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Evaluation of ESF Peer Mentoring Wales



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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Glossary of acronyms

CAIS	Cyngor Alcohol Information Service
CRI	Crime Reduction Initiatives
ESF	European Social Fund
ESS	Employment Support Service
HND	Higher National Diploma
NQF	National Qualifications Framework
PMW	Peer Mentoring Wales
RCT	Rhondda Cynon Taff
WAO	Wales Audit Office
WEFO	Welsh European Funding Office
WCADA	Welsh Centre for Action on Dependency and Addiction
WG	Welsh Government
WGCADA	West Glamorgan Council on Alcohol and Drug Abuse

Executive Summary

This report presents a process and outcome evaluation of the Peer Mentoring Wales (PMW) project. The project, overseen by the Welsh Government, has the primary aim of assisting ex-substance misusers across Wales to enter employment or further learning. It was funded by the European Social Fund initially for a four-year period (October 2009 to September 2013), funding subsequently being extended until March 2014. PMW has been delivered throughout by six different providers, all of which have developed links with employers and employment agencies, trained some clients as peer mentors to support others, and offered a variety of courses, opportunities for volunteering or work experience, and other activities to raise motivation and prepare people for work.

The evaluation is based on analysis of a variety of datasets, principally a Welsh Government (WG) database which logs information from providers' three-monthly statistical returns; a sample of 178 casefiles from across Wales; one-year samples of both paper-based registration forms and outcome forms from all providers; and interviews with over 100 people, including WG officials, provider agencies' managers and staff, peer mentors and clients, partner organisations and other stakeholders. The researchers also attended many delivery team meetings and other events which gave them the opportunity to engage in informal conversations about the project.

Between October 2009 and September 2013, 9,627 clients were registered as participants in the project. Based on those registered up to June 2013, just over two-thirds were male, over three-quarters were between 25 and 54, and the great majority were White European. Only 30 per cent had qualifications at NQF Level 2 (i.e. GCSE level) or above and at least a third had none at all. Well over a third had been dependent on substances (most commonly alcohol, followed by heroin) for most of their adult lives, and most of these had been unemployed for a similar period. Although the project was originally designed as a post-treatment intervention, in reality a significant minority of clients were continuing to use substances or experiencing relapses. Even so, over half of all participants expressed strong motivation to find work.

Although there was not always a clear divide, there were some broad differences of approach between providers. Some focused strongly on activities directly related to getting clients into jobs, for example by appointing staff with employment expertise or forging close links with employers who were willing to take on people with a history of substance misuse. Others considered it important to build clients' self-confidence and address other problems before nudging them towards applying for work.

On average, clients remained with the project for about seven months. Entries on the Welsh Government database suggest that during this period they took part in around 24 hours of formal activities. However, data from our sample of casefiles indicate that this seriously under-represents the amount of work actually undertaken. Here it was found that on average participants had engaged in 110 hours of activities, the largest proportion of this spent volunteering. The average time spent in individual face-to-face contact with peer mentors or staff was 23 hours.

The path followed by participants after registration varied between providers, but the most common pattern was for them first to take one or more short non-accredited courses (which was helpful as a gentle introduction to the service, as well as allowing the provider to claim an 'other positive outcome'), followed by allocation to a key worker and/or peer mentor to assess the case and make an action plan. At this stage, depending on their needs and aims, some would take more courses to enhance their social skills or confidence levels, some would start training for a qualification relevant to their planned area of employment, others would begin volunteering or work experience, and still others would start applying for jobs. A minority, too, would begin to train as a peer mentor.¹

The researchers identified three broad categories into which most participants could be loosely placed. Each of these tended to be dealt with somewhat differently by the providers. The largest group (at least 40 per cent of all participants) consisted of people who had few qualifications, long-standing substance misuse problems and/or

¹ One service provider, CRI, began its delivery of peer mentoring with a different operating model, whereby *all* participants (who were more carefully selected than elsewhere) trained as peer mentors. However, this changed later in the funding period owing to concerns about failure to achieve target numbers of participants.

had been unemployed most of their lives. Many of these were not considered 'work ready' and stayed with the project for long periods, engaging in numerous individual mentoring sessions and interventions to build their confidence, skills and motivation. The second group (perhaps 20 per cent) was made up of people who had qualifications and a past history of regular employment, but had been out of work for some time due to acquiring a drug or alcohol habit. These often needed specific kinds of assistance in order to gain a particular qualification or find a certain kind of job, and tended to stay only until this had been achieved (or not). The third group (estimated at 15 per cent) contained people from a variety of backgrounds who were interested in working to help other substance misusers. These mainly undertook the peer mentor training course, and went on to work as volunteer or paid peer mentors, in some cases eventually moving on to similar posts elsewhere.

Clients selected or choosing to become peer mentors underwent thorough training, mainly through a standard eight-week course supplemented by individual supervision. Once qualified, most began work in a voluntary capacity, but when vacancies became available could move into a paid post. The turnover of such posts varied, some providers aiming to move people on after a set period (eg one year) while others encouraged them to stay for as long as they wished. The larger organisations were also able to offer posts in other branches or with different client groups. However, we do not know what proportion of all peer mentors went on to sustainable longer term employment in this or other fields.

The providers achieved almost all the four-year targets set for the project, which had been revised downwards in 2010 in the light of changed circumstances (especially the economic recession and the advent of the Work Programme). Ten per cent of clients had entered employment; nine per cent had entered further learning; 14 per cent had gained a qualification; and 65 per cent had achieved at least one 'other positive outcome' - most often, completing a course or volunteering (the above figures are not mutually exclusive). Evidence from the local casefile sample, shows that it is common for individuals to complete several different courses, or volunteer more than once. As only one outcome in each category can be entered on to the database for each person, many positive outcomes remain unrecorded.

Unsurprisingly, the types of client most likely to gain paid employment were those falling into the second broad category of participant defined earlier – i.e. those who on entry to the project had some qualifications and/or previous work experience, were now abstinent from substance misuse, and were strongly motivated to seek work. Most of those people in this category who did find work achieved this quite quickly and without close engagement with the project (those who failed to find work also exiting quite quickly). Importantly, however, the majority of all employment outcomes were achieved through considerable investment of time and resources. Among those who eventually found a job, the average time spent with the project was 8.4 months, involving 55 hours of activities (including course attendance, training, mentoring sessions and volunteering). This clearly suggests that providers worked with many difficult clients and did not engage in ‘cherry picking’ in order to meet their targets.

In addition to employment-related outcomes, our casefile analysis found evidence of other important gains: in particular, there were mentions of reductions in substance misuse in almost a quarter of cases. There was also strong qualitative evidence of increases in self-confidence, motivation and general well-being.

Finally, clients’ views of having been peer mentored were overwhelmingly positive, with frequent mention of the value of advice and support from someone who has ‘been there and understands’ but has managed to overcome their own problems and rebuild their life. Peer mentors, too, generally felt that they had benefited greatly from their work, both by boosting their self-confidence and enhancing their longer term job prospects.

The main findings of the evaluation can be summarised as follows:

- Overall, in terms of helping people into jobs, results were at or above the level achieved by other similar ESF funded projects. Moreover, the results compare very favourably with early outcome figures from the DWP’s Work Programme, although direct comparisons are difficult to make.

- While initially conceived as a ‘post-treatment’ project, PMW took on many clients who were still using substances and/or prone to relapse. Most of these were not ‘job ready’, needing lengthy preparatory work on other problems, thereby rendering the original employment targets unrealistic. It is to the providers’ credit that they not only invested much time in helping such clients to progress (avoiding any temptation to ‘cherry pick’), but still met nearly all the (revised) targets.
- Most of the relevant evidence suggests that the task of helping ex-substance misusers into work is better led by substance misuse experts than employment experts. However, there are major benefits in working closely with the latter, either in formal partnerships or by taking some on as staff.
- Peer mentoring is highly successful in terms of engaging and retaining clients. It also benefits the mentor as much as, if not more than, the ‘mentee’. However, while some peer mentors went on to obtain related forms of employment in the third sector and elsewhere, and while the advent of ‘Transforming Rehabilitation’ (the imminent large-scale commissioning of probation services from private and third sector bidders)² may create more opportunities of this kind, it is unclear how many such jobs the market can sustain in the longer term.
- The formal data collection system for the project served the narrow purpose of monitoring official outcomes, but was poorly designed from the point of view of evaluation. Basic data about clients’ histories were lacking. As only limited numbers of outcomes could be recorded per individual, it also failed to reflect fully the large volume of positive results which were actually achieved.

Seven recommendations are made on the basis of the findings:

1. Every effort should be made to secure the continued existence of the Peer Mentoring project, which has not only been successful in helping well over

² See <http://www.justice.gov.uk/transforming-rehabilitation>.

1,700 ex-substance misusers into paid employment or further education, but has helped several thousand others to make significant progress along their journey towards a more fulfilled and productive life.

2. The service can be regarded as an effective means of filling an important gap that has been identified in the implementation of the Substance Misuse Strategy for Wales (2008) – namely, the provision of effective post-treatment support services, or ‘aftercare’ – and consideration should be given to possible ways of funding it as such.
3. The service should continue to be led by providers with expertise in substance misuse, but it would benefit from formal partnerships (and ideally co-location) with employment agencies or experts, to whom clients can be referred when appropriate. Efforts should also be made to consolidate and increase formal links with employers who are able and willing to offer a regular flow of opportunities for clients.
4. Thought should be given to creating clearer ‘routes through the project’ for those who train as peer mentors, balancing the need to develop the careers of existing peer mentors with that of freeing space to take on those newly trained. This should include attention to career development from an early stage, so that those moving on do so with firm plans and preparations for the future.
5. Closer attention should be paid to the risk of negative consequences arising from the rule that participants must officially ‘exit’ the project when they obtain employment elsewhere: it was generally agreed to be counter-productive to remove support from people at the moment they get a job – a time at which they may actually need *more* support. The advent of the Employment Support Scheme (ESS)³ has alleviated this problem, but it merits further attention.

³ This is an ESF funded project aimed at supporting people in work who have substance misuse problems, as well as assisting employers with training and advice (see, for example, <http://www.drugaidcymru.com/services/default/employment-support-service.aspx>)

6. The research found that the project recruits at least three broadly distinct client groups: those with few qualifications and long histories of substance misuse and unemployment; those with good work records interrupted by episodes of addiction; and those (of varied background) who are keen to become peer mentors with the hope of later employment in a related field. This suggests that if the peer mentoring model is redesigned in the future, it should include greater clarity about who it is for and should incorporate different approaches appropriate to groups with different backgrounds, needs and aims.
7. In any future all-Wales project for which it is planned to commission an evaluation, the researchers should be appointed at an early enough stage to have a meaningful input into the design of the data recording systems.

Evaluation of Peer Mentoring Wales: Final Report

1. Introduction

Peer Mentoring Wales (PMW) is a national project funded by the European Social Fund (ESF) with additional match funding, both actual and in kind, provided by the contracted providers. The service, covering all Convergence and Competitiveness areas in Wales,⁴ has been delivered throughout its lifespan by six providers across nine sites: WGCADA (one site), CAIS (two sites), Drugaid (two sites), Cyswllt (two sites), CRI (one site) and Kaleidoscope (one site). Their contracts began in October 2009 and were originally due to end in September 2013, but they have recently been extended until March 2014.⁵

Official summaries of the aims of the project have varied somewhat over time, reflecting differences in viewpoint as well as changes in thinking that have taken place in the light of experience. The Tender Document for the evaluation (2010) defined the project's aims as:

... to give substance misusers a pathway out of a substance misuse lifestyle, by providing support to enter employment and by achieving other positive outcomes, such as gaining qualifications, and entering further learning, education and/or volunteering.

More recently, its aims were set out in the revised Business Plan (WEFO 2012: 4) as:

... to provide new and additional strength to substance misuse services through the introduction of a new resource in the form of Peer Mentors. They will focus exclusively on helping substance misuse dependent individuals achieve economic independence via access to sustainable employment ...

⁴ In the Structural Funds programming round for 2007-13, West Wales and the Valleys region, together covering 15 local authority areas, were awarded the highest level of support (known as Convergence) from the European Union. The East Wales region (covering the other seven local authority areas) received funds from the Regional Competitiveness and Employment programmes.

