Evaluation of a Peer Support Employment Group Project

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Executive summary

The relationship between mental health and employment is complex. For many people who are unemployed, the prospect of returning to work can be frustrating and daunting. For those looking to return to employment, sharing experiences with others in a similar situation might be helpful (i.e., as a form of 'peer support'). This employment project run by Mind aimed to provide peer support groups and one-to-one employment support to participants. The project drew from Mind's expertise in community-based peer support and applied it to an employment context. The project was part of the Building Better Opportunities programme, funded by the National Lottery Community Fund and the European Social Fund.

National Mind oversaw the project, collaborating with local Minds in West London (Barnet, Brent, Harrow, Hammersmith and Fulham, and Hillingdon). Each local Mind recruited employment advisors to support local participants. Support provided to participants included psychoeducational approaches, coaching, job search skills, interviewing skills, and peer support employment groups. The aim was to improve participants' work readiness and match them to vacancies and education/training opportunities. The target was to support 400 people with 'common mental health problems', with 132 people securing employment and 68 moving into education or training. The project operated from January 2017 to March 2020 (with delivery occurring between April 2017 and December 2019). The McPin Foundation was commissioned to evaluate the peer support element of the project.

Evaluation aims

1. Understand how the delivery of the project differed from the original intention
2. Assess the impact of the project for participants (i.e., on wellbeing, quality of life, and employment)
3. Assess participants' experience of the project using the Side by Side values as a framework
4. Inform improvements to, and sustainability for, the model in future

Method

We used a peer research methodology, whereby some members of the evaluation team were able to draw on their own experiences of using peer support and of seeking employment whilst experiencing mental health problems. McPin and Mind developed a Theory of Change model to outline expected activities, outcomes, impact, and assumptions necessary for the project to succeed. The evaluation included monitoring and progress data from all participants, baseline, and follow-up questionnaires from participants who attended peer support (including questions about wellbeing, quality of life, peer support and employment). Semi-structured interviews were also conducted with a sample of participants, employment advisors, and project stakeholders.

We analysed monitoring and progress data from 201 participants (collected from people on joining and leaving the project). Additional data on wellbeing, quality of life, and peer support and employment was available from participants who engaged in peer support (n=67 at baseline, 21 of whom were matched at follow-up). Semi-structured interviews were completed with 17 participants from across the programme, 6 employment advisors, and 3 project stakeholders. The interviews were conducted by researchers who identified as 'peers', drawing on own experiences of peer support and experiences of unemployment within the data collection and the analysis process. The Theory of Change model was revised at the end of the programme to show how the project might be improved and sustained in the future.

Main findings

By the end of the project, only half of the target number had been supported with one-to-one employment support (n=201, 50%). Of these, 31 (15%) had secured employment, and 27 (14%) were engaged in education/training. Most participants never attended peer support and engaged only with one-to-one support. Of the 67 participants who attended peer support, 10 (15%) were employed upon leaving the project (five had sustained employment), and 14 (21%) were engaged in education or training.

Taken as a whole, the peer support groups encountered significant difficulties in delivery. All sites attempted to run groups at the outset, but they were reliant on paid project staff to set them up and facilitate the groups. One site experienced no staff or premises changes and established an ongoing peer support group throughout. A second site created multiple successful groups towards the beginning of the project but could not sustain them after losing key staff. A third site struggled to establish a group at the outset but engaged more participants with peer support towards the end. The other two sites struggled to implement the model. One site also managed to recruit a volunteer peer facilitator from within the project for the last few months. Changes were made to the focus of the project in the final year, with peer support becoming less integral than intended. Employment advisors focused their time on providing one-to-one support for participants. The funders' reporting requirements were extensive, leading to excessive paperwork and project staff spending time completing administrative tasks. This negatively impacted the development and sustaining of peer support groups.

In terms of outcomes for participants attending groups, data showed small improvements in wellbeing and quality of life, though too small to be considered meaningful with the limited sample size. Participant experiences of the peer support were positive, the support provided by employment advisors was considered helpful. The groups seemed useful for those who attended. They offered participants a chance to make friends, meet people and share common experiences, exchange stories and frustrations relating to their journey with mental health and employment. Common experiences included: long-term unemployment, family challenges, stigma and shame about unemployment and mental ill-health, experiences of workplace and job seeking discrimination, the frustrations of looking for a job.

Participants viewed local Minds as safe spaces with helpful staff, ideal for hosting peer support. The peer support on offer accorded with most of the values highlighted in the existing Side by Side framework for community-based peer support (i.e., commonality of experience, two-way interaction, human connection, safety). We found that the peer support environment was a particularly good place for people to feel accepted and to be open about the frustrations, stigma, and discrimination faced when seeking work or unemployment in general. There was less evidence of 'freedom to be oneself', perhaps due to many participants' entrenched experiences of employment-related discrimination. There was also less evidence of participants having 'choice and control' over groups, although some of the employment advisors who facilitated groups introduced shared decision making. The difference to the Side by Side groups was the 'status' of the employment advisor who was an organiser, facilitator, support group host, employment expert and leader. They may have also had relevant lived experience of mental health issues to draw on, but the hierarchy distorted the nature of 'peerness'. The facilitators' professional expertise was valued, but it may have negatively affected the sustainability of peer support. Staff turnover and inconsistent premises were common problems leading to groups finishing or pausing for long periods.

Conclusion

Considering the challenging operational environment and the numbers accessing peer support, this model does not look a promising addition to employment support for people with mental health problems. This evaluation does not provide enough evidence to take a view on impact and effectiveness. Nonetheless, the groups were positively received by participants attending. Further development of the model is warranted because achieving successful employment outcomes for people with mental health problems is challenging and new approaches are needed. Peer support may be useful at an early stage in the person's journey back to employment, helping the individual build confidence and work readiness before they embark on one-to-one sessions with employment advisors. Peer support may also sustain the search for employment and help job seekers remain hopeful and resilient to setbacks on the journey back to work. Local Minds are a good place to begin these types of peer support models, but attention to how more choice and control can be integrated into delivery is required. Peer-leadership was not a prominent feature here and developing a model with a facilitator emerging from the group could provide better sustainability.

Recommendations

1. There is not enough evidence that peer support groups improve well-being or employment related outcomes, but participants attending these groups reported a positive experience. Local Minds are well placed to further develop the model and deliver peer support groups which focus on employment.
2. In order to do this, local Minds must build partnerships with relevant local agencies. This will include responsible employers with a track record of making reasonable adjustments and supporting people back to work. These employers should be invited to meet with local peer support groups and speak with participants in non-stigmatising environments.
3. Local Minds should develop networks with training providers and volunteering services locally, creating a peer-led employment programme which links with free training courses, further education providers, and Recovery Colleges.
4. Large funding bodies should include people with lived experience of mental health problems and long-term unemployment in their decision-making. Targets and outcomes for the projects they fund should reflect the nonlinearity of mental health recovery. In this case, outcomes relating to work readiness, confidence, and seeking to mitigate against any negative consequences caused by previous employers and employment agencies.

Background

The relationship between work and mental health is complex. There is strong evidence to suggest that work is good for wellbeing. It provides income, structure and routine, confidence, a sense of contribution to, and purpose within, society, and opportunities for social interaction[1]. However, people affected by mental health problems can find securing and sustaining employment challenging. The prevalence of stigma and discrimination towards mental health and unemployment, the lack of suitable employment support and the lack of jobs to match skills and experience are some of the challenges faced. The longer a person is out of work, the more likely they are to develop a diagnosed mental health problem[2] and the less likely they are to return to work[3].

Mainstream employment agencies do not appear to be helping those who need it the most. 49% of people receiving benefits for longer-term disabilities (ESA) cite mental health as a primary reason for not being able to work[4]. 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[5].

For those in work, stress, depression, and anxiety are the most common causes of work-related sickness absence[6]. Other causes include workload, lack of managerial support, organisational change, and bullying[7]. 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[8].

Despite this, people with mental health problems can return to paid work when appropriate support is in place[9]. 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)[10]. Individual Placement and Support (IPS) models for people with mental health problems are well evidenced and involve employment coaches working with individual needs and preferences with an emphasis on rapid job placement. The emphasis on 'work first' can be difficult for people who have been unemployed for a long time and who face multiple disadvantages. They may require longer to obtain the skills or resilience to cope with the demands of working[11].

[1] Fair Society, Healthy Lives. (The Marmot Review). Strategic Review of Health Inequalities, 2010. Available at: www.instituteofhealthequity.org

[2] Fryers, T., Melzer, D., Jenkins, R. (2003) Social inequalities and the common mental disorders: A systematic review of the evidence in Social Psychiatry and Psychiatric Epidemiology, 38: 229–237

[3] Waddell, G., Burton, A. and Kendall, N. (2008) Vocational Rehabilitation: What works, for whom and when? The Stationary Office.

[4] Improving Lives: The Future of Work, Health and Disability Green Paper. Department of Work and Pensions and Department of Health, November 2017. Available at: www.gov.uk

[5] Improving Lives: The Work, Health and Disability Green Paper, Mental Health Sector Response, 2017. Available at: www.mind.org.uk

[6] Health and Safety Executive (2019). Work-related stress, anxiety or depression statistics in Great Britain, 2019. Available at: hse.gov.uk

[7] Verkuil B, Atasayi S, Molendijk ML (2015). Workplace Bullying and Mental Health: A Meta-Analysis on Cross-Sectional and Longitudinal Data. PLOS One. https://doi.org/10.1371/journal.pone.0135225

[8] Mental Health at Work Report 2019: Time to take ownership. The Prince's Responsible Business Network (published 29.10.19). Available at: www.bitc.org.uk

[9] Modini M, Tan L, Brinchmann B, Wang M-J, Killackey E, Glozier N, Mykletun A, Harvey SB. (2016). Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence. The British Journal of Psychiatry. 115.165092.

