with both.

The strength of a service like Work Well is in the holistic approach, treating wellbeing, financial and employment issues together. Seldom are these issues seen in isolation, particularly with people who have been out of work for longer periods. Wellbeing and finance are linked, and people experiencing mental health issues may also experience money problems and vice versa (Holkar, 2017). The importance of debt and welfare advice in this service showed the importance of these things for clients. The missing link is perhaps with employers and setting up demand from large local employers who could take large numbers of people into paid roles.

The importance of wellbeing and employment support will increase again in the aftermath of the Covid-19 pandemic. There are currently 2.8 million people in the UK claiming job-related benefits from JCP, a 126% rise since before the coronavirus pandemic (The Guardian, 2020). This figure is expected to rise further as the UK enters a recession. The Covid-19 pandemic will also lead to an increase of recession and the likely over-reliance on the gig economy (Skills Commission, 2014). Modern ways of working following the pandemic may disadvantage people who are not used to working from home or are unable to work from home, and more and different skills will likely be needed in this new reality. Adapting a programme like Work Well for the post-Covid-19 world would require a different set-up, with more provision for remote working and digital inclusion skills.

## Recommendations

- A co-ordinated, community-based, non-stigmatising mental health and employment service has benefit. The added benefits of financial support and welfare/debt advice should be at the core of any future service development.
- A future service should build relationships with key local employers (e.g., large supermarkets, hotel chains, NHS Trusts, and hospitals) prior to set-up, ensuring that these employers are in good position to work with clients coming through the programme. This should be done in conjunction with mental health awareness raising with employers, to ensure that clients are matched with employers that understand mental health.
- Funders involved in developing these kinds of services should attend to the logistical demands they are placing on providers. Streamlined processes should be developed in consultation with staff and clients at the outset to prevent staff burnout.
- Build relationships with partners across the geographic area, to ensure that clients can visit one of several possible locations to access the service. The nature of the client group may mean that travelling long distance is not possible. Further accessibility requirements are needed in the wake of the Covid-19 pandemic, for example, digital inclusion and access to technology.

### Reflection #1: Peer researcher at McPin:

When I went with my manager Dan to Elephant & Castle to interview people who had used Work Well, we were first welcomed by the friendly staff. We were given a separate room and it was soon filled with people who were keen to share their experiences of the service. I briefly introduced myself as a peer researcher who was doing Permitted Work on top of the benefits I receive to keep busy and learn new skills. One of the clients had never heard of Permitted Work so I spent some time discussing this with him. The group had never met each other before as all the work done had been one to one. The unpressured approach which helped people with experience of mental ill-health, to find their strengths, is in sharp contrast to the Jobcentre which just pushes people into any training or work to cut the unemployment figures.

Every client who used Work Well gave good feedback on the project and were happy with the service they had received. Staff had helped them to build confidence through mock interviews and filling in job applications which was highly valued by the service users. Contact and support was given for some months once people had found employment which gave clients the ongoing help and support that was needed in order to get settled into the working environment which I found reassuring. Often people are overwhelmed by a new work setting and may lack confidence in their abilities. It was a well-planned scheme which was flexible to adapt to clients' needs. Some people learned through using Work Well that their aims were unrealistic and were helped to find goals they could achieve.

It is unfortunate this project is coming to an end; some clients were quite upset when they discovered the project was closing as it helped so many people. The real values of this sort of work are not always measurable. It was surprising to discover how much hard work had gone into this scheme and setting it up which impressed me. I get the feeling a similar venture would not work as well if moved to a generic IAPT setting. I believe it would become measured by how many people they get into work rather than the number of people they have helped. Probably, the venue or setting, if moved in with other services will become clinical and unwelcoming. It was interesting to be involved in this research project, including: the workshop at the beginning, helping with telephone interviews, transcription of interviews and the writing up of the report. Getting to learn more about the planning, mechanics, and purpose of Work Well has been an

interesting experience. I have noticed from my personal experience, there is often an unrealistic idea, held by the public and users of mental health services, that finding work will solve all their problems. Taking on work, can be the beginning of a whole new set of problems and some people are not ready or able to do this.

People were advised by work world staff not to mention they had a mental illness at the interview stage, but to wait until after they had been offered a job. I found this upsetting because it shows how much stigma is still attached to mental illness. I don't think this reflects badly on the Work Well team but highlights that there is a problem with the wider system. This is a shame because there is so much information now available to educate people on how to support people under mental health services, yet people are still being made to lie about who they are in order to get into employment. I this is detrimental to people living with mental ill-health.