⁵ It is also likely that a new ESF bid for the provision of peer mentoring services will be made by the Welsh Government, although even if successful, the resulting funds may not be available by April 2014. The current providers are therefore actively considering bidding for alternative sources of funding to maintain the service beyond that date.

In a letter in an Annex to the same document, written by a member of the Welsh Government (WG) Project Team to the Welsh European Funding Office (WEFO), the aims were described as:

... to deliver wrap around services to substance misuse service users at the end of treatment. The service will be provided by Peer Mentors (both paid and volunteer), who will provide on-going support to enable participants to build self confidence, gain new skills, achieve qualifications and ultimately achieve economic independence through paid employment. (ibid. p.89)

Finally, the project is summarised on the Welsh Government website as follows:

This is a new innovative pan-Wales project to provide additional wrap around support for adult substance misuse service users who have or who are completing treatment - in the form of Peer Mentors.

Although broadly similar, these formulations differ in subtle but important ways, particularly in terms of the target population (ranging from ‘substance misusers at the end of treatment’ to ‘substance misuse dependent individuals’) and the target outcomes (ranging from focusing ‘exclusively’ on achieving ‘economic independence via access to sustainable employment’ to lists of outcomes including employment). As we shall see in the course of the report, such differences in conceptions of the aims of the project are also reflected in the practice arena, for example in recruitment and selection processes and in the relative amounts of emphasis placed by providers on getting participants into employment and on helping them to rebuild other aspects of their lives.

Even so, the main funding body has throughout the project maintained a core focus on employment. This is encapsulated in the strong and continuing emphasis placed (in statistical returns, delivery team meetings, audit visits, and so on) on the achievement of a set of employment-related performance targets, whereby each provider is tasked with assisting specified minimum numbers of clients to gain sustainable employment, undertake volunteering and/or achieve recognised qualifications. The Welsh Government has also been keen to stress the importance of employment as the most sustainable route out of poverty and as a major contribution to well-being. Individuals’ progress in other respects, such as sustained recovery from addiction or reduced social isolation, has not been officially measured, although the evaluators were asked to explore further outcomes of these kinds.

The focus on employment is also evident in the recent addition (May 2012) of the Employment Support Service (ESS) to the contract of three of the providers operating in the Convergence areas. The ESS is described in the Business Plan (WEFO 2012: 4) as a service that will ‘...enable providers to work with employees on substance misuse issues and support employed people with substance misuse problems’. The main aim is to help ex-substance misusers who have entered employment (via the Peer Mentoring project or other routes), or other employees who have developed substance misuse problems, to ‘retain their employment’. The targets set for the ESS were to recruit 239 participants, to assist 60 employers and to place 118 employees on a workplace health programme. The operation and effectiveness of the ESS are, however, beyond the scope of this evaluation.

Although practice has varied between the different providers, at the heart of the project across Wales is the concept of training ex-substance misusers to ‘mentor’, motivate, support, advise and assist others who are at an earlier stage of recovery. It is argued that this model of working can benefit both the (‘peer’) mentor and the service user/‘mentee’: peer mentors can develop expertise – and in some cases build a career – in the provision of services to vulnerable people, while service users may be more responsive to a mentor who has ‘been through’ what they have, than to someone without personal experience of addiction.

This evaluation was commissioned by the Welsh Government in 2010, several months after the project had begun (a delay that precluded early input by the research team into the main data collection systems, which were consequently not as useful as they might have been for evaluation purposes - see Chapter 3).⁶

The main aims of the evaluation as set out in the commissioning documents were:

⁶ All ESF funded projects that are worth more than £2 million are required to have independent evaluations. The evaluation of PMW began in August 2010, by which time the main data collection systems – which were primarily geared to performance measurement in relation to official targets - had already been designed and put into operation. The evaluation was originally scheduled to run until March 2014, but due to the need of the funding body to make urgent strategic decisions about the design and continuance of the project, the date for delivery of the final report was brought forward to September 2013.

- To conduct a process evaluation of the project.
- To conduct an outcome evaluation of the project.
- To monitor the degree to which individuals from equality strands (Gender, Ethnic background, Disability, Age, Sexual Orientation and Religion and Belief) are represented in the scheme.
- To make recommendations for more effective implementation during the course of the project.
- To make recommendations on the collection of data relevant to outcome measures including 'soft outcomes'
- (If the project is shown to be both effectively implemented and to have had positive effects on project participants) to make recommendations on securing the long term continuation of the project post funding period, including the extent to which contractors have developed Intermediate Labour Market opportunities to create employment for participants.

The main sources of information on which the following report is based are: the centrally held database of the project's service users, constructed from providers' three-monthly electronic returns to Welsh Government; registration forms, outcome monitoring forms and casefiles completed by providers; over 100 formal interviews (and many other informal interviews and discussions) with clients, project managers and staff, peer mentors, staff from partner agencies, project sponsors and other stakeholders; notes from attendance at delivery team meetings, steering group meetings, conferences and other project related events; and miscellaneous national and local project literature and documentation.

As will be explained further in Chapter 3, there are a number of limitations to the data available. For example, the Welsh Government database for the project permits only one outcome of each type per participant to be recorded:⁷ this seriously under-represents the extent of participants' achievements in some cases. It also contains no information about participants' substance misuse or employment histories: as we

⁷ This recording practice stems from the WG's need to present data to WEFO in the latter's stipulated format (which is designed to gather evidence relating to targets based on numbers of individuals, rather than numbers of outcomes). This does not, of course, prevent the WG from collecting other kinds of data for its own purposes, although there may be resource implications in doing so.

are unable to link data about individuals between this database and either local scheme casefiles or (because of data protection issues) to other official record systems, no direct correlations can be made between previous substance misuse or employment experience and outcomes achieved. In seeking alternative sources of relevant data to remedy such deficiencies, we persuaded providers to record some extra data for us on their paper-based registration forms and outcome monitoring forms. We also extracted and analysed information from samples of local casefiles, which provide a more accurate and complete picture of participants' characteristics and histories, the services they received, and the outcomes achieved. However, this exercise proved to be extremely time-consuming and the resulting samples are comparatively small.

The report is organised as follows. Chapter 2 provides an overview of the aims, background and philosophy behind the establishment of Peer Mentoring Wales, and a brief history of its development. Chapter 3 describes the research methodologies used in this evaluation, highlighting the strengths and limitations of the data collected. Chapter 4 describes the characteristics of participants engaged with the project. Chapter 5 examines local models of working and organisational and delivery issues, including the nature of the activities undertaken and the duration and intensity of participant engagement. Chapter 6 focuses on outcomes, using data collected by WG and our own analyses of a sample of outcome forms and casefiles. Chapter 7 summarises and discusses the findings and presents some broad conclusions and recommendations.

2. Background, history and philosophy of Peer Mentoring Wales

Peer Mentoring Wales has been funded since 2009 by the European Social Fund (one of the major European Structural Funds) under ESF Priority 2 Theme 1 *'Increasing Employment and Tackling Economic Inactivity Framework'*. It is a pan-Wales project, covering all ESF Convergence and Competitiveness areas in the country. As the above wording suggests, the central goal of this section of the Fund is to increase employment, in this case among a particular vulnerable group (people recovering from substance misuse) which has low levels of economic activity. The ideas behind the project were conceived and developed by members of the Community Safety Division within the Welsh Government's Directorate of Social Justice and Local Government, who successfully bid for the original grant, responsibility for oversight of delivery later transferring to the Substance Misuse branch in the Department of Health and Social Services.

The Government subsequently awarded four-year delivery contracts (October 2009 to September 2013) to six providers across nine areas, namely:

1. North Wales (Convergence) - Ynys Mon, Gwynedd, Conwy, Denbighshire - CAIS.
2. North Wales (Competitiveness) - Flintshire, Wrexham – CAIS.
3. Dyfed (Convergence) - Ceredigion, Pembrokeshire, Carmarthenshire – Cyswllt.
4. West Glamorgan (Convergence) - Swansea, Neath Port Talbot, Bridgend – WGCADA (now renamed WCADA – the Welsh Centre for Action on Dependency and Addiction).
5. Merthyr and RCT (Convergence) - Rhondda Cynon Taff, Merthyr Tydfil – Drugaid.
6. Gwent (Convergence) - Blaenau Gwent, Torfaen, Caerphilly – Drugaid.
7. Gwent (Competitiveness) - Monmouthshire, Newport – CRI
8. Powys (Competitiveness) – Powys - Cyswllt
9. Cardiff and the Vale of Glamorgan (Competitiveness) - Cardiff, Vale of Glamorgan – Kaleidoscope.

As might be expected, a higher level of funding has been provided to the Convergence areas, which statistics show to be considerably more deprived. Over the original four-year lifespan of the project, the indicative total costs are estimated to be £13.9 million for the 15 Convergence areas and £4.1 million for the seven Competitiveness areas, with £9.7 million coming from the ESF and £8.3 million from match funding obtained by providers.

In terms of the kinds of clients targeted, the project was initially designed primarily for people who had already completed substance misuse treatment. This was partly because the ESF cannot be used to fund services that are nationally mandated (such as drug treatment). It was also seen by civil servants in the Substance Misuse branch as helpful to their efforts to fill a significant gap that has been identified in substance misuse services in relation to the WG's ten-year Substance Misuse Strategy for Wales (2008), namely 'after-care' following treatment (see, for example, Health Inspectorate Wales 2012: 27; Bennett et al 2013).

At the commencement of the project, some highly challenging output and outcome targets were set for the whole project, apportioned across each contracted area. These included recruiting a total of 13,400 participants over the planned four-year lifetime of the project and assisting 35 per cent of these to enter sustainable employment. Such targets were set in the light of an expectation that the main client group would be people who had completed (or were on the verge of completing) substance misuse treatment and were ready, or nearly ready, to begin seeking employment.

However, in the light of experience and changing circumstances it emerged, for a variety of reasons, that the above targets were over-ambitious. Where participant numbers are concerned, the advent of the Work Programme substantially reduced the eligible population for the peer mentoring project because, except in special circumstances, clients were not allowed to participate in both programmes. There were also a number of alternative sources of employment-related support for vulnerable people in Wales, including other ESF projects, which captured some of the potential clientele for PMW. In relation to the '35 per cent into employment' target, it turned out in practice that many clients were still using substances to

various degrees when they joined the project, many were still under some form of treatment (for example, on methadone prescriptions) and a number relapsed after they had joined. Especially in a period of severe economic downturn, it is extremely difficult to persuade employers to take on such clients, who often cannot be plausibly described as ‘work ready’.

When the project sponsors became aware of these issues, they took a realistic view of the situation and WEFO agreed in late 2010 to some significant reductions in all targets. Table 2.1 shows both the original targets and the revised four-year targets.

Table 2.1 Original and revised four-year targets⁸

	Original	Revised
<u>Output target</u>		
Participants	13,400	9,550
<u>Exit outcome targets</u>		
Entering further learning	3,350	477
Entering employment	3,350	764
<u>Other outcome targets</u>		
Qualifications gained	3,350	955
Other positive outcomes	9,370	6,685

The primary mechanism for delivering the services to clients is through ‘peer mentoring’. The role of peer mentors is described in the Business Plan (WEFO 2012: 4) as:

- *Providing critical help, support and guidance-post treatment-designed to help maintain positive momentum towards the ultimate goal of achieving economic independence - through employment, training and/or education - and an enhanced quality of life.*

⁸ The targets were divided between Convergence and Competitiveness areas. For example, for participant numbers, the original targets were 10,000 and 3,400, respectively, and for numbers entering employment they were 2,500 and 850.

- *Helping and supervising individuals to remain focussed on completing specific treatment for their substance misuse and to provide on-going and intensive therapeutic support to help achieve this outcome.*
- *Provide critical relapse prevention support and related ‘wrap-around’ care and guidance.*
- *Provide post treatment focus for partners and wider family support networks, designed to ensure that focus and motivation is achieved to sustain employment opportunities.*
- *Provide a potential career pathway for ex-service users⁹ or individuals with unique insight into substance misuse dependency, to develop their own skills as practitioners and promote opportunities to become a Peer Mentor.*
- *Filling an acknowledged gap within current services, given case work support often stops at the conclusion of a clinical treatment episode.*

Although each contracted delivery organisation has developed its own individual approach to delivering the project, they all share some basic ways of working. All have project managers who oversee senior case workers and a combination of paid and volunteer peer mentors who work directly with clients. All have also developed referral pathways with a variety of partners, including statutory agencies, Job Centre Plus and other substance misuse services and local voluntary organisations.