[10] Johnson, R.L., Floyd, M., Pilling, D., Boyce, M.J., Grove, B., Secker, J., Schneider, J. & Slade, J. (2009) Service users' perceptions of the effective ingredients in supported employment. Journal of Mental Health. 18(2):121-128 Available at: http://dx.doi.org/10.1080/09638230701879151
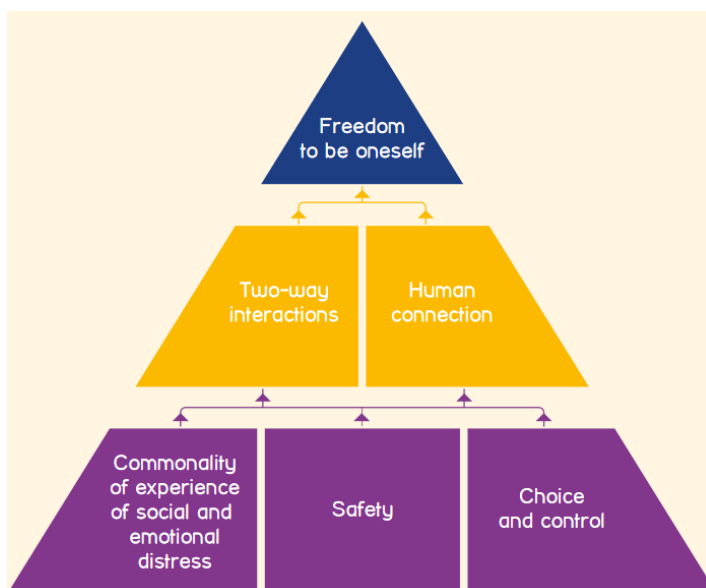
11 Bertram, M. (2019) Mental health, social inclusion and the development of vocational services in the NHS – what can be learnt? Mental Health Review Journal, 24(2), 133-143.

Peer support

Peer support describes the mutual support of people, provided independent of institutional governance. Its prominence grew during the mental health survivor movement, which was a response to the negative treatment of patients within psychiatric hospitals. The movement elevated the personal narrative of patient experience and demanded that the patient be included in decisions about care. There are things about peer support environments that are unique and differentiate it from traditional models of mental health support. Peer environments are welcoming and friendly places and have structures in place that create a sense of safety. These are not always obvious. Peer support emphasises individuals' autonomy. There are no demands or expectations to contribute to or attend groups. There is no obvious giver or receiver of support, people exchange on a reciprocal basis and all people are treated as equals. Individuals involved in peer support may be drawn together because they share similar experiences, such as backgrounds, interests, or goals but through the process find a path to express themselves honestly and openly. Something that is not always easy with mental health problems.

Peer support can benefit people who experience mental health problems[12][13]. The McPin Foundation and St George's, University of London collaborated to evaluate the impact of Mind's Side by Side programme[14]. This was a large-scale peer support project aiming to improve access to community peer support across England. Through the project, six 'values' were developed which defined what lay at the heart of good community-led peer support. These values are shown in Figure 1 (below).

Figure 1: Peer support values (Side by Side)

In addition to these values, the evaluation of Side by Side highlighted five 'key decisions' which anyone developing a peer support intervention should consider. These are as follows:

- How much facilitation is needed?

[12] Repper, J & Carter, T (2011) A review of the literature on peer support in mental health services, Journal of Mental Health, 20:4, 392-411, DOI: 10.3109/09638237.2011.583947

[13] Mind, 2013. Mental health peer support in England: Piecing together the jigsaw. Available at mind.org.uk

[14] Side by Side Research Consortium (2017) Side by Side: Early research findings. London: Mind. Available at mcpin.org

- What type of leadership is needed?
- Is support focused on a social activity, an educational activity, or other?
- What types of membership are needed?
- What kind of organisational support is needed?

These decisions are also relevant to consider when exploring the purpose of peer support, how they function, and the context in which they formed.

Peer Support Employment Groups

Using Side by Side as a basis, Mind developed the Peer Support Employment Groups (PSEGs) model as the basis for an employment project. This was funded by the National Lottery Community Fund and the European Social Fund (ESF), as part of investment in local projects to tackle poverty and promote social inclusion and employment. The aim of the project was to support people experiencing common mental health problems such as anxiety and depression, who were either looking for work or who had recently returned to employment. Peer support was provided as part of a wider employment support programme to support the return-to-work process. The project also included one-to-one support with an employment advisor, looking at the participants' individual needs.

National Mind oversaw the project, collaborating with local Minds operating in five West London boroughs to deliver it: Barnet, Brent, Harrow, Hammersmith and Fulham (also covering Ealing and Hounslow boroughs), and Hillingdon. Each local Mind appointed at least one employment advisor who generated referrals, provided one-to-one support for participants, established peer support groups, and developed links with local agencies and employers. The employment advisor offered psychoeducational approaches relating to mental health and employment, including motivational interviewing, mindfulness, goal setting, managing anxiety, helping participants identify strengths and matching them to appropriate vacancies, and job search skills (e.g., writing CVs, interview skills, using online job-search tools).

About our evaluation

The McPin Foundation was commissioned by Mind to conduct an independent evaluation of the peer support employment groups. Our evaluation describes the project, which operated from January 2017 to March 2020 (with delivery occurring between April 2017 and December 2019). The aims of the evaluation were as follows:

1. Understand how the delivery of the PSEG differed from the original intention
2. Assess the impact of the project for participants (i.e., on wellbeing, quality of life, and employment)
3. Assess participants' experience of the project using the Side by Side values as a framework
4. Inform improvements to, and sustainability for, the model in future

Methodology

We evaluated PSEG using mixed methods: (1) developing a Theory of Change model in collaboration with programme stakeholders, (2) analysing participant outcomes, and (3) conducting semi-structured interviews with participants, employment advisors, and project stakeholders. We used a peer research methodology, whereby some members of the evaluation team were able to use their own experiences of using peer support and of seeking employment whilst experiencing mental health problems.

1. Theory of Change

During project development, McPin supported Mind to create a Theory of Change model describing peer support within an employment context (Appendix 1). This model outlined the expected activities, outcomes, and impact of the project. It also described assumptions necessary for success. At the end of the project, McPin convened a meeting of key stakeholders (n=7; 2 employment advisors and 5 project staff) to discuss and critique the model against the original assumptions. We revised the model accordingly with comments generated through the workshop discussion, as well as research interviews with participants and employment advisors, and project stakeholders.

2. Impact evaluation

Measures

Monitoring data was available from all participants enlisted. This included demographic and situational data collected when participants joined the project (age, gender, ethnicity, disability, status in relation to homelessness, unemployment, whether the participant was in education or training). Similar data (except for demographic data) was collected when participants left the project, along with their progress on project outcomes (whether they had entered employment, or education or training since joining).

Additional data was available for participants who attended the peer support groups (as opposed to those who only attended one-to-one support with their employment advisor). This data was collected through a questionnaire (see Appendix 2). This included two standardised scales and several bespoke questions about peer support and employment. The standardised scales were the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) and the Recovering Quality of Life questionnaire (ReQoL). The SWEMWBS consists of seven questions about wellbeing. Respondents were asked to rate their response to each question out of five. The ReQoL consists of ten questions relating to different aspects of mental health and one question relating to physical health state (also rated out of five). Both SWEMWBS and the ReQoL can be summed, providing a total score to indicate a person's wellbeing and quality of life respectively. These measures were selected because of their brevity and because scores can be compared with scores for the general population, concepts such as wellbeing and Quality of Life are likely to be relevant for all participants regardless of diagnosis.

The bespoke questions relating to peer support and employment were developed in collaboration with people who had used peer support. The questions were piloted with people attending peer support groups at local Minds. The final list included 11 statements (on a scale of 1-5) and covered the following topics: motivation to seek work, confidence, understanding of support available, understanding of mental health, rights in the workplace, and support networks. Open-ended questions at baseline asked participants why they joined the peer support group, open-ended questions at follow-up asked how they felt about the group, common experiences shared with others, and recommendations for improvements.

Procedure

All project participants completed monitoring data, stored by national Mind. This was completed with the participant's employment advisor at (or near to) their induction meeting. At this stage, participants were also asked if they wanted to participate in the external evaluation of the peer support. Those who agreed were asked to complete the baseline peer support questionnaire.

For participants attending peer support, follow-up questionnaires were collected at 'census' dates throughout the project. Employment advisors identified appropriate dates at approximately ten-week intervals. Members of the evaluation team attended the first peer support 'census' session to provide support as needed. The employment advisor collected data from all participants who attended the peer support group on that date. As a back-up, employment advisors also collected data from peer support participants who did not attend on census week (if they attended a one-to-one session with the advisor within a week of the census). Data was entered into a spreadsheet uploaded into a shared database (Microsoft SharePoint hosted by national Mind), where it could be accessed by the McPin evaluation team. The first project data was collected in January 2018 and the database was closed in September 2019.

The evaluation team ran two training days with employment advisors to guide them through the process. We provided them with an Excel data-entry sheet. Telephone support was available for employment advisors throughout and follow-up calls were made before each census.

Data analysis

We analysed participants' demographics and their situation/characteristics at baseline. We analysed data relating to employment and education/training status at follow-up. For participants who attended the peer support groups, we compared baseline and follow-up scores for ReQoL, SWEMWBS, and the bespoke peer support and employment questions. Mean averages for the SWEMWBS and ReQoL were compared using paired t-tests.

Where data were available for a participant at more than one census date, we used their final data point for our analysis. Missing values on the SWEMWBS and ReQoL were imputed based on the mean of the completed values on the scale. For the SWEMWBS, we imputed responses which had up to one missing value only. For the ReQoL, we imputed up to two missing values. Responses with greater numbers of missing values were removed from analyses.

3. Interviews

Measures & procedure

Semi-structured interviews were conducted with 17 participants, six employment advisors (from four of the five sites), and three project stakeholders working in management roles. Interviews were conducted towards the end of year 2. Pilot interview schedules were developed in collaboration with Mind. Potential participants were identified by employment advisors. We recruited ten participants who attended peer support groups and seven participants who had only attended one-to-one sessions with their employment advisor. Initially, we aimed to recruit and train participants to help conduct the interviews. This proved difficult, but we recruited a volunteer from one site who was a co-interviewer for two interviews.

Employment advisors identified potential participants. Those agreeing to take part were asked to complete a consent form in writing or on audio recording (prior to interview). A researcher with relevant lived experience contacted the participant and conducted the interview (either face-to-face at Mind premises or over the phone). Interviews were audio-recorded (with permission from the

participant), and the interviewer took notes. Interviews varied in length from 20 minutes to 60 minutes.

We recruited and interviewed employment advisors in person or over the phone. These interviews were conducted during the final three months of the project. Again, interviews were audio-recorded (with permission), and the interviewer took notes. We created an interview schedule covering the advisor's role in facilitating job readiness, peer support, and employer engagement. Their overall views on project operations were also captured. Interview schedules are provided in Appendix 3.