In the past, the Jobcentre have told me that I needed to do a one-year training course 'Restart' to continue receiving benefits. After I deducted the cost of travel to and from work the extra £10.00 I received each week was almost gone. It was based in a church and required to be on-time until permitted to leave, there was very little to do there. It was pointless, humiliating and boring but it kept the unemployment statistics lower as I was classed as being in training rather than unemployed.

It seems a shame that you need to have a mental health problem to access this kind of service. If all people were given this kind of support, respect and guidance when looking for work, the world could be a better and happier place. Instead the average man is made to search alone and apply for a set number of jobs every fortnight to receive benefits. With so many people applying for every job it is demanding, disheartening and impossible for some people to comply to these rules to receive unemployment benefits and survive a difficult time. I believe this is one of the reasons why we have so many people begging and homeless. The safety net of entitlement to benefits has been tied up in red tape, it is now impossible for some people to access the help that they should be receiving.

## **Reflection #2: Peer researcher at McPin:**

As a peer researcher involved in the evaluation of the Work Well Service, I spoke to a wide range of clients, from people who had been out of work for many years to those who had only just found themselves unemployed and almost all of them were positive about what Work Well had been able to do for them. This holistic service strove to build its clients up and prepare them for work in ways that other services such as the job centre had been unable to do and it seemed to me that this was because every attempt had been made to ensure that an understanding and individualised approach was used. An approach that took into account just how difficult it can be to mentally ready oneself for work, to build that confidence and that sense of stamina that is necessary in order to work - the workplace can often be exhausting for people who have mental health problems and have been out of work.

It seemed clear to me that the stakeholders and staff alike all had a good understanding of the fact that periods of time spent out of work can cause mental health problems and that, equally as important, mental health problems can cause unemployment. They used a common sense, compassionate and holistic approach to break this vicious cycle by guiding people back into the workplace gently and without exerting undue pressure. When I began to interview people about their experiences with Work Well, it was really quite inspirational to listen to people talk about

how excited they were feeling about the fact that they might actually be able to work and, more importantly, that it could be possible to also be happy to be in the workplace.

It was unfortunate that this service had to end and I often wonder about all of those people who believed that they were going to be helped; that the world cared that it was hard for them, that they lived in a society that understood that some people carry a far heavier burden than others. Of course, we also now have COVID and I wonder about all those people who were helped to the point of gaining employment, those who had managed to take that final step because they had been helped to build confidence and trust; what on earth has happened to them? With or without COVID, there seems to be an inherent problem with these well intentioned, short-term projects; is it possible or even worth considering that they could, in the long term, be doing more harm than good by pulling the rug from under people?

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## Appendix (interview schedules)

### Work Well – questions for clients

How did you get in touch with the Work Well service?

- What are the main reasons you got in touch with the service?

What has been your experience of the programme (including work/career coach)?

- How would you describe the Work Well approach?
- What goals did you want to achieve through this programme?
- How does it differ from other employment services (if you have experience of these?)
- How does it differ from other mental health services (if you have experience of these?)
- Have you used the benefits advice? (if applicable)

Have Work Well made you aware of other mental health and/or employment support available?

What is your opinion on mental health stigma in the workplace?

Are there any other benefits to Work Well that you can think of?

Is there anything else you would like to see Work Well do in future?

Anything else you would like to tell us?

### Topic guide with staff

- Intro/consent
- how the service worked
- how did clients enter the service?
- what kinds of situations were clients in when they joined the service
  - o (and left the service)
  - o typical client journeys
- what worked well about the service and the way it was set up?
  - o The impact of the Financial Support Adviser role e.g. benefits, challenges, etc.
  - o The impact of the Recruitment Specialist role e.g. benefits, challenges, etc.
  - o The use of the Work Well website and social media (e.g. Twitter) e.g. did people use them, were they useful, etc?
- Challenges
  - o Administration
  - o Working within NHS environment (benefits/challenges)
- any logistical issues you think are important to mention.

## About the McPin Foundation

We are a mental health research charity. We believe research is done best when it involves people with relevant personal experience that relates to the research being carried out. We call this expertise from experience and integrate this into our work by:

- Delivering high-quality mental health research and evaluations that deploy collaborative methods
- Supporting and helping to shape the research of others, often advising on involvement strategies
- Working to ensure research achieves positive change

Research matters because we need to know a lot more about what works to improve the lives of people with mental health difficulties, their families and ensure people's mental health is improved in communities everywhere.

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McPin Foundation

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<https://mcpin.org/stay-in-touch/>

### Want to find out more about our work?

Visit [www.mcpin.org](http://www.mcpin.org)

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