Further comment on how the providers approach their task will be presented in Chapters 5 and 6. However, two fundamental questions to bear in mind in the meantime are (a) whether, for a project in which the overriding aim is to help people gain employment, the most appropriate choice of providers is substance misuse agencies rather than agencies with expertise in education, training and/or employment; and (b) whether the bulk of the services provided are best delivered by peer mentors, many of whom – though likely to be well equipped to offer empathy and motivational support - have relatively little work experience themselves. The thinking behind the current delivery model is that third sector organisations with experience of supporting substance misusers, especially where many of their staff and volunteers have been substance misusers themselves, are better equipped than

⁹ It was an expectation of the Welsh Government that at least 20% of peer mentors recruited in the first year should have service user experience.

employment agencies to provide the understanding, role modelling and motivational support that are necessary to sustain the engagement of clients who are typically lacking not only in qualifications, but in basic work habits, self-confidence and social capital. Some of the providers directly appointed staff with expertise in employment advice, but most preferred to address gaps in their own knowledge and experience by developing partnerships with external employment or training agencies or with potential employers. Some also set up social enterprises such as cafes, in which they were able to employ (or use as volunteers) some of their own clients.

3. Research Methods

Main data sources

The main sources of data on which this report is based are:

- The centrally held database of providers' three-monthly electronic returns to the Substance Misuse branch in the Welsh Government (from which extracts are submitted to WEFO). This includes basic details on everybody who registered as a participant in the scheme between October 2009 and our evaluation cut-off point at the end of Quarter 15 in June 2013, as well as official records of outcomes – entry into employment or education, or other 'positive outcomes' - which have been validated by evidence from the schemes. At the cut-off point for our analysis, we were provided with information on a total of 8,624 participants¹⁰, 6,662 of whose cases had been completed by that date (i.e. they had exited the scheme, with or without an official 'outcome').
- Data from paper-based registration forms completed by each provider on all beneficiaries who entered the project over a one-year period (1 July 2011 to 30 June 2012). At the request of the researchers, and with the agreement of the schemes, these forms had been redesigned with additional fields, particularly on the substance misuse and work histories of those registering.
- Data from about 2,500 paper-based outcome forms, again redesigned by the researchers to collect extra information, for example on 'distance travelled' towards employment through preparation of CVs, job applications, job interviews, etc, as well as on other problem resolution or lifestyle changes.
- Distillation and coding of data from 178 casefiles (approximately 30 from each provider) selected at random by the researchers. These include both closed and open files (the latter were included only if at least six months had passed since registration).

¹⁰ With the addition of some missing data, the total number of clients registered by this date was later amended to 8,881, but we were initially sent information on only 8,624 and the analysis in Chapter 4 is based on the latter figure. The final total eventually registered over the full four-year period for which PMW was originally funded (i.e. to the end of Quarter 16, on September 30th 2013) was 9,627. Official figures on PMW's performance against its four-year performance targets are based on these 9,627 cases (see Table 6.1, Chapter 6).

- A total of 104 formal interviews with beneficiaries, project managers and staff, peer mentors, staff from partner agencies, and project sponsors and funders, exploring their views on the aims, principles and operation of the scheme. These were supplemented by numerous informal interviews and discussions with many other people connected with the project, throughout the course of the evaluation.
- Notes from attendance at most delivery team meetings, steering group meetings, and two conferences relating to the scheme.
- Miscellaneous project and scheme documentation, including case studies, promotional literature (e.g. newsletters, fliers and posters), mentor induction packs, assessment packs, organisational structure charts, credit and qualifications framework guides, and Project Board updates.

Weaknesses and limitations of the data

There are a number of limitations to the data available in terms of its value for the evaluation, some of them caused by the familiar problem (to researchers) of the evaluators being brought into the picture too late to influence significantly the project's main data collection processes. For example, the central WG database contains no information about participants' substance misuse and limited information on their employment histories. As explained earlier, we are unable to link data about individuals between this database and our samples of registration forms and outcome forms, which means that no direct correlations can be made between previous substance misuse or employment experience and outcomes achieved. Moreover, the Welsh Government database contains only one outcome of each type per participant: this seriously under-represents the extent of participants' achievements in some cases.

Unfortunately, the paper forms we received from providers containing some of the additional information we needed to overcome the above limitations, proved to be inconsistent - and in some cases very poor - in terms of data quality and completeness. Generally speaking, the fields on these forms which relate directly to

data formally required by WEFO (and consequently are scrutinised by routine audits) were completed to a good standard, but fields requesting information beyond this were often populated in a haphazard fashion with high levels of missing data. Once again, if the requests for supplementary information necessary for evaluation had been built into official forms from the start, it is likely that such problems would have been greatly reduced.

In order to compensate for some of the above limitations, we undertook analysis of information extracted from samples of (mainly paper-based) casefiles in the six individual schemes, which provide a more accurate and complete picture of participants' characteristics and histories, the services they received, and the outcomes achieved. However, as this was extremely time-consuming work, the samples are comparatively small (roughly 30 cases per provider).

4. Characteristics and previous histories of participants

In this chapter we examine the characteristics and backgrounds of service users (variously referred to by the project sponsors and staff, and used interchangeably in this report, as ‘beneficiaries’, ‘participants’ or ‘clients’) of Peer Mentoring Wales. The aim is to produce a basic picture of the kinds of people who join the project, including some insight into their employment and substance misuse histories, as well as variations at provider level and area level (Competitiveness or Convergence).

Data sources

The chapter is based mainly on quantitative analysis of information from the WG database, providers’ registration forms, and samples of local casefiles, supplemented by some comments from interviews with staff and clients.

The Welsh Government database

The WG database contains basic details on all people who officially register as participants in the Peer Mentoring Project. The data are provided to the Welsh Government in electronic form every three months by each of the six providers. At this point, new participants who have joined over the preceding three months are added to the database. In addition, any new outcomes which have been achieved over that period are recorded for new or existing participants, provided that no outcome in the relevant category has previously been logged against that person’s name. Those officially exiting the scheme are also flagged up on the system, and their case closed. In some cases the closure will be for positive reasons (mainly because they have achieved an ‘exit outcome’ – i.e. have entered paid employment or further learning).¹¹ In others, it will be because they have disengaged or failed to re-appear. WG staff are responsible for cleaning the quarterly submissions and then submitting the required data to WEFO. It should be noted that the WG database includes more fields or variables than the extracts submitted to WEFO.

¹¹ According to ESF rules, anyone achieving one of the two main outcome targets should officially exit the project. This rule was seen by many project staff as misconceived, as they felt that people entering employment or further learning after a long period of addiction and social exclusion often needed considerable support for the first few weeks of their ‘new life’. In reality, many were officially ‘exited’ but staff and mentors continued to work with them informally (see Chapters 5 and 6).

Registration forms

As mentioned earlier, following our scoping study we suggested a number of changes and additions to the standard paper forms on which providers recorded basic information about clients joining the project (the Beneficiary Registration Form) and about the nature and results of the work undertaken with them (the Beneficiary Outcome Monitoring Form). Following consultation with providers and the WG team, some of these changes were accepted and the forms revised accordingly. It was then agreed that, for a given period, completed forms would be photocopied and sent to the research team on a quarterly basis.¹²

We undertook an analysis of a total of 2,230 registration forms provided to us for the one-year period July 2011-June 2012.¹³ These contain not only the demographic data that is recorded on the WG database, but some additional kinds of information which help to provide a fuller picture of the characteristics of participants. These include information on work history, substance misuse history, current levels of substance misuse and motivation to get a job.

Unfortunately, as noted in Chapter 3, the quality of data entry on the paper forms turned out to be very variable. While those fields on the form which request information directly relevant to WEFO data requirements were reasonably well filled in,¹⁴ other fields were often poorly populated, with high levels of missing data. This significantly reduces the level of confidence that can be placed in some of the findings (presented later) which are based on these data.

Local casefiles

As outlined in Chapter 3, we extracted data from samples of about 30 casefiles held locally by each provider - an overall total of 178 files.

¹² Paper copies of the form were also kept locally in clients' individual casefiles.

¹³ A small number of forms had to be excluded from the analysis owing to missing data: for example, some did not contain the date of registration and it was not clear whether they fell within the sample period. It should also be noted that, owing to the absence of information on which local authority area was involved, it is not possible to explore variations by Competitiveness or Convergence area.

¹⁴ The information in these fields is also submitted electronically to WG on a quarterly basis, so is in most cases readily accessible to those completing the forms. These parts of the paper form are also subject to WG audit, giving a further incentive to providers to complete them fully and accurately.

Demographic characteristics

Tables 4.1a and b, based on the WG database, show the recorded characteristics of 8,624 beneficiaries who joined the project between 1 October 2009 and the end of Quarter 15 in June 2013.¹⁵ It can be seen, first of all, that just over two-thirds were male, over three-quarters were between 25 and 54 (the mean age being 36), and the great majority (97%) were White European.

At area level, participants in the Convergence areas were more likely than those in the Competitiveness areas to be female, older, and White European. At provider level, the figures on age and sex were reasonably consistent across the six providers, although Kaleidoscope (24%) and Cyswllt (41%) had significantly lower and higher proportions of female clients, respectively. In terms of ethnic group, Kaleidoscope and CRI had significantly more participants from black and minority ethnic groups than the other four providers – perhaps unsurprising, given that they cover Cardiff and Newport, which have higher proportions of BME residents than other areas of Wales.

As can be seen from Appendix Tables A1a, and A1b, analysis of our sample of ‘paper’ registration forms produces similar findings. For example, 70 per cent of all new recruits during the 12 month period were male, with Cyswllt recruiting the highest proportion of females and Kaleidoscope the lowest; the mean age of newly registered participants was 35; and 92 per cent of participants defined themselves as White.

Qualifications on entry

It is clear from all data sources that a large percentage of participants had few if any educational qualifications on entry to the project. According to the WG database, only 30 per cent had qualifications at NQF Level 2 (i.e. GCSE level) or above (see Tables 4.1b and 4.2b). This figure varied considerably across areas and providers, to some extent reflecting differences in levels of social deprivation between the locations they cover. For example, only 12 per cent of participants in the areas covered by Drugaid (Merthyr, RCT and Gwent) had attained any qualifications at NQF2 or above, compared with around 40 per cent in those covered by Cyswllt, WGCADA and CRI.

¹⁵ As noted in Chapter 3, in the dataset we initially received, the records of 257 clients were missing out of the full total of 8,881 who were registered over this period.

Table 4.1a: Characteristics of participants: sex, age and ethnic group

	Kaleidoscope	Cyswllt	CAIS	WGCADA	CRI	Drugaid	Total	Sig
Sex								
Female	24% (286)	41% (345)	30% (766)	34% (651)	30% (132)	35% (583)	32% (2763)	***
Male	76% (926)	60% (506)	70% (1792)	66% (1256)	70% (305)	65% (1076)	68% (5861)	
Age								
14-24	21% (258)	15% (130)	15% (382)	14% (258)	12% (52)	15% (255)	16% (1335)	***
25-54	75% (903)	77% (652)	79% (2010)	79% (1509)	85% (370)	79% (1316)	78% (6760)	
55-64	4% (50)	8% (66)	6% (155)	6% (123)	3% (13)	5% (84)	6% (491)	
65+	<1% (1)	<1% (3)	<1% (11)	1% (17)	1% (2)	<1% (4)	<1% (38)	
Mean age [1]	34.4	37.2	37.2	37.0	35.8	35.8	36.4	***
SD	10.6	11.1	10.9	10.9	9.9	10.7	10.8	
Ethnic group								
White European [2]	88% (969)	97% (824)	98% (2510)	99% (1891)	91% (395)	99% (1024)	97% (7613)	***
Mixed [3]	5% (52)	<1% (3)	1% (26)	<1% (3)	3% (12)	<1% (3)	1% (99)	
Asian	1% (12)	<1% (2)	<1% (11)	<1% (7)	2% (8)	<1% (1)	1% (41)	
Black	4% (39)	1% (6)	<1% (5)	<1% (3)	1% (2)	<1% (1)	1% (56)	
Other [4]	3% (29)	2% (16)	<1% (6)	<1% (3)	4% (16)	1% (5)	1% (75)	
Total	100% (1212)	100% (851)	100% (2558)	100% (1907)	100% (437)	100% (1659)	100% (8624)	

Source: WG database. Participants registered by June 30th 2013. 257 missing cases. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = $p < .001$, ** = $p < .01$, * = $p < .05$, ns = not significant. **Notes** [1] Mean age is based on year of birth rather than exact date of birth as the latter was not recorded on the registration forms. [2] White includes all white European groups. [3] Mixed includes all participants where two or more ethnic groups were provided. [4] Other includes participants where ethnic group could not be classified definitively as White, Mixed, Asian or Black. It includes the categories of 'Asian Other', 'White Other', 'Black Other', 'Polish', etc. It also includes White South African, White Iranian.