Data analysis

Interviews were transcribed verbatim by an external company, and they were coded using a framework developed by McPin and applied by one researcher. Our coding framework included the following themes: work readiness, stigma and discrimination, disclosure regarding mental health at work, Side by Side values present in the groups, and the role of the employment advisor.

The analysis process involved reading through interview transcripts and noting important themes from participants, employment advisors and project stakeholders. Data from participants and employment advisors were analysed separately at first, then common themes were pulled together across both sets of participants. Data from project stakeholders were then added to the existing dataset, new themes were added where appropriate. Excel was used to manage the qualitative dataset. Some members of the research team reflected on their own experiences of unemployment and of using peer support within this analysis process.

Findings

Data availability & sample characteristics

Monitoring data was available for all 201 participants enlisted, and at two time points (i.e., when each participant joined and exited the project). Fewer participants attended peer support groups, baseline data was available from 67 of these participants (25 from Hammersmith and Fulham, 24 from Harrow, 8 from Barnet, 7 from Hillingdon, and 3 from Brent). Follow-up peer support data was available from 21 participants (31%). The following table shows the sample characteristics for the overall sample and the subsample of participants attending peer support.

Table 1: Sample characteristics

	Overall sample (n=201)	Peer support (n=67)
Gender	Female = 111 (55%) Male = 89 (45%) Preferred not to say = 1	Female = 40 (60%) Male = 27 (40%)
Age	Youngest = 24 Oldest = 68 Average = 43.2	Youngest = 26 Oldest = 67 Average = 41.6
Ethnicity	White/White British = 95 (47%) Asian/Asian British = 50 (25%) Black/Black British = 33 (16%) Mixed/Multiple ethnic group = 14 (7%) Other = 6 (3%) Prefer not to say = 3 (1%)	White/White British = 35 (52%) Asian/Asian British = 20 (30%) Black/Black British = 7 (10%) Mixed/Multiple ethnic group = 3 (5%) Other = 2 (3%)
Considered themselves disabled	Yes = 114 (57%) No = 64 (32%) Preferred not to say = 23 (11%)	Yes = 38 (57%) No = 23 (34%) Preferred not to say = 6 (9%)
Education level	None = 5 (2%) Primary = 6 (3%) Lower secondary = 18 (9%) Upper secondary = 60 (30%) Post-secondary = 40 (20%) Tertiary = 72 (36%)	None = 2 (3%) Primary = 1 (1%) Lower secondary = 5 (7%) Upper secondary = 19 (28%) Post-secondary = 10 (15%) Tertiary = 30 (45%)
Lacked basic skills (English/Maths)	No = 166 (83%) Yes = 35 (17%)	No = 60 (89%) Yes = 7 (11%)
Length of time unemployed	Shortest = one month Longest = 29 years Average = 40 months	Shortest = one month Longest = 17 years Average = 42 months

1. Evolution of the project from original intention

The project differed significantly from the original proposal. This had consequences for the evaluation. Changes to the planned project are presented below, followed by project impact.

The original Theory of Change map identified assumptions through which the project could succeed. These included: other services referring, enough demand for peer support, recruitment of suitable employment advisors, employer engagement, existence of suitable jobs and opportunities, partnership working, and consistent data collection. All assumptions were affected by challenges that were not predicted at the outset. The most significant changes and adaptations to the project intention are highlighted.

Changes to participant targets

Initially, the project aimed to support 554 people with common mental health problems. Of those, 233 people would secure employment and 94 would move into education or training. After seeking agreement from the National Lottery Community Fund, these targets were revised to supporting 400 people, with 132 securing employment and 68 moving into education or training. By the end of the project, the project had supported half of the revised target (n=201, 50%), with 31 (23% of target) securing employment and 27 (40% of target) engaged in education/training on leaving the project. The consequence of not meeting these targets meant that employment advisors' time towards the latter half of the project was spent focusing on job-outcome targets, rather than channelling participants into the peer support groups.

Centrality of peer support

One of the major changes was that peer support became less central to the project in comparison to one-to-one sessions with employment advisors. The original intention was to establish 15 new peer support groups, offering the opportunity to attend to everyone in the programme. Most participants (two-thirds) never attended peer support and engaged only with one-to-one support. Establishing groups was challenging for all sites, with four of the five sites struggling in this regard. The Side-by-Side peer support toolkit was offered to employment advisors and provided information on setting up community groups. This guidance was not always followed, there are some differences between peer support in an employment context and community-based peer support in the context of the original Side by Side programme. Here, peer support groups were embedded within service delivery, with specific and focussed content around employment. The toolkit may not have been an adequate resource, especially for employment advisor staff with little to no prior experience of peer support or working in mental health.

> *"Why are we doing this if it's not peer support? Why are [the employment advisors] still in the room talking because that shouldn't really be happening if it is pure? But I can understand that this project was just so different."* (Stakeholder #1)

> *"I looked at it from a sort of professional point of view, and I thought, well [the toolkit] gives some good ideas but I felt that there was still some stuff needed to help and facilitate that group with confidence. For example, I would say more, say, mental health awareness maybe of what do in a crisis in a bit more detail, things like that, which is in line with our own volunteering policies and procedures.* (Site #5, Employment advisor #2)

Other reasons included inconsistent staffing and high staff turnover, lacking premises for peer support (and organisations moving premises), and lack of local management support. Towards the latter half of the project, employment advisors tended to focus on getting people through the one-to-one support programme rather than peer support groups:

"We have tried a couple of times, but it hasn't been successful. Now, so yes, we are nearly at the end of the project so, yes, people are more like focused on having the one-to-one support now." (Site #3, Employment advisor #2)

There were some examples of successful peer support groups being set up and maintained, often when staffing and premises were consistent. One site experienced no staff or premises changes and established an ongoing peer support group throughout. A second site created multiple successful peer support groups towards the beginning of the project but could not sustain them after losing key staff. A third site struggled to establish a peer support group at the outset but engaged more participants with peer support towards the end. The other two sites struggled to implement the model. Elsewhere, there were successful adaptations made to promote the uptake and value of peer support. For example, the six-month cut off for participant involvement was changed after discussion with the National Lottery Community Fund. A 'progress review document', designed by this funder, and completed by advisors and participants at one-to-one meetings, was adapted to include a section on peer support, with the intention of introducing the concept to potential participants. This was useful to advisors with little prior experience of peer support.

Paperwork and bureaucracy

A commonly cited problem for staff working on the project was the time spent on reporting and monitoring requirements. Everyone involved in managing or delivering the project mentioned these difficulties. The level of paperwork is not uncommon for large scale employment projects, yet local sites were not accustomed to working in this way. Paperwork diverted time from delivering other tasks, disincentivised engagement, and demotivated staff. This was potentially worsened by the fact that General Data Protection Regulation (GDPR) legislation came into force approximately halfway into the project (May 2018).

"Sometimes you get so caught up in the admin and so you have less time to work with the people." (Site #4, Employment advisor)

"It's too bureaucratic, too much paperwork. Again, some of that is because I'm part time not full time. I mean there are seven or eight forms to complete to enrol someone and at least four of those duplicate questions... Instead of cutting back on paperwork, it always seems to increase." (Site #5, Employment advisor #1)

"The bureaucracy of the project is off-putting, demotivating... The bureaucracy of it is beyond any other project that I've ever worked on." (Site #5, Employment advisor #2)

"because of the level of paperwork that you were faced with, you couldn't really see the individual, which is quite unusual" (Stakeholder #3)

"There's a massive disconnect … 'I'm absolutely convinced you're doing a great job and you're really helping this person however you haven't written any of it down' so therefore in my world, in project management world, it doesn't exist" (Stakeholder #2)

These demands had affected what employment advisors did with their project time. This meant they were providing less one-to-one support for participants, running fewer peer support groups, or not engaging with employers. Similarly, time and energy of project management staff was diverted away from supporting employment advisors. In terms of data collection for the evaluation, employment advisors likely saw this as added paperwork. This affected how much data could be collected from participants attending peer support at baseline and (particularly) at follow-up. Two adaptations were made in the last year to support the administrative load. A performance management tool was

introduced to providing oversight, and a project officer was appointed nationally. The latter's role involved managing quality and accuracy of participant journeys and communicating with employment advisors.

Working within the operational environment

The limited resources and the fact that some employment advisors were funded part-time on this project contributed to difficulties in delivery. There was limited time to work with employers and potential referrers. This led to a lack of referrals and a lack of job opportunities for people to move into. There was a sense that national Mind's involvement in this type of programme was charting new territory, not knowing the context well, and that associations with mental health might elicit stigma from some employers.

> "Part-time employment advisors don't work if they're the only person working on a caseload because the world of work is not part-time." (Stakeholder #2)

> "I think being part-time, only two and a half days a week, it's not that much time to be going to this Job Centre and that Job Centre and going out with employers and that is very difficult." (Site #5, Employment advisor #2)

> "Whilst our advisers, in some instances, built great relationships with Job Centres… we didn't know enough about that kind of operating environment at all." (Stakeholder #3)

> "there's not a list of employers I have where I can definitely go, 'Yes, there's vacancies here' … unlike a recruitment agency there's not already that engagement with employers" (Site #3, Employment advisor #1)

There were cultural conflicts between the target-driven culture of the employment sector (often dominated by private, for profit companies) and the empathetic, person-centred approach of local Minds. The latter are suited to working with people who are further from the job market, working with them for a longer period and providing tailored support. Employment advisors stressed the importance of outcomes beyond employment.

> "There are definite successes for participants but I'm going to be quite honest. I have not enjoyed this project… I know that I have achieved outcomes for participants that are then not reflected in the outcomes... For instance, volunteering doesn't count... I think it should. […] My biggest criticism really is that the outcomes should have been broader, not so set because we've definitely had good achievements but they're not going to show in feedback" (Site #5, Employment advisor #1)

> "that was something that I found sometimes uncomfortable, and we would refer to the participants as targets, and because it wasn't as simple as that… it doesn't just end there, you know, working with somebody whether it's mild, moderate mental health, it continues […] sometimes when I had to meet with a funder and try to explain why we're still working with the participant after so long" (Stakeholder #1)

> "it's actually because of the lived experience mental health aspect that they're too sympathetic, potentially even too empathetic […] I have a more direct and a slightly harder-line approach […] The most honest thing for me to turn round to that person is, 'I don't think I can help you. My job is to help you get into work and you're so far away from that that I think you need another service in between me and then going into work." (Stakeholder #2)

One stakeholder in a management position stated that the employment support 'market' for people with health problems and disabilities has become saturated and it was difficult for the project to gain access to potential participants.

> *"[This area of] London is saturated with employment service projects, saturated… there were already IPS [Individual Placement and Support] models so there's a relatively small pool of people. If everybody is chasing that group of people, that's really hard."* (Stakeholder #3)

Role of employment advisors

Recruiting employment advisors with experience of both the employment and mental health sectors was difficult. Most advisors worked part-time. Some had expertise in mental health but not in employment, others vice versa. Employment advisors who lacked experience in the principles of peer support found implementing groups difficult. Employment advisors' time was spent working with people who were further away from the job market than the project had originally intended to work with. Many participants had more complex issues than the intended target group (people with 'common mental health problems'). Some advisors excelled in commitment to participants' welfare, but this may have come at a personal cost to advisors and an operational cost to the project (i.e., more time spent with individual participants limited the number of participants receiving input).

> *"A few months into the project, [employment advisors] were really struggling with the concept of how we set up this peer support stuff, how do we discuss it, when do we discuss it."* (Stakeholder #2)

> *"The experience might have been there in more generic employment provision, viewing CVs, maybe mock interviews…but I think the actual specification and the way we needed advisers to work was probably an enhanced version of any of those services… The speed and efficiency and just adapting to project boundaries and requirements was tougher for the advisers"* (Stakeholder #3)

> *"When [participants] came to us, it would've appeared almost hopeless. I think that's quite a strong word to use but there were some people that were really stuck… maybe they're not on the right benefits, so they've got financial issues. We've had to signpost people to the Citizens Advice Bureau… to help them get what they're entitled to. Some people have debt problems as well… without overcoming all that stuff that's going on in the background, they're not going to be focused on finding work."* (Site #5, Employment advisor #2)

As the project evolved, employment advisors' roles became more focused on one-to-one support, rather than delivering peer support groups.

Reflections on data collection and evaluation

The changes to project intention also affected the evaluation team. The main challenge was the lack of people attending peer support groups resulting in less data. Despite piloting the evaluation tools and developing them with employment advisors, we added to their paperwork burden. As staff on the project ourselves, we also felt the burden of project management paperwork required by the funders and national Mind to be higher than on any project we have worked on.

Another difference to the original project evaluation plan was that we were intending to have peer evaluators recruited from within peer support groups to support data collection. This would have only been possible with enough people attending groups and moving through the project (approximately six participants in a peer support group at any one time). We revised our original intention, and instead proposed that we would work with an individual evaluation volunteers in each site, training them to

work with the McPin evaluation team to help conduct interviews. One of the reasons we proposed this model was to help people develop skills for work readiness. It may also benefit the evaluation itself, as interviewing another person with similar experience might increase the likelihood of participation. In the end, we only recruited one volunteer to this role who helped conduct two interviews (along with a McPin researcher).

Lastly, the relative lack of people attending peer support led us to change our sampling criteria for the interviews. We also included participants who had only received one-to-one support from their employment advisor (and did not attend peer support). This allowed us to collect more data about what participants got from the wider project.

Reflection #1: Peer researcher at McPin

"The link between evaluation paperwork and monitoring fed into frustrations of using quantitative data to monitor individual outcomes. As a peer researcher, this has been reflected through difficulties engaging with employment advisors and sometimes felt personal due to the personal nature of peer research. We are drawing on personal experiences amid frustrations with project management and reporting. Technical difficulties with some local Minds have meant we at times have had to input data and offer technical support due to lack of updated software available, reflecting the lack of funding available in these organisations.

Attending some of the peer support groups across the set up and delivery phase differed from site to site depending on resource and room availability as well as the experience of the employment advisors. Advisors with previous experience were more aware of the principles of peer support and had more confidence and belief in the potential benefits of peer support for participants. Others with less to no experience found it harder to set up and facilitate groups which posed a serious barrier to uptake in addition to the wider demands of the project. Groups that I attended had experienced facilitators as employment advisors and thus the groups felt like peer support from my view and the dynamics of the group looked like it embodied peer to peer interactions. Within the session, I also felt like a peer and able to share my experiences equally and was welcomed back a few times at one group with familiar participants. The staff turnover meant the group discontinued running which highlights the level of facilitation required for the groups from local Minds in terms of room booking and maintaining the group.

Conducting interviews with beneficiaries the need for a person-centred service for this participant group and the benefits that peer support can have. Many of the people in this programme are more socially isolated than the general population due to lack of employment. Another major factor has been uncertainty around Brexit and the job market which has visibly affected both staff and participants. Personal conversations and observations show the impact this project has had through the goodwill of the employment advisors who are committed to providing the support and going the extra mile to help people in their journeys back to work." (HA)

2. Impact of programme on participants

Of the 201 participants, the average length of time spent in the project was five months (shortest = under one month, longest = 20 months). 31 people (15%) found employment by the time they finished with the project, an additional further 25 had moved from inactive to active job seeking. 27 people (14%) were engaged in education or training upon leaving the project, compared to 13 people (6%) on joining.

Of the 67 participants who attended peer support, 10 (15%) were employed upon leaving the project (five had sustained employment). An additional five had moved from inactive to active job seeking. 14 (21%) were engaged in education or training (ten of whom were not engaged in education or training at the beginning of the project).

Of the 21 participants who attended peer support and provided matched data (i.e., baseline and follow-up), mean scores for wellbeing and quality of life were calculated (using SWEMWBS and ReQoL respectively). These scores are shown in Table 2.

Table 2: Mean scores for peer support data

	Baseline (total peer support sample)	**Baseline (matched peer support sample)**	**Follow-up (matched peer support sample)**
Wellbeing (SWEMWBS)	Mean=19.1 St Dev=4.3 Min=12 Max=35 (N=67)	Mean=20.1 St Dev=4.2 Min=13 Max=27 (N=21)	Mean=22.5 St Dev=4.1 Min=14 Max=30 (N=21)
Quality of Life (ReQoL)	Mean=21.5 St Dev=6.6 Min=10 Max=38 (N=66)	Mean=22 St Dev=6.8 Min=10 Max=34 (N=21)	Mean=22.8 St Dev=7.2 Min=6 Max=35 (N=21)

The sample showed lower levels of wellbeing when compared to general population samples. This was consistent at baseline and follow-up, a score of 20 on the SWEMWBS (adjusted to 19 based on guidance) is in the bottom 25% when compared to national averages, as is a score of 22.5 (adjusted to 21). The sample showed low levels of quality of life at baseline and follow-up, a score of 24 or lower on the ReQoL indicates 'falling within the clinical range'.

The increase in SWEMWBS scores between baseline and follow-up was statistically significant in a paired t-test (df=20, t=-2.8, $p < 0.05$). The difference in ReQoL scores was also statistically significant (df=20, t=-2.51, $p < 0.05$). However, the limited sample size means that the results should be treated with caution[15]. For the ReQoL, published guidance suggests that any change of less than five points is not large enough to be considered 'clinically or practically important'[16].

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[15] A retrospective power calculation indicated that 21 participants was enough to detect a large effect in a paired t-test (Power 0.97, Effect Size 0.8, Significance level <.05). However, it was not enough to detect a medium-sized effect (Power 0.71, Effect Size 0.5, Significance level <.05).

[16] How to interpret ReQoL-10 scores. Reliable change or Minimum Important Difference. (University of Sheffield) https://www.reqol.org.uk/p/scoring.html

Comparing the scores on the employment questionnaire for participants attending peer support showed some improvements in participants' understanding of rights in the workplace, and their understanding of how to talk to an employer about mental health. No other notable changes were evident in the answers to the other questions. Table 3 shows these data in full:

Table 3: Pre- and post- for the employment questionnaire

	Baseline	**Follow-up**
Motivated to look for work	38 of 65 (58%)	8 of 19 (42%)
Confident in skills to look for work	30 of 65 (46%)	10 of 20 (50%)
Confident they will find a job they want	21 of 65 (32%)	8 of 20 (40%)
Good understanding of own mental health	49 of 63 (78%)	17 of 21 (81%)
Confident in talking to others about mental health	41 of 66 (62%)	12 of 21 (57%)
Feeling connected to family and friends	34 of 66 (51%)	13 of 21 (62%)
Understanding how to talk to employer about mental health	14 of 66 (21%)	11 of 20 (55%)
Understanding rights in the workplace	20 of 65 (31%)	13 of 21 (62%)

Participants' reasons for joining the project

Most participants in the programme did not attend a peer support group (67%). For those who did attend groups, and who completed the 'open' questions on the survey reported similar reasons for joining. The most cited reasons were to seek additional employment support and building confidence, and the opportunity to share their experiences and interact with people experiencing similar difficulties (e.g., *"To help me to gain my confidence and self-esteem. Meeting other people"*). As shown in table 3, participants reported the groups did deliver these expectations, particularly greater understanding of employment rights and talking to employers about mental health. Participants in groups also reported more connections to family and friends at follow-up.

Participants who completed the open questions at follow-up reported sharing experiences with others (struggling with motivation, long term unemployment, apprehension of disclosing mental health problems to employers). Aspects of the peer support that they liked included sharing mutual problems, meeting new people in a safe and confidential environment, *"feeling less alone"*, and *"adding routine to the day"*. Some participants felt like sessions could go *"off topic"* and become repetitive due to the flow of people joining and leaving the group. When asked what could be done to make the peer support group work better, participants asked for groups to be more focused and structured particularly focusing on improving confidence and interview skills. It was suggested that having external employers coming in to lead sessions could be beneficial.

Benefits to clients

Participants interviewed described the impact of the project in terms of job readiness, confidence and whether they had secured a job or training opportunity. The feedback we received was not only about peer support groups, but the input they had one-to-one with employment advisors. When exploring impact these two dimensions are not easy to unpick. Some described the impact of the peer support groups, others described the impact of the employment advisor and the supportive relationship they had with them.

We found that employment advisor's knowledge and coaching skills, and the relationships people forged with them were crucial. For example, a few participants described how the employment advisor had advised them, helped them with practical advice on CVs and application forms.