Table 4.1b: Characteristics of participants: sex, age and ethnic group

	Convergence	Competitiveness	Total	Sig
Sex				
Female	34% (2154)	27% (609)	32% (2763)	***
Male	66% (4210)	73% (1651)	68% (5861)	
Age				
14-24	15% (939)	18% (396)	16% (1335)	***
25-54	79% (4998)	78% (1762)	78% (6760)	
55-64	6% (396)	4% (95)	6% (491)	
65+	1% (31)	<1% (7)	<1% (38)	
Mean age [1]	36.8	35.3	36.4	***
SD	10.9	10.5	10.8	
Ethnic group				
White European [2]	98% (5644)	92% (1969)	97% (7613)	***
Mixed [3]	1% (30)	3% (69)	1% (99)	
Asian	<1% (20)	1% (21)	1% (41)	
Black	<1% (14)	2% (42)	1% (56)	
Other [4]	1% (29)	2% (46)	1% (75)	
Total	100% (6364)	100% (2260)	100% (8624)	

Source: WG database. Participants registered by June 30th 2013. 257 missing cases. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = $p < .001$, ** = $p < .01$, * = $p < .05$, ns = not significant. Notes [1] Mean age is based on year of birth rather than exact date of birth as the latter was not recorded on the registration forms. [2] White includes all white European groups. [3] Mixed includes all participants where two or more ethnic groups were provided. [4] Other includes participants where ethnic group could not be classified definitively as White, Mixed, Asian or Black. It includes the categories of 'Asian Other', 'White Other', 'Black Other', 'Polish', etc. It also includes White South African, White Iranian.

Table 4.2a: Characteristics of participants: personal circumstances and qualifications

	Kaleidoscope	Cyswllt	CAIS	WGCADA	CRI	Drugaid	Total	Sig
Lone parent	8% (99)	13% (114)	8% (200)	9% (164)	10% (44)	7% (114)	9% (735)	***
Disability [1]	8% (94)	22% (184)	11% (292)	19% (365)	15% (51)	9% (143)	13% (1129)	***
Work-limiting health condition	6% (74)	28% (239)	7% (166)	41% (485)	7% (31)	13% (217)	18% (1512)	***
Understand Welsh	4% (46)	25% (213)	17% (431)	5% (93)	4% (19)	5% (81)	10% (883)	***
Qualification on entry								
Any qualification	51% (612)	60% (509)	55% (1413)	63% (1204)	65% (283)	24% (399)	51% (4420)	***
No qualification	50% (600)	40% (342)	45% (1145)	37% (703)	35% (154)	76% (1260)	49% (4204)	
Total	100% (1212)	100% (851)	100% (2558)	100% (1907)	100% (437)	100% (1659)	100% (8624)	
Level of qualification								
No qualification	50% (600)	40% (342)	45% (1145)	37% (703)	35% (154)	76% (1260)	49% (4204)	***
Below NQF2	28% (344)	20% (173)	21% (540)	24% (454)	23% (99)	12% (195)	21% (1805)	
At NQF2	10% (123)	17% (144)	18% (447)	23% (434)	27% (117)	7% (108)	16% (1373)	
At NQF3	6% (78)	13% (106)	11% (277)	10% (190)	9% (39)	4% (58)	9% (748)	
At NQF4-6	4% (48)	8% (65)	5% (121)	5% (99)	5% (23)	2% (26)	4% (382)	
At NQF7-8	2% (19)	3% (21)	1% (28)	1% (27)	1% (5)	1% (12)	1% (112)	
Total	100% (1212)	100% (851)	100% (2558)	100% (1907)	100% (437)	100% (1659)	100% (8624)	

Source: WG database. Participants registered by June 30th 2013. 257 missing cases. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = $p < .001$, ** = $p < .01$, * = $p < .05$, ns = not significant. Notes [1] Includes physical and mental disabilities.

Table 4.2b: Characteristics of participants: personal circumstances and qualifications

	Convergence	Competitiveness	Total	Sig
Lone parent	9% (554)	8% (181)	9% (735)	ns
Disability [1]	14% (899)	11% (230)	13% (1129)	***
Work-limiting health condition	21% (1362)	7% (150)	18% (1512)	***
Understand Welsh	12% (784)	4% (99)	10% (883)	***
Qualification on entry				
Any qualification	50% (3147)	56% (1273)	51% (4420)	***
No qualification	51% (3217)	44% (987)	49% (4204)	
Total	100% (6364)	100% (2260)	100% (8264)	
Level of Qualification				
No qualification	51% (3217)	44% (987)	49% (4204)	***
Below NQF2	19% (1214)	26% (591)	21% (1805)	
At NQF2	16% (1006)	16% (367)	16% (1373)	
At NQF3	9% (566)	8% (182)	9% (748)	
At NQF4-6	4% (278)	5% (104)	4% (382)	
At NQF7-8	1% (83)	1% (29)	1% (112)	
Total	100% (6364)	100% (2260)	100% (8264)	

Source: WG database. Participants registered by June 30th 2013. 257 missing cases. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = p<.001, ** = p<.01, * = p<.05, ns = not significant. Notes [1] Includes physical and mental disabilities.

The WG database further indicates that as many as 49 per cent of participants had *no qualifications of any kind* when joining the project. However, this is the only area in which it produces figures significantly different from those derived from our registration form sample: the latter puts this percentage at between 33 and 41 per cent, depending on whether ‘not knowns’ are assumed to have no qualifications (Appendix Table A1b). The reasons for this discrepancy are not clear, but it may be mainly to do with differences in recording practices, both among providers and over time, in decisions whether to classify people without any GCSEs as having ‘no qualifications’ or as having qualifications ‘below NQF2’ - perhaps in combination with differences in how ‘not knowns’ are treated.¹⁶ A further factor may be that, as we found through our interviews, participants were not always absolutely clear or ‘forthcoming’ about their own qualifications. For example:

I don't have many educational... Well I would say I haven't got any qualifications education wise. I would like to say I go to the University of Life.

Maths, English, Welsh, and I think it was Science. And, I think, yeah, because I went to Welsh speaking school so, I'm assuming it would be a Certificate of Education or a Merit or Distinction in Sociology.

Be that as it may, the core message from all our data sources is that qualification levels among recruits to the project are generally very low. Hence, even leaving aside problems caused by having been involved in substance misuse, a substantial proportion of clients joining the Peer Mentoring project evidently face considerable challenges in obtaining employment.

Finally, however, at the other end of the scale, the database analysis shows that a small group of entrants to the scheme (four per cent of all participants) had qualifications at NQF Levels 4 to 6 (i.e. Bachelor degrees, Diplomas of higher education, Foundation degrees and HNDs) and one per cent – 112 people – held a Postgraduate degree or certificate. The proportions of beneficiaries with these higher

¹⁶ For example, if one takes Kaleidoscope as an example, both the WG database and our sample of registration forms produce roughly similar figures (78% and 75%) for the proportion of clients who had failed to achieve NQF2 or above. However, they differ quite widely on how many had no qualifications at all (50% compared with 33%). Again, while the WG database indicates that over three-quarters of Drugaid's clients had no qualifications, it is likely that this includes a sizeable number of ‘not knowns’ (which emerged as 13% in our sample).

qualifications varied significantly across providers, the highest percentages being reported by Cyswllt and the lowest by Drugaid.

Health issues

In addition to poor qualifications, large numbers of participants suffered from problems of health and disability. On the WG database, 18 per cent were recorded as having a work-limiting health condition, and 13 per cent a disability. Significant variations were again found across both area and provider. Participants in Convergence areas were more likely than those in Competitiveness areas to report a disability (14% compared with 11%) or work-limiting health condition (21% compared with 7%). Wider variations were noted at provider level. Notably, 41 per cent of those registered with WGCADA and 28 per cent of those with Cyswllt were recorded as having a work-limiting health condition, compared with only seven per cent of clients with CAIS.¹⁷ Such differences, however, may be partly explained by differing interpretations of the meaning of 'work-limiting health condition'. We understand, for example, that WGCADA staff tend to classify participants as having such a condition if they have a continuing drug or alcohol dependency that prevents them from accessing or sustaining employment. This is not the case among all providers.

Previous employment

Turning now to the additional kinds of data provided by the one-year sample of registration forms, we begin with some information about previous employment status. The first part of Table 4.3 indicates that around a third of all recruits to the project had been unemployed for most (or indeed all) of their adult life.¹⁸ Despite the challenge presented by so many clients with such a history, it is worth pointing out that, despite their substance misuse problems, the *majority* of service users had been in some kind of employment for at least half of their adult lives. The above figures did not vary greatly between providers, although Kaleidoscope appear to have attracted the highest proportion of clients with poor work histories and (excluding CRI, where there was too much missing data to draw any conclusions) CAIS and WGCADA the highest proportions with substantial work histories.

¹⁷ Similar patterns were found from analysis of the paper registration forms (Appendix Table A4.2).

¹⁸ As there is a fair amount of missing data, this cannot be determined precisely, but the proportion lies somewhere between 31% and 42%.

Table 4.3: Characteristics of participants (at registration)

	Kaleidoscope	Cyswllt	CAIS	WGCADA	CRI	Drugaid	Total	Sig
In paid employment half/all adult life	55% (257)	53% (142)	64% (450)	63% (141)	25% (26)	60% (277)	58% (1293)	**
Unemployed all/most adult life	37% (174)	33% (90)	29% (203)	32% (72)	6% (6)	33% (155)	31% (700)	
Not known/not recorded	8% (38)	14% (37)	7% (46)	5% (11)	69% (72)	7% (33)	11% (237)	
Main substance dependent upon								
Alcohol	38% (179)	44% (119)	56% (393)	54% (120)	23% (24)	44% (203)	47% (1038)	***
Heroin or substitutes	17% (80)	23% (63)	16% (112)	21% (48)	6% (6)	27% (124)	19% (433)	
Cocaine	6% (29)	3% (8)	4% (29)	1% (3)	0% (0)	2% (10)	4% (79)	
Other	24% (113)	16% (42)	13% (93)	15% (33)	1% (1)	18% (85)	17% (367)	
Never dependent	5% (24)	7% (20)	3% (21)	4% (9)	2% (2)	3% (15)	4% (91)	
Not known/not recorded	9% (44)	6% (17)	7% (51)	5% (11)	68% (71)	6% (28)	10% (222)	
Length of dependency								
Most of adult life	31% (144)	43% (108)	38% (267)	42% (95)	14% (15)	38% (177)	36% (806)	**
About half of adult life	16% (73)	20% (55)	18% (122)	25% (55)	7% (7)	19% (87)	18% (399)	
Less than a third of adult life	34% (158)	23% (62)	28% (192)	24% (53)	9% (9)	31% (142)	28% (616)	
Never been dependent	10% (45)	9% (25)	8% (58)	5% (11)	2% (2)	5% (24)	7% (165)	
Not known/not recorded	10% (49)	7% (19)	9% (60)	5% (10)	68% (71)	8% (35)	11% (244)	
Level of use in last 3 months								
Totally abstinent	48% (227)	28% (75)	32% (224)	32% (71)	6% (6)	44% (203)	36% (806)	***
Some lapses	24% (110)	12% (33)	21% (145)	24% (53)	12% (12)	20% (91)	20% (444)	
Many lapses	17% (79)	19% (52)	35% (244)	34% (77)	14% (15)	16% (76)	24% (543)	
Not known/not recorded	11% (53)	41% (109)	12% (86)	10% (23)	68% (71)	20% (95)	20% (437)	
Motivation for finding a job								
Low (1-2)	7% (32)	23% (62)	27% (188)	43% (97)	11% (11)	24% (111)	23% (501)	***
Medium (3)	13% (61)	9% (25)	18% (126)	20% (44)	3% (3)	26% (119)	17% (378)	
High (4-5)	69% (325)	31% (82)	48% (335)	29% (65)	15% (16)	47% (215)	47% (1039)	
Not known/not recorded	11% (51)	37% (100)	7% (50)	8% (18)	71% (74)	4% (19)	14% (312)	
Total N	469	269	699	224	104	465	2230	

Source: Registration forms 1 July 2011 to 30 June 2012. Some missing cases. Sig refers to statistical significance calculated using Chi-Square or ANOVA tests. *** = p<.001, ** = p<.01, * = p<.05, ns = not significant.