> *"we're going to be learning about CVs which will be great because I haven't done a CV."* (Site #5, Participant #3)

> *"it's definitely helped a lot with what information I need to put in my CV… I've got a bit of personal knowledge regarding caring and I didn't know I could use that so that was very helpful. [Employment advisor] showed me the best way to lay out my CV which was also very helpful because I was getting more responses after I'd talked with them about it."* (Site #2, Participant #2, did not attend peer support)

Employment advisors helped participants build confidence through treating them with respect, listening to them and (as required) challenging their preconceptions. In this way, employment advisors used 'coaching' to help participants take rejections less personally and see the bigger picture. These steps often happened before people began the job search. This is important for people who have poor mental health and low confidence:

> *"[Employment advisor] was always very helpful to me and would listen to me. They made me feel important"* (Site #3, Participant #2, did not attend peer support)

> *"I've always thought there might be something wrong, I'm missing something, I didn't do something right. But [employment advisor] said to me, 'It might not have even been to do with you. They might have had someone already in line for that job anyway. It might be that this person is a friend of the person who's approved it, and so it might not even be anything to do with your skills or experience.'"* (Site #5, Participant #1)

Below is case study of a participant receiving one to one support. It demonstrates the importance of a person-centred approach and how it can encourage steady progress towards job seeking activities.

Shamus came onto the project after spending a considerable amount of time focussing on improving his mental health. He was signposted to the project whilst waiting for a therapy with the NHS. He had worked hard in numerous jobs since leaving university but had also experienced bullying and racial discrimination in an office environment, which was accepted by management and colleagues as office 'banter'. His family disproved of his work choices. Shamus had recently visited a high-profile job coach who advised: "stop being a victim of mental health and find a job, any job". Shamus felt deflated and not worthy of work. He feared dismissal in any role for being a fake. He did not have high hopes of the project.

Within a matter of months his situation changed. With the support of his employment advisor Shamus applied for universal accredit, something he had been ashamed to do. He felt his advisor understood his employment goals and suggested an online resource for vacancies which he found inspiring. The employment advisor instilled a sense of hope in him by offering objectivity, valuing his achievements and working with his aspirations. Shamus would have been interested in peer support if it were available. He knew about its benefits having been involved in various self-help forums. Shamus wished he had found the project two years ago before spending time and money on unhelpful courses and coaches.

Some participants ascribed their success in getting jobs to the employment advisor and to the project. Others mentioned getting onto a training course or other opportunity because of the project:

"[Employment advisor] was a massive factor of me probably getting this job … all the time and I mean in the sense of checking in on me, emailing me … giving me different places I could look at." (Site #4, Participant #3)

"I'd been looking for a while and through the project I gained confidence and eventually I signed on with an agency and I got the job through that agency" (Site #4, Participant #4)

"[Employment advisor] was able to help me with was going … They encouraged me to go to an assertiveness course at the Recovery College… in their own way, they were able to put that forward as a way of help with myself" (Site #2, Participant #3)

"I did a support, peer support training session for six weeks with the College…How to run a peer support group." (Site #5, Participant #4)

Beyond the employment advisor's input, peer support groups helped clients improve confidence and courage in applying for jobs. Group members advised each other on where to look for jobs and opportunities.

"I find it really beneficial because along the way, I've found when we've done structured work within the peer support group, it's been really beneficial to me. It helps in all aspects of preparing for work in the future" (Site #5, Participant #3)

"Another thing was if I'd talked about what kind of work I was looking for or just generally looking for work and other members of the support group might suggest that an agency or an online search website or something or give other suggestions that I hadn't thought of before. One member suggested looking on volunteer websites and things, that was useful because I hadn't considered that before" (Site #4, Participant #4)

"Communication and being able to be more assertive. For example, with the…interview..... it certainly helped me in preparation, and assertiveness and being able to communicate all the answers clearly." (Site #5, Participant #1)

In total, five of the participants we interviewed gained employment, three whilst engaging with peer support. All were actively seeking employment and motivated to find work when they entered the project. For one participant, the experience of the project had a meaningful impact on their choice of work, as described in the following case study:

Demi joined the project actively seeking work having spent a considerable amount of time in and out of retail and care work which culminated in being signed off sick due anxiety and depression. She spoke of having a parent with severe mental health problems and was very open about her own history with mental health. Demi had limited contact with the Job Centre but mentioned that they lacked 'empathy'. When she started this project her confidence and self-belief in finding a job were very low; her job searching *'all over the place'*. She had not experienced peer support before and was reticent to try it out due to social anxiety.

The consistency of her advisor encouraged her to come out of her comfort zone and attend a session and there was no turning back. She enjoyed the relaxed atmosphere of meeting in a coffee shop and the mutual support the group provided around issues such as talking to management. *'You're literally in the boat with everyone else'*. She also found the other members inspiring. Hearing about mental health struggles and overcoming them ignited a desire to share her own. She began to understand the powerful affect lived experience with mental health can have when used to demonstrate empathy with others. Demi also felt that her one to one relationship with her employment advisor was *'a massive factor'* in gaining employment as a peer support worker. *'She*

was like a life coach' citing her persistence, relatability, self-disclosure and warm nature as important factors. Demi felt comfortable coming back to her former employment advisor after her official engagement with the project was over for in work support and advice.

3. Participants' experiences of the project

Peer support decisions

Project staff, rather than peers, were responsible for most decisions. The focus of group activity was, in part, determined by project goals and not in response to local demand. Employment advisors and staff within local Minds predominantly led and facilitated the groups. Group members often appreciated this, participants considered employment advisors to have the necessary skills to structure the group and engage participants on employment-related topics. As groups evolved and gained their own momentum, advisors sometimes ceded leadership, encouraging more peer involvement. This sense of **choice and control** was evident in some groups.

> *"I feel like [the employment advisor] is good. They will say to the ones that are outspoken to give the other people a chance… I really prefer it when it's run by a member of staff because I find I've been to a few peer support groups of different teams; and sometimes I find it has worked successfully, and other times it hasn't… I find it's more pressurising then for that service user."* (Site #5, Participant #3)

> *"I know it was meant to be a self-facilitated but … I suppose the nature in the way that they have developed I do tend to facilitate them, but I try and be as quiet as I can. I encourage other people. I mean where we do a theme, I ask people what they would like to do but then I tend to do the research"* (Site #4, Employment advisor)

> *"we always make the decision as a group where we would like to go next for a session. It could be confidence-building, assertiveness, or it could be interview skills, or you could be applying for jobs, what's the right way to apply, how you apply, and things like that. We're all sort of self-guided, so we're not pushing from any direction by [employment advisor]. We self-determine ourselves what we do. Which is good. […] if some people have some personal problem or something, a situation they've got, there's always someone there to offer a suggestion of how to work round it, or work with it"* (Site #4, Participant #1)

Advisors found recruiting group members difficult. The two sites with regular peer support activity were able to expand peer support to increase participation. One began a group for those in employment in a community setting. The other site decided to merge two groups which helped equalise the gender balance. This promoted group cohesion.

> *"So the peer support group isn't completely made up of people on the project. There are also people from the old job hub. that's really improved it because the old peer support group which I'll call it, from last year, was pretty much all male. Now it's 50/50 which is a lot better. I think having ladies present, that has actually made the discussion a lot easier. The men are opening up more.* (Site #5, Employment advisor*)*

Organisational support was integral to the success of peer support groups yet was not present at all sites. Unstable staffing had consequences for participant experience. For example, when their local site was under-staffed:

> *"It was a peer group, and they didn't even tell me the time or the place or anything about the peer group."* (Site #2, Participant #1, did not attend peer support)

Moving from staff facilitation to peer facilitation may improve project sustainability, particularly given the high staff turnover. One site managed to appoint a peer facilitator towards the end of the project. Finding appropriate peer facilitators was challenging, possibly because session activities focussed on job readiness and employment. A peer facilitator needed skills, expertise and confidence in these areas. Several participants underwent peer training but may have lacked the confidence to lead in topics such as preparing for an interview, disclosure, CV-building skills. This is especially likely for people who had been long-term unemployed and had anxiety around such activities.

Being seen and heard

People attending peer support may appreciate how the groups differ from traditional mental health and employment services where individual needs are not taken into consideration. Participants often described negative experiences of mainstream employment services such as the Job Centre. They felt pushed into inappropriate work, or that their mental health was not understood.

> *"With the Job Centre it's been very hard because I used to do caring for my mum for nearly twenty years and because I say now I've been a carer on my CV they want to put me in for care work, which I can no longer do because of [physical health condition]"* (Site #5, Participant #4)

> *"If I'm being honest, [Job Centre] were pretty rude and yes, they wouldn't really listen, they'd just tell you stuff and, for example, one time, I'd show up with say, eight jobs found, and then they'd be like, 'That's not good enough. I need ten.'"* (Site #2, Participant #2, did not attend peer support)

Participants' experiences of PSEGs were different. Those that attended appreciated that they had **choice and control** over the pace at which they could progress towards work readiness. Their personal goals were taken into consideration. Peers could pick topics for subsequent sessions and could (to some extent) steer the direction of what was discussed. The target driven culture of the overall project did not seem to have affected the participant experience.

> *"There is no pressure. There are no targets. There are no achievements that people have to make. I see my role as just helping people to get their heads around issues which are out there, which they haven't necessarily had to deal with for a while"* (Site #5, Participant #6, facilitator)

> *"Just a really chilled out atmosphere. There's no pressure of going back to work or anything like that. It's just making people feel at ease"* (Site #5, Participant #2)

'We are all equals'

Local Minds aim to treat everyone as equals. Participants often spoke to a quality that enabled **emotional safety** and trust. Some participants linked this to previous experiences of local Mind services whilst others appreciated the friendly atmosphere of the groups. There was a genuine sense of **human connection** and camaraderie with other members, including staff.

> *"You mix with the staff and the other people who are being supported by Mind and you're all treated, well just as human beings really. There's no them and you, it's all very much on the same level and you're just treated as you are really and accepted as part of that group"* (Site #5, Participant #5)

> *"We're all like baby birds at the moment, waiting to fly and do our own thing on our own little journey. So, at the minute we're all having to go on this nest, you know, the security We've got each other…we're there to support each other"* (Site #5, Participant #3)

> *"I never thought [fellow peer] would crack jokes. I was laughing… He was cracking so many jokes and I couldn't stop laughing but he was good. He was showing the cat's photograph. Even the other chap showed me the cat on the bed so we were both laughing."* (Site #4, Participant #2)

Employment advisors in the two sites with active PSEGs saw themselves as playing a dual role: that of leader and peer. However, participants were clear that they saw the advisors as professionals with a distinct role. What prompted advisors to consider themselves as peers was their self-disclosure of mental health and unemployment struggles. People in leadership positions displaying vulnerabilities can have a positive effect, reassuring members that everyone is 'in it together'. It may also encourage other group members to share aspects of their own struggles. The self-disclosure described by advisors, and one peer facilitator, was 'intentional'.

> *"There's still professional boundaries and she's still being our employment person that we know on our own, but she might say things like 'Yes, okay, well, I've had experience from going to an interview when I was younger', she might put her own little input in, in that way, but generally it's us guys talking and she is just more there, maybe just observing… I don't know if I feel necessarily comfortable yet going if she wasn't there, because I don't fully know everyone."* (Site #4, participant #3)

> *"The whole experience of going back to work…I can really relate to that because I was there …I just totally lacked the confidence"* (Site #4, Employment advisor)

> *"I just explained, in the broadest terms, my journey and what had brought me there. So, I think it was quite reassuring for the others to know that I have been on a similar journey to them… when we are talking about… getting nervous, or any mistakes that people make at interviews… I always try and say, 'This has happened to me lots of times. This is something that we all get.'"* (Site #5, Participant #6, facilitator)

> *"I've only shared my experiences where I felt it was useful and relevant. So it would be through that that I would consider myself to be a peer because I would have that commonality with that particular client or clients."* (Site #5, Employment Advisor 1)

Participants felt able to share in the groups, engaging in **two-way interactions** when discussing personal and employment-related topics. The nature of these interactions varied but they were expressed in an atmosphere of solidarity, understanding and acceptance. Some participants exchanged tips about work-related issues and sought and received reassurance of past work grievances.

> *"She was talking about the anxiety …she was getting quite anxious… we all trying to chat with her about it and saying we've had similar things… we were just trying to advise, and we were all just helping each other."* (Site #4, Participant #3)

> *"For every person has mental health, they have a different story. To try to categorise it, which people do all the time, they… pigeonhole people. With this group you're not pigeonholed. It does make a difference.'"* (Site #4, Participant #1)

Overcoming loneliness and stigma

Peer support groups are based on participants having **experiences in common**. Isolation is a common experience for people who have been unemployed, particularly the lack of social connection with others. Over half of participants were caring for family members (often elderly). This reduced their freedom to follow their own pursuits (especially relating to work). Some described feeling like 'the only one'. This sense of aloneness was connected to feelings of shame, potentially due to stigma about unemployment and mental health. Some regular attendees described the sense of solidarity and **human connection** in finding others in similar situations.

> *"I've got a lot also in the background with trying to find work, but also caring for my mum… There's a lot of things on my shoulders now… I don't really want to go too far away from her, in case there is a problem and I can't get back. So that's why I think sometimes I do worry about the job and the company I'm going to go into. So that's a kind of mental barrier"* (Site #5, Participant #1)

> *"I think people are friendly. It just gets you out of the flat so that's why I come out and I enjoy meeting people. That's the only thing."* (Site #4, Participant #2)

> *"it actually made me feel better because you realise you're not the only person, you're not the only person going through this situation"* (Site #5, Participant #1)

> *"peer groups have a hidden dynamic on the psyche. They say, 'I am not the only one. I can do things. I am not alone'. I hear stories which you don't get anywhere else […] You feel like it's just you, why are you the way you are, have you done something wrong … you feel low about yourself. But knowing that other people have gone through the same situation, it really does help in making you feel better."* (Site #4, Participant #1)

> *"When you're looking for work it can be quite isolating because everyone's constantly saying, 'Why can't you get work?' or, 'Why haven't you got work?' So when you come to these sessions you're in a place where there's a lot of people in the same boat as you."* (Site #5, Participant #1)

Many participants had experienced work-related discrimination, and/or bullying. Such experiences can exacerbate mental health problems and lead to internalisation of prejudice, shame, or guilt about work. Over half the participants interviewed spoke of this, and some mentioned 'imposter syndrome' (feeling incapable or unworthy of work).

> *"You feel an almost embarrassment, don't you? You think, oh people must be thinking, 'why can't they get a job?'"* (Site #4, Participant #4)

> *"Because it's more than one mental health issue I have and that's the other fear I've got. If I say in an interview, I have mental health problems, and it's, what are they? I know some people probably could just say, well, I have depression, or I just have a bit of anxiety; but with mine, I've always had this thing where I have disclosed it in the past and I've had it where people have said, cor, it's like a shopping list, isn't it? And that makes my confidence go really down."* (Site #5, Participant #3)

> *"I discipline myself for every interview that I have been given, I make it my hardest effort to show up. I think possibly low self-esteem makes it a bit hard. Yes, imposter syndrome, when somebody who is new to a job they feel that when they first walk into the job, they feel like they might be called up for not being able to do the job to the biggest standards"* (Site #2, Participant #3, one to one)

The values associated with peer support; the friendliness and egalitarian attitude, response to personal preference, feeling of emotional safety helped to reduce internalised stigma. Good peer support allows people to 'open up' about sensitive topics that may not otherwise be possible, enabling the **freedom of self-expression**. There was evidence for this in PSEG, but only in a few cases, whilst other participants preferred the intimacy of the one-to-one sessions for self-disclosure.

> *"So, for me personally that I had some pressure from family and things, I felt comfortable enough to talk about that in the group and other people in the group mentioned similar things, so that was kind of… It was comforting to be able to talk about it, I guess"* (Site #4, Participant #4)

> *"Sharing is a good thing because it's cathartic. If you keep it to yourself and you bottle it up, you're not expressing yourself……You end up blowing around in your brain and you think to yourself, "I've now got to get out of this spiral."* (Site #4, Participant #1)

> *"To know that there's somewhere that I can do that with confidence and not feel like I'm going to be judged or they're not going to understand."* (Site #5, Participant #4)

> *"things that I do find I can't address within the peer support group and it's no disrespect to other members, but it's personal issues that I need to work on, I can't discuss with them. So, I like the balance of both, and it does help, a lot."* (Site #5, Participant #3)

Beyond peer support

Participants experienced mixed results when disclosing their mental health problems during the application process. One participant described being disqualified from the interview following disclosure, whereas another felt empowered by their honesty. Latent discrimination was evident. A few participants described how they disqualified from job searching at the first hurdle; rejected by recruitment agencies because of gaps in their CV.

> *"I applied for the role, I passed all the assessments, I passed the maths, I passed the English, I passed the role play, I passed the physical and it basically came down to the medical, where they wanted to know…have you ever had depression? And being truthful, I said yes…they got back to me saying, unfortunately because of the role, they didn't think I could proceed with the application."* (Site #3, Participant #1, one to one)

> *"I put in my personal statement that I had time out from work due to personal reasons, along with depression and anxiety. At the interview I mentioned my time out of work and the [employers] were very accepting. Today they asked me if I would like to do a temporary job, but I explained I didn't want to burn myself out and he was perfectly understanding. So I think it was good to be honest."* (Site #5, Participant #5)

> *"[other employment agency] can't work with clients who have been unemployed for a long period, meaning longer than six months."* (Site #3, Employment advisor #2)

> *"If you're unemployed for that long and then you have a massive, what we used to call red flags on your CV, like a huge gap, how do you get to the interview? How do you minimise that red flag on your CV or how do you explain it? Unfortunately, mental health is a massive red flag."* (Stakeholder #2)

Advisors encouraged the openness of participants in order to get reasonable adjustments in the workplace (as required by the Equalities Act 2010), but fears of discrimination dissuaded some

participants from doing this. For others, disclosure was not part of their work identity and they did not feel a need to share these experiences at work.

> "At this moment in time, I think I would just like a balance of just being able to get on with it […] So, what I mean by that is, I mean it with all positivity, you can't allow yourself to be a victim to mental health." (Site #3, Participant #3, one to one)

> "if you say that at an interview, people are going to think, well, if she's got social anxiety disorder, that means she won't be able to go out with loads of people, […] so I have got this big thing about going into work. I really have. My anxiety is a big fear" (Site #5, Participant #3)

> "I am very passionate about people being able to disclose what they feel comfortable with. I do have a participant who did secure a job but then upon disclosure of a mental health condition they were … withdrawn." (Site #2, Employment advisor)

> "they haven't really wanted me to be, to get involved with the employers. I have offered. To go into a meeting if they want me to, but my role [is] to be enabling them to deal with the difficult situations. So, they will come and see me or they will come to the group" (Site #4, Employment advisor)

Some participants suggested that interaction with employers within the **safe** boundaries of peer support, for example as invited guests to the peer support groups, could help reduce stigma.

> "I suppose having opportunities where you can find employers who will understand if you have been away from a work situation for several years, who are willing to take the risk and let you start and start from the bottom." (Site #3, Participant #1)

> "Bringing in people who are already doing the kinds of jobs you want to do and asking them questions and hiring managers…because it can feel so far away, the actual workplace…. and finding out what they think of someone like me, in my position and I feel like that would have a knock-on effect, where that person would go back into their office and think we need people like this, we need to be a bit more empathetic." (Site #3, Participant #5)

Another potential route for participants to gain confidence with their mental health story could come from Recovery College courses and peer support training. Local Minds are well placed to offer these and to refer on. Some participants who attended groups showed evidence of having learnt from peer training. Employment advisors noted the value of volunteering, particularly for those furthest from the job market to gain confidence and skills.

> "I encourage a lot of people to engage in [name of other local Mind project] …….one young chap that's still with me and he was just doing nothing at all… he's done a couple of voluntary days where he's been a runner, and that's what he wants, and he's just so changed……it's lots of little things the confidence" (Site #4, Employment advisor)

One site merged a variety of different groups, balancing the more formal elements of employment peer support with social aspects of community peer support. This could help the groups sustain a life beyond the project and improve emotional safety and human connection within groups.

Reflection #2: Peer researcher at McPin:

> "There were questions about whether the groups in the project represented peer support at all. Were they real peer support? Were they pure?

I have been involved in mental health peer support for several years. I have been a peer support worker in the NHS and currently work as a researcher using peer methodologies. Prior to my research role, I had no idea the subject carried such polarised opinions. You could say I was part of a 'new wave' of peer supporters, not fully embedded in the roots of the survivor movement. My ignorance was unconscious; I entered the space during a period of rapid development and hit the ground running with no time to philosophise my own position within it. I once described my role as a peer support worker to a fellow researcher. Their response: 'That is not proper peer support!'. I was offended. For me, the role had enormous significance. It enabled me to openly, proudly use a part of myself that I had hidden behind a wall of shame. It helped me gain a voice about my mental health. But what about the people I worked with? Did they experience similar transformations? I concede paid peer roles, with additional employee benefits such as access to supervision and reflective spaces, do invert the peer support ideal of equality and that is what my fellow researcher meant, I think, with their comments about impropriety.