Our interviews further highlighted the fact that when participants did have a history of employment it was often in an unskilled trade and usually involved some form of labouring. A few participants, however, described having professional careers sometimes in quite senior roles. For example:

I've been in paid employment virtually all my life. I was, first of all I started at a company in aviation, I was there for about 8 years, then I moved to selling and installing ADT alarms, then I went into medicine and studied with a UK health partnership, it was like BUPA, like a private thing.

Substance misuse

Table 4.3 also provides some information about the main substances on which participants had been dependent, and for how long. Evidently, many were entering the Peer Mentoring Project with long histories of major substance misuse. Across Wales, the largest proportion (around half) reported alcohol as the main cause of their dependency problems, and about a fifth named heroin. (Kaleidoscope participants were less likely than others to name alcohol and more likely to report 'other substances'.) Well over a third said that they had been dependent on the substance in question 'most of their adult life' and a further fifth for 'around half'. These proportions were particularly high for WGCADA clients (42% and 25%). As discussed briefly in Chapter 2, the original design of the Peer Mentoring project incorporated the assumption that most participants would enter the project after the completion of substance misuse treatment, by which time they would be free of addiction – or at least no longer consuming drugs and alcohol at problematic levels – and hence at a stage where they could seriously contemplate finding employment. Despite this, 44 per cent of all recruits said that they had had some or many relapses over the past three months (this proportion rising to 56% and 58% in the cases of CAIS and WGCADA, respectively).¹⁹

During the course of our interviews, we asked the project managers about the level (and duration) of stability that was required for participants to be accepted onto the

¹⁹ This figure was, perhaps surprisingly, lowest for Drugaid (36%). The difference might be explained by the greater use of alcohol among the CAIS and WGCADA beneficiaries: over half of new registrations at CAIS (56%) and WGCADA (54%) reported alcohol as their main substance, compared with 44 per cent at Drugaid.

project. We received quite varied answers but what they all had in common was a desire to help substance misusers in any way that they could. One manager described how they would recruit participants from within a residential detoxification programme. She explained that there was often a gap in service provision post detoxification and that the project could fill this gap.

Now often there are still issues unfortunately with people who come out of residential services and go back into the community that there's a gap, a time-lag between when they leave the facility and when they can access the community services, the community drug and alcohol teams.... clearly there's a chance they're going to relapse. ... So yeah, we would, we would register people who have come out of detox and support them straightaway.

Another manager took a rather less inclusive approach, arguing that if a person was too chaotic they would be 'wasting their time and ours' if recruited on to the project. She explained that such people would be referred elsewhere for further support:

But we'll never say, "The doors are closed to you," but maybe, you know, "You need to go back into treatment for a bit longer or have some more input from your drugs worker or your counsellor or whatever." But we don't not take people 'cause they're difficult, it's more because they can't engage. You know if they're still very chaotic or whatever, they're not going to engage with us, and there's no point in wasting our valuable resources when actually it's something else they need at that time

We also asked the participants we interviewed about their current levels of substance use. Several described using drugs or alcohol quite heavily. For example:

I drink every day. I wake up in the morning and my bladder is bursting, but I have got to have a mouthful out of the can I was drinking before, the night before, or the pint glass that I was drinking out of the night before. I have got to have a mouthful of that, drink a little bit and then go to the toilet then.

Helping participants like this achieve employment-related goals clearly presents a huge challenge for mentors.

Finally, the registration forms included information on the participants' motivation and plans to get a job at the time of registration. Overall, around half reported that their motivation was high (point 4 or 5 on a 5 point scale): this varied considerably between providers, ranging from nearly 70 per cent at Kaleidoscope to under 30 per cent at WGCADA. The fact that over 40 per cent of respondents at WGCADA

reported low levels of motivation suggests that this provider had a particularly difficult task, in that its mentors would need to motivate large numbers of participants to want a job before they could start helping them to find one.²⁰

We asked participants during the course of our interviews about their current levels of motivation to find a job. Some participants did want to get a job but were realistic about the chances of them doing so. For example:

That's my goal at the moment, just to get the qualifications and, yeah, I don't want to set any unrealistic goals, because, you know, I don't want to slip up.

Other participants were possibly too ambitious in their goals. During the course of an interview with one manager we learned of one elderly participant's goal to become a hairdresser. Clearly, an important part of the mentoring process is to work closely with participants to set achievable goals. Unfortunately, the casefiles were limited in the extent that they could shed light on motivation and goals. The general impression that we got, however, was that file data corresponded broadly with the registration forms in showing that more participants were highly motivated to find a job than were poorly motivated.

At registration the participants were asked to provide information about the job that they would be most interested in looking for. Many said they were keen to do 'anything', 'anything anything', 'any trade', 'any', 'anything at all', 'anything available' and so on. Some were a little more specific and indicated that they would do, for example, 'anything within music', 'anything outdoors', 'any job involves helping others', 'anything around dry stone walling' and 'anything that pays well'. The most popular professions mentioned included administration, catering, construction, driving, gardening and horticulture, groundwork, health and social care, labouring, sales and shop work, peer mentoring, counselling, support work, security and voluntary work (unspecified). By contrast, in tune with the findings from the registration form sample, a sizeable minority said that they did not currently want a job at all (i.e. they were 'not job ready', 'not looking for work', 'not at the moment', 'not well enough').

²⁰ It is, of course, also possible that the staff and mentors in different providers applied the scale in different ways.

Summary

In this chapter we have used a range of data sources to investigate the characteristics of participants recruited onto the Peer Mentoring Project. The data are consistent in showing that the majority of participants are male, White/European and aged between 25 and 54. Only 30 per cent had qualifications at NQF Level 2 or above: indeed in one area this figure was as low as 12 per cent. Many also had poor employment histories. For example, around a third of all recruits had been unemployed for most or all of their adult lives.

It is also clear that many participants have long histories of substance misuse, most commonly involving alcohol (but involving heroin addiction in about a fifth of cases), some of whom continue to use or relapse during their time on the project. Significant proportions of participants were found to have work-limiting health conditions and disabilities, although the proportions varied across sites, partly due to definitional variations. However, in spite of these often long-standing health and psychological problems, which clearly pose significant challenges for the project, there was evidence that on joining the scheme, at least half of all participants were quite strongly motivated to find employment.

5. Organisational and delivery issues

In this chapter we examine issues relating to the oversight, management and delivery of the project at different levels (WEFO, WG, provider, manager, staff, mentor). In doing so, we draw on data from interviews, casefiles, the WG database and outcome forms.

We begin with an account of the oversight and high level management of the project, currently provided by WEFO and the WG Substance Misuse branch. We then look at how participants are referred to and recruited on to the project, before examining in some detail what happens in practice after they have joined. This includes analysis of information on the WG database about the length of time that participants were registered with the scheme and the intensity of their engagement. We also draw on casefile and interview data to establish what activities were undertaken by the participants, and the views of those delivering and experiencing them.

Oversight, coordination and high level management of the project

Oversight of the project lies ultimately in the hands of the Welsh European Funding Office (WEFO), as custodians of the use of European funds. This is exercised primarily through receiving quarterly statistical returns, annual audit reports and regular progress reports from the 'sponsor' (WG), as well as attending joint meetings. Beyond this, WEFO does not get involved in the delivery of the project, and has few direct dealings with providers, expecting the WG to assume full responsibility for its high level management. As a WEFO officer explained:

We expect the sponsor to manage the project, it's their project to manage, and we deal with the sponsor and ultimately the sponsors are responsible ... It's more of their project than ours and they're legally, as a lead sponsor, even if you have joint sponsors, the lead sponsor is ... the buck stops with them, they're then responsible. ... if money is taken back, it would be taken back from them rather than any individual provider.

WEFO, then, deals largely with the sponsor and not with individual providers. Equally, in terms of performance, WEFO is interested in outcomes from the project as a whole (and indeed, in their contribution to the 'bigger picture' of employment in Wales), rather than the contribution of any individual provider. The above officer

said that he had 'no idea' which providers were doing well or badly, and would only occasionally meet them. However, he stated that he had an unusually close and fruitful relationship with the sponsor of this particular project (the WG Substance Misuse branch). He felt that 'Peer mentoring is actually one of the best projects', identifying one of its key strengths as:

... the ability to communicate with us. Fortunately they were in the same building ... a real benefit ... and I've been quite personally involved with it, so it's been quite good that people feel they can come up and talk to me ...

In practice, then, most of the high level management and oversight of the project is carried out by officials from the Substance Misuse branch in the Welsh Government. Among the main mechanisms for achieving this are:

- Scrutiny of quarterly statistical returns from each provider
- Quarterly financial audit reviews (sample of transactions)
- Site visits to discuss performance and other issues.
- Quarterly provider review meetings
- Quarterly delivery team meetings attended by representatives from each local provider (usually held in different providers' offices on a rotating basis);
- Quarterly and annual audits of providers' records (to check, for example, that claims about the achievement of outcomes are properly evidenced);
- The Project Board, chaired by the Director of Corporate Services and Partnerships in the Department of Health and Social Services, with representatives from the provider organisations, WG internal audit, and the Department of Work and Pensions.

In addition, there have been audits on both WG and providers over the term of the project by the Wales Audit Office, WEFO, WG Internal Audit and imminently, the European Court of Auditors.

Provider views

Generally speaking, the providers seemed happy with the oversight and guidance provided by WG. They described its officials as easily contactable and responsive to routine queries, although there were some negative remarks about lack of clarity or

slow responses in relation to queries they made about what they saw as core issues – especially around targets and what could be counted as outcomes (see also Chapter 6). Comments from managers included:

... I think the day-to-day sort of bog standard problems or whatever get resolved relatively quickly but you know, the really burning issues don't seem to be. And I think because with the Welsh Government team as well, over the four years, there have been a lot of staff changes.

Yeah, I would say communication is good. I think where it's fallen down a bit, especially last year, I sent a series of queries to Welsh Government and they just struggled to get an answer from WEFO, so it just, just... You know, I was actually at the point where I've got lists of dates that I did things so that I could, so if we were held to account I could say, "Well, I asked this in May and we didn't hear 'til September or never heard."

Another manager referred to 'pressure' created by the formal reviews, describing a tension between the need to ensure the welfare of participants (by not forcing them into unsuitable jobs) and the need to hit the employment target:

I would say that the pressure that the project team's putting us under, you know the sort of formal reviews, and he told me, you know, "You must adapt your project to hit the job outcomes because it's fundamental to the project." So I would say to an extent we have been chasing outcomes in that respect and, you know, quid pro to the fact I don't think we have placed, we've been very careful not to place participants in jobs that would harm them in any way, ... We look at the client's, you know, wellbeing and welfare first before the targets, and we're quite proud that we've, we have kept to that sort of, you know, values around the project.

On the other hand, at least three local managers referred to recent improvements in the auditing process over time. This seems to be linked to the recruitment of one particular WG staff member who interrogated the files more deeply than his predecessors and who identified problems that needed to be addressed – including recognition that some of the providers' achievements were not being properly reflected in the resulting performance figures. For example:

So what they do is they choose a random sample of casefiles and they come along and they go through the files and PalBase and see if they match up. Yeah, so that happens... I think it used to happen every other month, I think it's more like quarterly now. ... They sort of... Well, to be honest, X, who's come into post now seems to be more efficient than anybody's ever been before and very helpful, 'cause what he picked up

was there was a whole batch of files, a whole batch of cases on the spreadsheet with no activity hours at all.

Another project manager described how problems were identified fairly early on in terms of targets not being met. However, this manager indicated that guidance had been not to worry and to focus on other targets instead.

No, no, no, no, no I mean when we were going to contract reviews they were highlighting that there were issues. They would say we are behind profile, we would say we know. And as I said it was probably six months, nine months ago, nine months ago probably, I made it very clear I was very anxious about a couple of targets. But the message was, well, work on the other positive outcomes, don't worry about these ones.