I do think, ultimately, the people involved in the peer relationship(s) are the only ones that can judge their felt sense of "peerness".

It is important to note that peer methodologies are not claiming equality with the participant either. I do think it enables the capture of nuanced data. During interviews in this project I actively disclosed my experiences of unemployment and mental health (if it seemed intuitively appropriate) and this enabled me to take the line of questioning further and beyond what was on the interview schedule. It is difficult to ascertain if this improved the quality of data, but personal feedback suggested that some of the people I spoke to enjoyed the process. I heard comments such as it felt cathartic or good to air one's views openly.

Some of the interviews with project management challenged my perception of how to view the term 'lived experience'. They didn't want their expertise to be pushed aside. Being immersed in peer research I may sometimes succumb to valuing lived experience of mental health problems before all else. But 'lived experience' whatever that may be, professional or personal, should carry the same weight, in this type of research.

At the heart of some the challenges this project faced lay an antagonism between expectations and intentions. The intentions of all involved seemed honourable yet the expectations seemed ambitious particularly considering the multiple disadvantages participants faced.

Having personally experienced the 'black hole' of unemployment, I believed, for a long time, the fault of this was my own. So too did some of the participants on this project. But this is not the truth. The data revealed structural forms of discrimination in the employment and job seeking world that are so accepted by the people who enforce them that they end up filtering down into the individual's sense of personal responsibility. Why is bullying in the workplace accepted as 'banter'? Why should gaps in my CV be considered a 'red flag' by employment agencies? Why am I disqualified from a job application for depression?

In my return to work journey, volunteering was a beacon of hope. An essential steppingstone to eventual paid employment and not seeing it as a measured outcome in this project made me think that the 'voice of lived experience was missing' when the project goals were being set." (RKH)

4. How the model might work in future

A revised Theory of Change model is presented in Figure 2. We applied evidence gathered from interviews with project management stakeholders, staff and participants. We account for the challenges faced and suggest improvements to the model. The model requires further testing to assess whether peer support can be delivered under these revised assumptions.

Inputs

An 'inputs' column was missing from the original Theory of Change model. This provides context for the project. There needs to be enough staff across local and central teams. Expertise across several different areas is needed, including operational management and funding requirements for large-scale programmes, knowledge of the employment sector, and service delivery skills. Promotion and outreach work were not sufficiently resourced or prioritised in the pilot but are required for the project to flourish. Staff retention cannot be guaranteed, but greater consistency, rhythm and routine are important for peer support.

> *"I would have a pure operational project manager who understands this kind of reporting environment, ESF reporting numbers, how you set the processes up, and then I would have a project manager at a national level who is an employment specialist who understands employment services"* (Stakeholder #2)

> *"One of the biggest mistakes was really not staffing the internal team with somebody with that experience of managing case management employment services. I think the areas we excel at was the nurturing, development work with individuals."* (Stakeholder #3)

> *"There would be a lot of new business development that was involved within the role… showcasing the projects …at fairs, event conferences, just informing others about the project and bringing them on board, a lot of outreach work… I would say I probably got to do about 30% of that."* (Stakeholder #1)

Considering the challenge of delivering peer support, local roles could be split between a peer support advisor with experience of mental health problems and/or long-term unemployment, and an employment advisor with experience of employability and the employment sector. Staff lacked capacity to do all tasks in the pilot project. For example, staff could not prioritise engagement with employers because of time and energy devoted to other tasks. Creating a peer support advisor as a separate role to the employment advisor may protect against staff turnover and burnout. Groups would still require employment advisors to attend and facilitate knowledge and coaching relating to employment. Working collaboratively with local stakeholders would improve allocation of appropriate services.

Activities

Working with employers (and potential employers) is important. The benefits include increased numbers of relevant job opportunities, reduced stigma amongst employers, an increased awareness of support available for people with mental health problems. Interviews with participants showed that workplace discrimination and bullying were common. Some participants highlighted the potential usefulness of meeting with employers at peer support groups.

Project activity may be better delivered in two phases. Phase 1 relates to peer support, phase 2 relates to one-to-one support from employment advisors. These phases will be fluid, with participants able to attend both in parallel. Peer support is good preparation, particularly for participants furthest from

the job market. Peer support may improve confidence, self-esteem and work readiness. This may be helpful before working with an employment advisor on job search and applications.

> *"Getting people employment ready before they went on to the programme would be interesting. Then wrapping the peer support around continuing that… I wonder if that would have sped up people securing employment because potentially, they're more motivated to go through on to the programme. Like softening the [Individual Placement and Support] IPS model really."* (Stakeholder #3)

> "*If we got the entry point wrong, because are we talking about the entry point here as the employment conversation actually should the entry point be the peer support conversation and where are you really in terms of coming onto the employment part of the project."* (Stakeholder #2)

Mainstream employment projects (with target-driven cultures) do not work for many people with mental health problems and often make people feel worse. Countering previous negative experiences is therefore an essential first step for employment programmes working in this context. Peer support is a good place to do this.

Figure 2: Revised Theory of Change model

Peer support in employment: A Theory of Change for the Building Better Opportunities project

INPUTS: The things necessary for programme function	ACTIVITIES 1: The things people will do as part of the programme	ACTIVITIES 2: The things people will do as part of the programme	OUTCOMES: The direct effects you will have on people taking part	IMPACT: The change you want to cause in the world

NATIONAL LEVEL

PROJECT MANAGEMENT expertise required in following sectors:

Operations & Funding Requirements of large scale programmes

Employability Sector

Service Delivery / Local Mind Network

LOCAL SITES
FULL TIME PEER SUPPORT ADVISOR with mental health experience

LOCAL SITES
FULL TIME EMPLOYMENT ADVISER with Employability sector experience

ENABLER
Relationships with other services to generate appropriate referrals

Regular supervision & peer support for Advisors

Regular group peer support meetings

PEER Support development:
Training, Facilitation, One to One Buddying

PEOPLE WILL BE CLOSER TO 'WORK READY

WORK WITH EMPLOYERS
Building relationships with employers
Mental health awareness training through engagement with Peer Support Groups

Developing personalised support package

PRE-EMPLOYMENT SUPPORT

IN EMPLOYMENT SUPPORT

PEOPLE WILL BE 'WORK READY

PARTICIPANTS WILL HAVE IMPROVED WELLBEING

Participants will be more aware and take up the wider support available to them

PARTICIPANTS WILL SECURE SUITABLE EMPLOYMENT WHERE MENTAL HEALTH CAN BE MANAGED

Participants start job searching/ applications or training

More, good quality job opportunities identified

Reduction in stigma about mental health among (potential) employers

Increased awareness of employment support for people with MHPs

PARTICIPANTS SUSTAIN, QUALITY JOBS WHICH SUPPORT THEIR WELLBEING, MATCH SKILL AND AMBITION

BETTER EMPLOYMENT OPPORTUNITIES ARE AVAILABLE FOR PEOPLE WITH MHPS:
Jobs that support wellbeing and mental health
Jobs that match skills and ambitions
Workplaces free from discrimination

Reflection #3: McPin project manager

"As an evaluator, I found working on this project frustrating and fascinating in equal measure. The reporting requirements felt intrusive. I often wondered how the project staff felt about these, and how it would have impacted on their work.

Having said that, I think peer support employment groups are a great idea. The evaluation team spent a lot of time discussing the good things about the project, and how people benefitted from it, and how it differs from other kinds of work coaching people have had in the past. Working in mental health, I've heard so many stories about the heavy-handed approaches of agencies like Department of Work & Pensions, and how people feel invalidated when benefits claims are rescinded, often having to go through complex appeals processes. Thankfully, this project seems to have avoided replicating this approach." (DR)

Discussion

The PSEG model was challenging to implement and evaluate. The project only managed to reach half of a revised (lower) target, only a third of participants attended peer support and fewer still provided baseline and follow-up data. Four out of the five sites struggled to deliver peer support groups as planned. Proportions of participants returning to employment, training and education as a result of the project were low. Participants showed small improvements in wellbeing and quality of life over the course of the project, though these differences were unlikely to be meaningful (the sample size is too small to detect subtle differences). Peer support groups appeared to have little effect on participants' return to employment, though a larger proportion of those attending peer support entered training. At face value, the model is not a promising addition to employment support for people with mental health problems.

However, participants were positive about their interaction with employment advisors, including the support received in one-to-one sessions and in peer support groups. Most appreciated the person-centred, relaxed approach. The peer support groups were well received by those who attended, who also reported improved understanding of workplace rights and in how to speak to employers about mental health. Participants' experiences with this project were better than their experiences with mainstream employment projects (such those run by Job Centres), which may have done more harm than good. A refined model of blending peer support with one-to-one employment support is therefore worth investigating further.

The operational environment was more challenging than anyone expected. Delivery partners found the reporting requirements overwhelming, reducing morale and the amount of time to deliver frontline work. The project suffered from a lack of referrals, high staff turnover and high participant need. It was also difficult for (part-time) employment advisors to prioritise delivering peer support, raise the profile of the project by connecting with employers, or secure appropriate vacancies. Many participants entering the project were further from employment than originally expected, traditional employment projects might consider them 'hard to reach' and be less equipped to support them. Some employment advisors who had mental health expertise understood participants' needs and could invest the time and energy into participants, helping them improve their work readiness. The project may also attract new people to local Minds, connecting them with a wider range of mental health support and advice.

Peer support employment groups demonstrated most of the Side by Side values. Peer-led 'choice and control' was difficult to establish in a structured environment focused on employment. Some employment advisors encouraged peers to make decisions but the focus on psycho-educational elements of employment required facilitation, expertise and direction. Some of the positive effects of the peer support groups appeared to require professional expertise (e.g., increased knowledge of the workplace rights).

The 'freedom of self-expression' was less often observed, perhaps due to many participants' entrenched experiences of employment-related discrimination. There are imbalances of power when a staff member facilitates groups. Such relationships are limited in time and bound by professional codes this may also affect the extent of self-expression. However, employment advisors did disclose their own experiences mental health experiences and unemployment to positive effect, creating a relaxed and open atmosphere. Advisors' disclosure was often 'intentional' (like peer support worker roles in mental health services). They therefore must cross boundaries between 'professional' and 'peer' and are role models to participants. Advisors may feel pressure to perform different roles across the project: administrator, employment advisor, coach, and peer leader. Such a varied role is difficult in part-time hours and may lead to high staff turnover. Some peer-facilitation (emerging through the group itself) might flatten hierarchies, improve sustainability and help participants learn new skills, improve work readiness and self-confidence.

Limitations

This evaluation had limitations. The evaluation project we designed was not deliverable. For example, only one site managed to recruit a volunteer peer evaluator, a role which was to support local data input. Instead the sites struggled to work with our outcome framework, and we collected little follow-up data from participants attending peer support groups. This meant that the comparisons made were statistically significant, but not likely to detect meaningful changes. The data collection methods we chose were likely seen as added paperwork in a project which already had excessive monitoring requirements.

The evaluation was hindered by the difficulty most sites had in delivering peer support. We did not have enough data to compare across different sites, or to understand which people gained the most from attending peer support groups. We don't know, for instance, if the project was more effective for people of different backgrounds and attending for different reasons.

The interviews provided rich data. When interviewing participants, we relied on employment advisors identifying people. This reliance meant that there was a risk of not speaking to people who did not have a strong relationship with the employment advisor, saw them less frequently, or who had finished involvement early in the project lifecycle.

Conclusion

This project showcases a structured facilitated peer support model which needs refining in the context of a specialist employment programme for people with common mental health problems. This was the first time multiple local Minds had worked with on a large-scale employment programme with this funding partnership (who were also learning how to work with the charity sector). The target-based approach of the employment sector and the person-centred approach of local Minds have the potential to work more effectively together but need to understand how peer support complements the journey of people with mental health problems back into work. Peer support may be useful at an early stage in the person's journey back to employment, helping the individual build confidence and work readiness before they embark on one-to-one sessions with employment advisors. Peer support may also sustain the search for employment and help job seekers remain hopeful and resilient to

setbacks on the journey back to work. Local Minds are a good place to begin these types of peer support models, but attention to how greater choice and control can be integrated into delivery is required. Peer-leadership was not a prominent feature here and developing a model with a facilitator emerging from the group could provide better sustainability.

Recommendations

1. There is not enough evidence that peer support groups improve well-being or employment related outcomes, but participants attending these groups reported a positive experience. Local Minds are well placed to further develop the model and deliver peer support groups which focus on employment.

2. In order to do this, local Minds must build partnerships with relevant local agencies. This will include responsible employers with a track record of making reasonable adjustments and supporting people back to work. These employers should be invited to meet with local peer support groups and speak with participants in non-stigmatising environments.

3. Local Minds should develop networks with training providers and volunteering services locally, creating a peer-led employment programme which links with free training courses, further education providers, and Recovery Colleges.

4. Large funding bodies should include people with lived experience of mental health problems and long-term unemployment in their decision-making. Targets and outcomes for the projects they fund should reflect the nonlinearity of mental health recovery. In this case, outcomes relating to work readiness, confidence, and seeking to mitigate against any negative consequences caused by previous employers and employment agencies.

Peer support in employment: A Theory of Change for the Building Better Opportunities project

IMPACT: The change you want to cause in the world

PEOPLE WITH MENTAL HEALTH PROBLEMS WILL HAVE BETTER MENTAL WELLBEING

PARTICIPANTS WILL HAVE SUSTAINED (min. 6 months), QUALITY JOBS WHICH SUPPORT THEIR WELLBEING

BETTER EMPLOYMENT OPPORTUNITIES ARE AVAILABLE FOR PEOPLE WITH MHPS:
Jobs that support wellbeing and mental health management
Jobs that match skills and ambitions
Workplaces free from discrimination

REDUCED MENTAL HEALTH STIGMA AND DISCRIMINATION EVERYWHERE

THERE WILL BE BETTER EMPLOYMENT SUPPORT AVAILABLE FOR PEOPLE WITH MHPS EVERYWHERE

OUTCOMES: The direct effects you will have on people taking part

PEOPLE WILL BE 'WORK-READY'
Participants feel confident that they have up-to-date and relevant skills
Participants have a better knowledge and understanding of the job market

Participants feel able to manage their mental health and employment

Participants start job searching/ applications or training

PARTICIPANTS WILL SECURE SUITABLE EMPLOYMENT

PARTICIPANTS WILL HAVE IMPROVED WELLBEING:
Improved self-esteem
Improved resilience
Improved self-management
Participants feel less socially isolated

Participants will be more aware of the wider support available to them

Participants feel confident acting as a peer supporter to others

More, good quality job opportunities identified

Reduction in stigma about mental health among (potential) employers

Increased awareness of employment support for people with MHPs

A new, fully developed and tested model of employment support is available for others to use

ACTIVITIES: The things people will do as part of the programme

PRE-EMPLOYMENT SUPPORT
CV development
Discussion/support re disclosure
Employment rights advice
Signposting to training
Benefits advice and signposting
Supporting job searching
Accredited employability training

IN EMPLOYMENT SUPPORT
[Details still to be decided]

WELLBEING SUPPORT
Tool kit and training

PEER SUPPORT LEADERSHIP TRAINING

WORK WITH EMPLOYERS
Building relationships with employers
Mental health awareness training through engagement with Peer Support Groups

Review of model based on evaluation findings

Data capture, monitoring and evaluation activities

Develop model design through evidence gathering and co-produced prototyping

Developing or sourcing support materials

1:1 peer support / Buddying?

Regular group peer support meetings

Meetings with 'Personal Employment Advisor'

Building relationships with other services to generate referrals

Developing personalised support package at 2nd / 3rd contact

Assumptions and pre-conditions

1. Other services need to be willing to engage and refer: competition from other local projects; uncertainty re JCP model changes; difficulty of GP engagement
2. There needs to be sufficient demand from local people to meet targets: demand for peer support model; seen as suitable for diverse local population
3. Suitable Employment Advisors need to be recruited: wide range of skills/experience requirement identified
4. Employers need to be willing to engage with project: challenges of access and attitude; wide range of employer types identified
5. Suitable jobs and training opportunities need to exist: broader economic and local context
6. Effective partnership working and consistent data collection required across all sites

Appendix 2. Peer Support Questionnaire (Follow up version)

- This questionnaire is to be completed during a person's involvement with a peer support employment group.
- It should take about 10 to 15 minutes to complete.
- It can be completed by the peer themselves or with support from an employment advisor or another peer, whichever is preferred.

---

1. Below are some statements about feelings and thoughts. Please mark the box that best describes your experience of each **over the last two weeks**:

Last two weeks	None of the time	Rarely	Some of the time	Often	All of the time
a) I've been feeling optimistic about the future					
b) I've been feeling useful					
c) I've been feeling relaxed					
d) I've been dealing with problems well					
e) I've been thinking clearly					
f) I've been feeling close to other people					
g) I've been able to make up my own mind about things					

2. For each of the following statements, please mark the box that best describes your thoughts, feelings and activities **over the last week**:

Last week	None of the time	Only occasionally	Sometimes	Often	Most or all of the time
a) I found it difficult to get started with everyday tasks					
b) I felt able to trust others					
c) I felt unable to cope					
d) I could do the things I wanted to do					
e) I felt happy					
f) I thought my life was not worth living					
g) I enjoyed what I did					
h) I felt hopeful about my future					
i) I felt lonely					
j) I felt confident in myself					
k) Please describe your physical health (problems with pain, mobility, difficulties caring for yourself or feeling physically unwell) **over the last week**	No problems	Slight problems	Moderate problems	Severe problems	Very severe problems

3. For each of the following statements, please circle the option that best describes your thoughts and feelings?

a) I feel motivated to look for work

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

b) I am confident in my skills to look for work

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

c) I feel confident that I will find a job I want

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

d) I have a good understanding of other forms of support, training, volunteering or education that may be available

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

e) I have a good understanding of my own mental health

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

f) I am confident talking to others about my mental health

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

g) I understand how to talk to an employer about mental health

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

3. Continued…..

For each of the following statements, please circle the option that best describes your thoughts and feelings?

h) I understand my rights in the work place

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

i) I understand how to manage my wellbeing at work

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

j) I can cope with setbacks in my job search /workplace

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

k) I feel connected to my family and friends

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

4. What experiences do you share in common with others in the peer support employment group? (Please list up to three)

    a. _____

    b. _____

    c. _____

5. What do you like the most about the peer support group?

_____

_____

_____

_____

6. What do you like the least?

_____

_____

_____

_____

7. What could be done to make the peer support group work better?

_____

_____

_____

_____

THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU FOR TAKING THE TIME TO FILL IT IN.

Appendix 3. Interview schedules

Employment advisor

1. Can you describe what you think the project has achieved?
    a. For participants/you personally?
2. How does this compare to your hopes and expectations at start of project?
3. What challenges have you faced? (explore separate issues)
    a. Implementing the peer support groups?
    b. Implementing the project in general?
4. What solutions have you found to overcome these challenges?
5. What are the main barriers facing participants looking for work in this project?
6. What aspect of the programme have you enjoyed?
7. How has your practice as an EA changed because of the peer support groups?
8. Have you seen any changes in clients who attend peer support regularly? What are they?
9. How have you been able to support clients with their transition work?
10. What specific challenges have been faced here?
11. Why do you think people attend Peer Support groups? Or why do they not?
12. How is engagement with potential employers going? Probe challenges
13. What part does stigma and discrimination play in PS/finding employment?
14. Can you tell me what you have learnt from being involved in this project?
15. What do you see as the future for PS for employment?

Participant

1. Can you tell me a bit about the peer support group you attend?
2. Have you been involved in peer support previously?
    a. How does that compare to being involved in employment focussed peer support?
3. What does peer support mean to you?
4. What made you want to join?
5. What do you get out of the peer support groups? What did you expect to get out of peer support when you joined?
6. What do you like about attending peer support groups?
7. What don't you like about the group?
8. Is there anything that you think is missing from the peer support groups? Anything that would work better for you?
9. How has the peer support group impacted on your employment journey?
10. What do you think makes employment focussed peer support different from other employment support that you receive/have received in the past?
11. How does peer support compare to the one to one support you receive from your employment advisor?
12. What role does the employment advisor play in the peer support group?
13. What do you share with the other people who attend the group?
14. Thinking about where the group takes place, how do you find that?
15. How do you find the day and time of the groups? (expand on frequency of group)

Project stakeholder

1. How would you describe your role within the BBO programme?
2. What do you make of the BBO programme overall?
3. What would you do differently if you were to run the programme again?
4. If you were developing a similar programme in future, how would you do it?
5. How does the BBO programme fit into Mind's overall strategy for peer support?

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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