Where the value of the regular delivery team meetings is concerned, providers had mixed views. Most thought that these had been designed as a vehicle for the sharing of best practice, but had drifted away from this goal. As a result, some of the providers would end up meeting together privately afterwards to discuss progress and share ideas. For example:

I have brought it up to X a number of times and said, you know, we need to, but it just falls on deaf ears I think. ... Why wouldn't we want to share good practice? Arguably X might say that well we do, because the host organisation does usually do a bit of a presentation, but that's not really sharing good practice. That's just an update of where you're up to and there's not really You look at the agenda for them, it's not on there. We try and do it ourselves. The last peer ... err delivery team meeting, we stayed behind for an hour and we did our own.

WG staff tended to be more positive about the achievements of the meetings in terms of practice sharing (which they continued to view as their main purpose), but recognised that more informal contact between providers outside of the meetings was also valuable. One commented:

Delivery team meetings where the providers get together and share best practice, which has helped I think in terms of smoothing out the service between them, and certainly they have worked quite well together in terms of developing that service. And, you know, obviously within boundaries it's something that we would encourage. Obviously there are times where they can't work together because of contracting issues, but in terms of sharing best practice, in terms of on the service aspect then I think they've done quite well with that.

While the meetings may not have delivered in terms of their goal, this was certainly not because the project managers were not eager to work together. Most referred to a collaborative spirit, and willingness to share ideas, even if the busy nature of their lives meant that contact was spasmodic. Typical comments were:

But on a week by week basis we don't see that much of each other because we're sort of too busy to. But we keep in touch and we, you know, there's no problem about sort of sharing information.

We put together a personal development plan and we complete the workbook which forms part of their personal development plan. So we can tick the completed a course almost straightaway on assessment. Now I've shared that with both X and Y and I know they're both using it and actually they're all using it now. But that to me is the sort of thing ... sharing ... of course, you know, why wouldn't we... If it's working for us it will work for them.

Collaboration also appears to be increasing as the end of the funding period approaches, and most of the providers are considering joint bids to seek alternative sources of funds to keep Peer Mentoring Wales alive. One project manager had fulsome praise for another who had not only been 'fantastic' in helping him when he took up his post, but was now prominent in the collaborative effort to sustain the project:

I've got a lot to be thankful for A, she helped me a lot when I first took over and she's sort of leading the fight, I think, for all of us, to take this on in the future...

Models of Delivery

Although the broad aims and parameters of the project – the focus on preparation for and entry into employment, the training and use of peer mentors, the official targets, and so on – were (and still are) determined by WEFO and the WG, a considerable amount of freedom has been allowed to providers to develop their own ideas, approaches and models of delivery.

Early on in the project, two broadly different models of working were easily identifiable: on the one hand, CRI's initial strategy of training *all* participants to be peer mentors and finding them opportunities (in their own organisation or elsewhere) to practice as such in a paid or voluntary capacity; and on the other hand, the other five providers' strategy of selecting only a proportion of those joining the scheme to train as peer mentors, treating the majority as 'beneficiaries' to be mentored by a

combination of (non-peer) project workers and paid or volunteer peer mentors. As would be expected, the former model entailed a much more rigorous referral and selection process, and produced much smaller numbers of participants. CRI later changed its model and began to build up and mentor a caseload of service users, to some extent because of concerns about falling short of target numbers of participants.

A further – though much less clear-cut - difference between providers in their models of delivery concerned the extent to which staff and mentors' day-to-day work with beneficiaries was focused on getting people into employment, or on more holistic goals (such as improving their well-being or stabilising other aspects of their lives). Obviously, the two are not mutually exclusive, and all providers would justifiably say that they do both, taking into account individual clients' situation and needs. However, some broad differences in focus and emphasis were discernible, and providers could be seen as falling at different points along a continuum. For example, at one end of the scale some projects recruited employment specialists on to their staff, designed courses or interventions with a strong employment focus, and/or actively sought systematic links with employers willing to take on ex-substance misusers. Others were less overtly focused on preparing for or achieving employment than on developing interventions which would allow people to move at their own pace to achieve stability in their lives, before seriously contemplating the question of employment. It should further be noted that not all providers have remained at the same point on this continuum throughout the lifetime of the project, and some (particularly those concerned about falling short of targets) have shifted their emphasis through recruiting new staff or developing new initiatives.

Referral and recruitment of participants

The peer mentoring project recruits its service users and potential peer mentors from a wide range of sources, including from within the providers' own organisations, as well as referrals from NHS treatment units, other substance misuse agencies, probation services, and mental health and housing charities. Participants also self-refer in response to advertising or via recommendations from friends or current service users. Interviewees' accounts of how they became involved include:

I became a Peer Mentor because I did a Maintaining Change group through Kaleidoscope Alcohol Service

Somebody just mentioned because I'd had... I had worked in Broadmoor, I've always had an interest all my life to get back into some kind of work, and somebody mentioned to me about doing it and then I said yeah, why not, you know.

I was living in supported housing and I was getting support from the local mental health team. I had been looking to, like, volunteer or something in this area... Then an occupational therapist told me about the project.

This variety of routes into the project reflects the considerable efforts that have gone into developing links with agencies that are key potential sources of clients, as well as distributing posters and leaflets, generating publicity, giving talks, and holding general awareness-raising events to encourage self-referrals and referrals from a much broader range of sources.

In the first year or two of the project, low numbers of external referrals was a problem for nearly all the local managers. Indeed, while the situation has clearly improved significantly as the service has become better known and understood, for some areas referral rates remain an ongoing problem. One manager described the situation as 'consistently poor' and how, despite considerable efforts he had made, the project was still 'very difficult to sell', particularly to key agencies such as probation and job centres which have large numbers of potential clients:

I mean we went through, probation, for example, we went through all sorts of measures to get referrals up; team meetings, attendance and open days, people being based over in probation, and when we talked to staff they would be very enthusiastic about it, but then nothing would be forthcoming, so we went back. And at one point we had probation staff who were peer mentor champions, And even that didn't, you know, and there was literally nothing we could do to get them. And we held the contracts with probation; you just think this is insane. The same with the Jobcentre, virtually none. We now have, on a Wednesday, we have peer mentors sat in the Jobcentre, trying to do what X does really, just to promote peer mentoring and speak to people.

Others reported having been have been more successful in outreach initiatives:

We have to do a lot more outreach and a lot more going to non-substance misuse treatment um places to find people, so we get a lot more, you know, Salvation Army or Women's Aid...

For others again, especially those which deliver treatment services on other contracts, quite a large proportion of referrals come from within their own organisations.

... Well the majority of them I think we generate ourselves. We don't get a lot referring in.

The main reasons for low referral rates do not appear to include a lack of need for the service: on the contrary, once the project has become 'embedded' locally, numbers have generally risen substantially. The problem seems to stem partly from misunderstanding of – and in some cases mistrust or antipathy towards – the concept of peer mentoring on the part of other local agencies, but also from the natural 'conservatism' and adherence to habit found among many practitioners which has to be overcome before they think of referring clients to a new service: i.e. the common phenomenon experienced by the 'new kid on the block' in becoming an established part of the local referral networks.

The low rate of referrals may also be linked to the advent of the Work Programme, a payment-for-results welfare-to-work programme that was launched throughout Great Britain in June 2011 (DWP, 2012). The Work Programme provides support for a wide range of people including those who are at risk of long-term unemployment and others who are disabled or have a health condition, and who may have been out of work for several years. In normal circumstances, participants in the Work Programme are not permitted to also participate in the ESF Peer Mentoring programme. As joining the Work Programme is a requirement for certain groups (e.g. those claiming Jobseeker's Allowance for long periods) this has significantly reduced the population of clients eligible to join the Peer Mentoring programme.

Finally, there are a number of other projects in Wales which also assist substance misusers and/or are geared to helping disadvantaged people into education, training and employment, including some funded by the ESF (e.g. Coastal and the Engagement Gateway). Given that service users are not permitted to be on two ESF funded projects at the same time, it is likely that some potential peer mentoring project clients have been recruited by these other projects.

Selection of participants

In the early days of the project, it was generally expected that providers would set up selection processes to decide whether those referred were suitable participants – in particular, whether they were sufficiently along the road to recovery from substance misuse to make it realistic to begin preparation for employment. In practice, however, most providers have turned away very small numbers of potential recruits, the most cited reason for this being pressure to achieve target numbers. This ‘open door policy’ was seen by some mentors as problematic, as they had to spend high proportions of their time working with extremely ‘needy’ people for whom the possibility of getting a job in the near future was remote, at the same time diverting them from work with others. For example:

I sometimes think the pressure on Peer Mentors for numbers, you know, to keep getting referrals in... we need so many more new ones...there is a tendency to recruit people that aren't ready yet. And then apart from the fact that you're possibly setting up the participant to fail, because they're not ready for it, you're making a rod for your own back because you're not going to get any outcomes.

It was also said that some partner agencies were referring unsuitable people because they misunderstood the purposes of Peer Mentoring Wales:

Obviously there are inappropriate referrals, but I think that comes from a lack of understanding of the agencies referring them.

One manager, however, made the important, and rather different, point that people should not be judged too hastily by their histories or current situation, emphasising that even people who are at rock bottom may be ready to engage and change:

Yeah, it's the same as when you see the same person coming back year after year after year in a mess, deteriorating over time, and then they turn up at last and they've been homeless for months, they've got creatures crawling all over them and you think, "Oh," you know? But that may be the very time that that person is ready to, to change and, and... So you've always got to be ready for that with people. And I think that this is what the Peer Mentoring scheme has done, is help people to achieve their aspirations...

Training, supervision and workload of peer mentors

We now move on to begin to look in more detail at operational practice, beginning with brief comments about the training, supervision and caseloads of peer mentors.

Training

In most of the local projects, a minority of participants train as peer mentors, while the majority remain as beneficiaries (i.e. as recipients of the mentoring and other services provided) throughout their time with the project – ideally eventually leaving to take up a place in education, training or employment. A number of those who train as peer mentors – often people who have joined the project specifically for this reason - begin such training almost immediately. Others, however, have first spent a considerable period of time as beneficiaries (ie themselves being mentored as service users) before reaching a stage where they and the project co-ordinator feel that it would be a good idea for them to train as a peer mentor. This may have been their original plan, but in some cases it may not previously have been seriously contemplated as an option for them.

The peer mentor training provided by most projects consists of a formal, usually accredited, training course (of varying lengths) during which participants learn the theory of mentoring, followed by a period of shadowing whereby they learn the practice of mentoring by observing experienced mentors. In addition, most providers supplemented the core training with a variety of other inputs. For example:

Well we've got lots of courses that they have to go on before they can actually be a mentor and we do have a BTEC peer mentoring course that they don't have to do, but they all do ... X has got lots of core courses that all our staff have to do about boundaries, confidentiality, working with vulnerable people.

Again another thing that comes up quite often is, "Oh yes, I saw X and I just thought, 'Oh, I'd like to do that as well.'" That's where our training programme has been quite effective, like I'm sure everyone else's has, is people are seeing other people doing it and going, "Oh, I'd like to do that."

Most of the peer mentors we interviewed stated that the training they received was excellent at preparing them for the role. They generally agreed that it had been interesting and engaging, and they welcomed its strong focus on personal development and challenging individual's perceptions on substance misuse. Typical comments included:

The best was, because I haven't done much training for quite a while, I thought well, I'm going to be bored. I already know it or... you know, and actually it was good to refresh myself. There's a lot of new research been done since I last did any training.

The best aspects are the challenges you do. Challenge your perceptions of what's... you know, are your perceptions of what's right and wrong and challenges your attitude towards people. People have got a lot of preconceptions. It challenges them.

Only very small numbers of peer mentors had any criticisms to make of the training, or felt that it had not prepared them adequately. One of these said:

I got some [training], but not enough. So the best is I got some and the worst part not enough.

Support and supervision

Most peer mentors receive one to one supervision from their line manager or from a senior peer mentor. Participants turned peer mentors tend to continue to be supported by their original peer mentor if they are working from the same offices.

The great majority of the peer mentors we interviewed were very happy with the level of support they received, both through formal supervision sessions and the availability of informal advice at short notice. For example:

Yeah, I get lots of support and guidance. I also get two types of supervision, operational and employment.

If we need any support we can get support off X or maybe my colleagues. You can get support off them for anything we need, really.

Only one interviewee felt that he was getting insufficient support and guidance in his role as a peer mentor. On the other hand, it may be of some concern that a small number – though happy with the level of supervision they received - reported that they were not regularly receiving formal supervision sessions. In the most extreme case, one peer mentor stated that he had not been supervised for over 15 months, and that this suited him:

But I tend to get away with not being supervised, to be honest. I've been in this post, I think, fifteen months now and I haven't actually been yet, which suits me.

Caseloads

Based on a snapshot across all providers in 2012, we found that caseloads for peer mentors varied from 5 participants to over 40. Individual loads were dependent on a variety of factors, including how many referrals the scheme was dealing with, how experienced the mentor was, and whether they were full time or part time. The average caseload for full time peer mentors was around 25.

Several peer mentor interviewees felt that their caseload was too high, or had at times been too high (fluctuation according to demand levels was quite common), in some cases affecting not only their own peace of mind and the quality of service they could provide, but the chances of successful outcomes for their clients.

At this, like, current minute I've got twenty-six on my case load. But it has gone up to, like... it has been forty-one, forty-two at times.

Overwhelmed with participants and overwhelmed with er... unrealistic outcomes...Which can be huge stress. More quality like I did with my last client. For me the ... the essence of a mentoring scheme is to mentor.

Duration and intensity of work with participants

We now look at the volume of work undertaken from a different viewpoint - that of service users of the project. In particular, we explore the overall duration of their participation, the amount of contact they have with staff and mentors, and the time they spend on activities organised or arranged by the project.

Tables 5.1a and 5.1b provide some statistical information, drawn from the WG database, about the duration and intensity of participants' engagement with the project. On the face of it, a lot of participants stayed with the project for substantial periods of time. By the end of Quarter 15, 6,662 (76%) of all registered participants had completed their engagement with the project and their cases had been closed. Of these 6,662, only a small minority (8%) had left after less than a month. More than half had remained as participants for between one and six months, while almost a fifth had stayed for over a year. The mean length of participation among all closed cases was 220 days. This varied across the sites, from 186 days in Kaleidoscope to 287 days in Cyswllt. There was no significant difference, however, between mean lengths of participation in the Convergence and Competitiveness areas.

Table 5.1a: Duration and intensity of engagement with the peer mentoring project

	Kaleidoscope	Cyswllt	CAIS	WGCADA	CRI	Drugaid	Total	Sig
Status								
Completed [1]	92% (1115)	69% (585)	78% (2000)	72% (1373)	57% (247)	81% (1342)	76% (6662)	***
Ongoing	8% (97)	31% (266)	22% (558)	28% (534)	44% (190)	19% (317)	24% (1962)	
Early leaver	54% (654)	41% (345)	56% (1441)	40% (762)	38% (167)	35% (575)	46% (3944)	***
Total	100% (1212)	100% (851)	100% (2558)	100% (1907)	100% (437)	100% (1659)	100% (8624)	
Length of engagement [2][3]								
<1 month	6% (64)	3% (17)	5% (94)	16% (216)	3% (6)	10% (133)	8% (530)	***
1-6 months	64% (704)	43% (250)	54% (1031)	52% (703)	58% (130)	58% (768)	55% (3586)	
7-12 months	19% (208)	29% (170)	19% (364)	15% (195)	11% (24)	17% (229)	18% (1190)	
13-24 months	11% (118)	20% (118)	17% (329)	15% (200)	22% (49)	11% (147)	15% (961)	
25+ months	1% (10)	5% (28)	5% (100)	2% (32)	7% (15)	4% (49)	4% (234)	
Mean length engaged (months) [2] (standard deviation)	5.8 (5.2)	9.0 (7.1)	8.0 (7.5)	6.0 (6.9)	8.2 (8.6)	6.1 (6.8)	6.9 (7.0)	***
Mean length engaged (days) [2] (standard deviation)	186 (164)	287 (217)	255 (230)	189 (218)	262 (264)	195 (213)	220 (217)	***
Mean activity hours [2] (standard deviation)	23.10 (74.7)	20.9 (46.7)	20.9 (55.3)	24.8 (94.2)	37.6 (114.5)	25.5 (77.9)	23.8 (75.6)	*
Total	100% (1115)	100% (585)	100% (2000)	100% (1373)	100% (247)	100% (1342)	100% (6662)	

Source: WG database. Sig refers to statistical significance calculated using Chi-Square or ANOVA tests. *** = $p < .001$, ** = $p < .01$, * = $p < .05$, ns = not significant.

Notes [1] Completion was coded as 'yes' if a completion date was provided and/or the participant was coded as an 'early leaver' and/or an exit outcome was recorded.

[2] Among completed cases, $n=6,662$. [3] Length of engagement was calculated by subtracting date of completion from start date.

Table 5.1b: Duration and intensity of engagement with the peer mentoring project

	Convergence	Competitiveness	Total	Sig
Status				
Completed	76% (4803)	82% (1859)	77% (6662)	***
Ongoing	25% (1561)	19% (401)	23% (1962)	
Early leaver	44% (2771)	52% (1173)	46% (3944)	***
Total	100% (6364)	100% (2260)	100% (8624)	
Length of engagement [2][3]				
<1 month	9% (437)	5% (93)	8% (530)	***
1-6 months	54% (2510)	59% (1076)	55% (3586)	
7-12 months	19% (872)	18% (318)	18% (1190)	
13-24 months	15% (688)	15% (273)	15% (961)	
25+ months	4% (178)	3% (56)	4% (234)	
Mean length engaged (months) [2] (standard deviation)	6.9 (7.1)	6.9 (6.7)	6.9 (7.0)	ns
Mean length engaged (days) [2] (standard deviation)	220 (221)	221 (207)	220 (217)	ns
Mean activity hours [2] (standard deviation)	24.1 (75.9)	22.9 (74.6)	23.8 (75.6)	ns
Total	100% (4803)	100% (1859)	100% (6662)	

Source: WG database. Sig refers to statistical significance calculated using Chi-Square or ANOVA tests. *** = $p < .001$, ** = $p < .01$, * = $p < .05$, ns = not significant.

Notes [1] Completion was coded as 'yes' if a completion date was provided and/or the participant was coded as an 'early leaver' and/or an exit outcome was recorded.

[2] Among completed cases, $n=6662$. [3] Length of engagement was calculated by subtracting date of completion from start date.

Of course, the fact that a participant remained 'on the books' for a given period does not mean that they were actively engaged for the whole period: we know from our casefile analysis and from interviews with mentors and service users that engagement can be quite patchy, with people attending meetings intensively for some periods but rarely appearing for others. To obtain a better picture of levels of activity, we first analysed the number of activity hours recorded on the WG database for each client. On the basis of these figures, Tables 5.1a and 5.1b indicate that by the time they exited the project, registered participants had each on average taken part in nearly 24 hours of formal activities. No significant difference was found in this respect between Convergence and Competitiveness areas as a whole. At provider level, while the mean number of hours for five of the providers was fairly similar at around 20-25 hours, the mean was significantly higher for CRI at 37.6 hours. This difference reflects the different model of working adopted by CRI - at least for the first two years of operation - whereby all participants were trained intensively to become peer mentors.

However, information from other sources strongly suggests that the officially recorded levels of activity grossly under-represent the amount of work actually undertaken with participants.²¹ A more realistic picture – though even this may not capture the full extent of the work done – can be obtained from analysis of entries in local casefiles. As noted earlier, we analysed a random sample of 178 such files, searching them for references to any kind of activity involving contact with participants.²² This process was very time consuming because the files were not always neatly organised; in some cases, too, they did not contain the information we were looking for and it is not possible to tell if this was because activities did not take place or because the mentor did not record the information. (We know from previous research that recording such detail is not always a priority among third sector organisations).

²¹ The activities which qualify for inclusion in the 'activity hours' field of the WG database were not clearly defined at the start of the project. However, inconsistencies in recording reportedly continued even after providers were given clearer guidance. It was suggested by one interviewee that this was mainly due to a perception among some providers that it was 'technically demanding' to record every single activity, but it is not clear that this was a major factor.

²² It should be noted that only about half the casefiles we analysed involved completed cases, so many of the participants will have gone on to undertake more hours of activity. However, we excluded 'still open' cases in which the participant had been with the scheme for less than six months.

First of all, we attempted to calculate the total number of hours of any kind of activity in which participants had taken part. In almost a quarter of the files, this information was either not recorded at all, or was too inconsistently recorded to analyse. However, based on the 135 files in which the data on lengths of time were sufficiently robust, we found that, on average, participants had each engaged in 110 hours of activities of all kinds (this includes both volunteering and the delivery of mentoring sessions, as well as training, one-to-one supervision as a beneficiary, and course attendance). The average number of activity hours ranged from a low of one hour to a high of 758 hours. The mean number of activity hours varied across providers from 27 in Kaleidoscope to 255 in CRI. (This difference is again a reflection of the different model of delivery offered by CRI.)²³ Overall, participants engaged in more hours of volunteering (86 hours) than any other activity.

We also looked specifically at levels of one-to-one contact between mentors and beneficiaries (ie excluding attendance at courses, volunteering work, etc). Such contact included both formal and informal contact, and telephone calls, letters or emails as well as face-to-face meetings.

Across all 178 files, the number of entries in any one file describing such contact varied from one to 197, with a mean of 23 per file (ranging from a mean of 3 for CRI to 39 for CAIS). The number of *face to face* contacts varied from one to 123, with a mean of 12 (ranging from a mean of 2 for CRI to 31 for Cyswllt). It is not possible to measure precisely how long these meetings lasted, as this information was not always provided in the files. However, extrapolating from entries which did note lengths of contact time, we estimate that *on average clients in our sample had each engaged in approximately 23 hours of face-to-face individual contact, primarily with peer mentors*. Again, this covered a wide range (from 1 to 216 hours).

Reference was also made in the casefiles to telephone calls between mentors and participants. These were reported in only 55 per cent of the files examined, and even when they were mentioned, they were not particularly frequent (maximum 31,

²³ Participants in CRI spent many more hours than participants elsewhere in accredited training (109 hours) and in volunteering (172 hours).

mean of 7). We suspect that this is not because such calls were not made (we know from interviews with staff, as well as from previous studies,²⁴ that high numbers of calls are often made from mentors to mentees) but because they were not recorded. Clearly, it would be a time consuming task to record every text or call made.

Letters or emails were mentioned less frequently than phone calls and were found in just 37 per cent of the files. When contact was made in this way, most participants had been sent just one or two letters or emails. We know from our interviews that letters are often the last resort in trying engage participants and encourage them to make contact with the project, which may reflect the small number of cases where letters were sent. It may also be the case that not many participants had access to email systems.

Finally, the general message that emerged from interviews with beneficiaries was that their peer mentors were almost always available and that some of them had very frequent peer mentoring sessions. One participant mentioned having 12 sessions in one month, and, in one case, there was daily support from the peer mentor, either in person or through telephone contact.

Well we have supervision about every month and a half, and that's a whole hour one to one to see one is doing and stuff, and that is every... say every six weeks. But in between that, it is every day, they are on the phone, they ask how I am doing. And... because my work is always supervised, so they are always there anyway.

Nature and focus of the work

We turn now from questions about the duration and intensity of work done with clients, to questions about its nature, content, focus and quality. We begin with some reflections about the broad shape of the interventions provided, including the main 'pathways' taken by different kinds of participant. We then look more closely at what participants actually do and what they think about it. This includes discussion of the main focuses of the work done with them, the mentoring skills involved, specific activities undertaken, strategies used to help people into jobs and education, relationships with other agencies, and issues around exit from the project.

²⁴ See, for example, Maguire, M., Holloway, K., Liddle, M., Gordon, F., Gray, P., Smith, A. and Wright, S. (2010) *Evaluation of the Transitional Support Scheme*. Cardiff: Welsh Assembly Government.

Broad approaches and participant pathways

In determining what kinds of interventions will actually be delivered, service providers can adopt a variety of approaches, ranging from, at one end of the spectrum, 'one size fits all' programmes in which all participants follow basically the same path to, at the other end, open-ended and unstructured work in which the direction and pace of interventions are tailored to the individual (and often to a large extent 'client led'). Both approaches have their supporters and critics. Well implemented, both can be very successful, but at their worst they can be, in the first case, over-rigid and unresponsive and, in the second, unfocused and meandering.

Most of the providers of Peer Mentoring Wales appear to have found an effective balance between these two extremes. Most have constructed a basic pathway to be followed by new participants, whereby they first undertake some standard courses delivered in a group format, then formulate an individual 'action plan' in collaboration with their peer mentor and/or other project worker. At this point, key decisions are made as to main direction in which the client will aim to go.

In terms of the 'standard' initial pathway, the most common strategy has been to expect new participants to take one or more short courses (often lasting only one or two days), resulting in the presentation of certificates. From the provider's point of view these may count as 'positive outcomes' contributing to the project's efforts to reach official targets (see Chapter 6), but even if they are not eligible for this, they are regarded as valuable 'quick wins' in terms of getting clients to meet each other, feel part of the project and gain some sense of achievement. Common examples include hygiene courses, confidence building, relaxation techniques, and various kinds of skills training.

During or after these brief initial interventions, it is standard practice in most projects for new clients to be allocated to a staff member or peer mentor, who should explore with them their particular histories, present circumstances and wishes, and draw up with them an individual action plan to meet their needs. As one project manager described it:

... the usual journey then for people is they come in, they meet their mentor, they'll start on the personal development classes in-house with us, they'll go onto the, depending on their qualifications, if they haven't got any we'll put them on the City and Guilds qualifications, the food hygiene qualifications, the CDL qualifications ... but obviously if somebody comes in and they've got a degree ... then obviously we just say, "Right," you know, we'll probably refer them other courses or, or do that individual thing with them.

As a result of the planning process, different participants tend to follow one of a number of fairly distinct pathways. For example, they may plan to seek outside employment as soon as possible; to acquire qualifications to enhance their prospects of such employment; to train (either immediately or later) as a peer mentor; to undertake other kinds of voluntary work; or to receive support and attend courses or recreational activities to enhance their basic well-being (aiming ultimately to get to a stage where they feel ready to consider employment).

At the risk of over-simplification, we describe below what we identified (albeit very broadly and crudely) as the three most common 'types' of participant in the project, and the kind of work that tends to be done with each. These are:

1. People who have no or very few qualifications, have never or rarely been employed, and have been involved in substance misuse for most of their adult lives. Most of these clients join the project with very little immediate prospect of employment (and still not completely free of drugs or alcohol), and most of the work done with them is to build and support their motivation and self-confidence, address social and personal problems, and in some cases stabilise their substance misuse and prevent relapse. If they make progress, the next stages will often be to find them voluntary work (in some cases within social enterprises such as cafes, set up by the providers) and help them to build skills for applying for jobs (through work on cvs, practice interviews etc). Those who continue to progress may also eventually train as peer mentors and embark (albeit starting later) upon a similar journey to those described under our third category below.
2. People who have good or adequate qualifications and a past history of regular employment, but have been out of work for some time due to acquiring a drug

or alcohol habit. In many cases, such clients' main (and sometimes sole) aim is to increase their chances of finding work by renewing out-of-date qualifications or obtaining new ones. For example, at least two providers routinely covered the costs of training to enable clients to gain or renew Construction Skills Certificate Scheme cards or fork-lift truck licenses. Clients who undertake such training often do not get involved in other project activities and tend to leave fairly quickly once they have achieved (or failed to achieve) their qualification.

3. People with a variety of backgrounds and employment histories who are keen from the outset to build expertise – and often ultimately a career – within the field of substance misuse services. Many of these undertake training as peer mentors, subsequently becoming volunteers within the project (or with other branches of the same provider organisation, or other third sector agencies) and some progress further into paid employment with the providers (for example as senior peer mentors) or elsewhere in the field. While some people in this category have relatively short histories of addiction and/or good qualifications and work experience, others who have very bleak backgrounds have made a remarkable journey since joining the project.

It is difficult to say how many clients fall into each of the above categories (which are anyway only loosely defined and do not cover all participants), but based on the data on participant characteristics presented in Chapter 4, local project data and interviews with staff, we would conclude that the largest group is the first - comprising at least 40 per cent of all clients - while (at a very rough estimate) the other two account for perhaps 20 and 15 per cent of the total, respectively.²⁵

Main focuses and types of intervention

As part of our casefile analysis, we categorised each file according to what appeared to be the primary focus of the work undertaken with participants (taking into account both course attendance and the content of individual mentoring sessions). Sufficient

²⁵ The latter percentage was at one stage much higher in the CRI scheme, which began by training all participants to be peer mentors.

Information was available to make this assessment with a fair degree of confidence in the majority (81%) of files.

As may be expected with a project of this nature, the primary focus of work was most often (37% of cases) on helping participants into education, employment or training. In 20 per cent of files the primary focus was on help with substance misuse issues, in 14 per cent on passing on peer advice or experience, and in 12 per cent explicitly on boosting confidence and motivation levels. Smaller numbers of cases involved a primary focus on specific issues such as housing, finance and relationship problems.

Of course, such figures do not tell us what specific kinds of intervention were used in trying to achieve the aims outlined. As already intimated, the main kinds of work undertaken or arranged by the project include:

- One to one mentoring by peer mentors or other project staff.
- Referral to other agencies for specialist interventions.
- Peer mentor training.
- Courses leading to recognised work-related or educational qualifications.
- Courses to teach other skills.
- Group work designed to increase well-being, enhance confidence, etc.
- Volunteering opportunities.
- Links with colleges and employers willing to offer opportunities to clients.

Most action plans include a variety of the above interventions: the great majority of clients attend courses or some form of training, and many undertake some form of work as a volunteer. However, it can be argued that the true core of the project is the *individual one-to-one work* carried out by staff and peer mentors. It is highly likely that the outcomes of the project depend more on the quality of this work – and in particular on the skills, knowledge and personal qualities of the mentors and the kinds of relationships they develop with clients – than on anything else. We look now at evidence about what mentors actually do with clients, what skills are required, and how effectively they use them.

One-to-one work and key mentoring skills

It is generally agreed that successful casework, especially with vulnerable clients who have chaotic lifestyles, is built on trusting and genuinely collaborative relationships between worker and client, and the provision of effective support in creating and sustaining motivation and a sense of direction. In other words, perhaps the most important ingredients of all are the skills, knowledge and personal qualities of the mentors. We now look at some key applications of these skills, namely the maintenance of motivation to engage, the creation of action plans, practical work to help people into employment, and effective partnership working with other agencies.

To begin with, in order for any effective work to be undertaken, it is first necessary that clients actually attend scheduled interventions and mentoring sessions on a regular basis. A key role of the mentor, therefore, is to support and enhance the motivation of participants to keep attending. Generally speaking, our data indicate that they had a considerable amount of success in doing this (see Chapter 6), although several of the beneficiaries we interviewed admitted that their motivation had wavered and their attendance had been poor or patchy. In nearly all cases, they blamed themselves for this, rather than their peer mentors. For example:

I didn't go to a lot of things because I didn't turn up every week.

No, I was keen. Well, at the time I was very keen to join and I (am) still. I feel guilty because I haven't been able to attend appointments and stuff.

Well, I am going to give her a ring shortly because I haven't seen her for the last four weeks, and it's not her fault, it's my fault. But she usually either sends a letter for me for counselling sessions, or sends me a text, or something along those lines. And she's never missed one letter the entire time we've been doing it, which is why I feel a bit bad, you know, but...

The only criticism expressed on this score (apart from a case where an administrative mistake had led to the client not being allocated a mentor at all) came from one client who felt that her mentor made insufficient effort to keep in touch:

It's mostly me contacting her. I rarely hear from her.

Another set of key skills are those involved in assessing clients' needs and jointly agreeing action plans, a process which leads to decisions with major consequences for clients' lives. When performed effectively, the worker/peer mentor will fully

recognise and embrace clients' wishes, but at the same time may gently steer them away from plans which are clearly unrealistic or prematurely ambitious. Our interviews with beneficiaries revealed something of a mixed picture as far as planning was concerned. Most interviewees had a fairly clear understanding of their action plan and were completely happy with it. For example:

At the moment my action plan is to, I finished the training, I go to a one month placement with a peer mentor to see how I'm building. Then do a four month placement in an agency of my choice.

However, a sizeable minority were unclear about their plan, had not seen a copy of it and/or had not been fully consulted in its creation. In a few cases, indeed, it was by no means certain that a plan had been created. For example:

I haven't seen any action plan, but she might have something written down herself.

As well as motivational, assessment and planning skills, those involved in helping people make progress towards education or employment need to have some knowledge of *practical* matters. Mentoring work often entails simultaneously taking action or advising clients about a complex web of practical issues. An example of a typical casefile entry following a mentoring session reads:

Wants to work with animals but her ideal job would be hairdressing. I will contact Job Centre for ACT and get her referred from there. Is doing well with the methadone 40ml [reduced from 45]. Is smoking cannabis daily spending £20. Mentioned the Women's Group card making and art therapy which she would love to do.

In terms of the specific aim of helping participants to get into paid employment, a number of common practices can be identified from our interviews with mentors, participants and managers, as well as through our casefile analysis.

Most mentors described helping participants with CVs and filling in application forms. Others common activities were helping them with on-line job searches, accompanying them to the Job Centre to look for vacancies and making phone calls and sending out applications on behalf of their clients. For example:

I work closely with the Job Centre...And we take the clients...we do a CV with them...And then I will phone up on their behalf, I'll send out their application, help them do the application forms.

In some local projects, providers had recruited dedicated Employment Officers to help participants with these processes – a resource found extremely helpful by peer mentors:

Well, as I say, we've got an Employment Officer. She's very good. You know, she'll do job searches with CV writing...Go with them... she sits with them and you know, while they phone up to ask for application forms and so on.

Other providers adopted a different model and made use of partnerships with local agencies and notice boards. One also brought in experts from external agencies on a weekly basis to help participants with their search for employment:

We've got partnership with a lot of agencies in the area and so that would be the route... We've got a jobs board so any jobs coming up, like, in the social care, sort of, field where we'll put them up on the noticeboard... we've got a Careers Advisor from Careers Wales that comes in every Friday to help people. She's helped me today...

Another provider described how they sent emails to all of their peer mentors with lists of jobs from a range of agencies. The mentors would then scrutinise the list and identify relevant posts for individual participants.

Well, they get... I think they get like a list of jobs, whether it is from the job centre, or other agencies, regular, and then they... they are all emailed to the different peer mentors, and then if there's something on that list that they think is suitable for the candidate then they'll, you know, go ahead, and sort of help them with that, with a CV, job interview techniques, everything like that.

Most mentors described the process of helping a participant as being client-focused and guided largely by the wants and needs of the participant.

It obviously depends on the client... where they're at. If that's what the client wants, usually we can follow it all the way through with them, you know.

Some providers developed work opportunities within their own organisations. In most cases these were voluntary posts but in some they were paid positions and exit outcomes were duly obtained. A particularly useful way of creating such posts was

through the development of social enterprise schemes²⁶ to enable participants to gain employment and achieve ILM (Institute of Leadership and Management) qualifications:

We got three ILMs up and running and that helped a huge number of our participants... One was around the café so that we were helping... because it's a tourist industry town... creating opportunities for gaining work experience in the catering industry is a good one for North Wales. The Welsh Highland Railway one, again it's all outdoor work... The other thing we had was the National Trust one. Again outside work in the main, landscaping, gardening, wood turning.

One manager described the benefits of social enterprise initiatives in helping participants acquire important skills and gain work experience. The main problem was in the limited number of people that they could help:

We've started our own social enterprise, the café in ... yeah and then the people have gone on from there, they've shown an interest in working in catering or a café, or people thinking of starting their own business or...you know, they like the work... that it's helped them, so they've gone to find work and jobs in that field. Similarly this new social enterprise we're developing is based around woodworking and making furniture. There's, you know, an element of entrepreneurship, people have learnt book-keeping, sort of health and safety skills which would help them set their own business up, but again it's like you're talking 20 or 30 people in... But they're huge outcomes for those people given where they've come from originally.

A final aspect of mentoring that is clearly important to its effectiveness is the appropriate use of links with other agencies which offer services which the peer mentoring project is unable to provide. Most peer mentors we interviewed said that they had made efforts to develop such links and that they often found them of great benefit to clients. Positive comments included:

I mean, recently, just last... two weeks ago I went to a mental health assessment with a service user and I didn't ... he didn't want me, obviously, to go into the assessment with him but he wanted to come out and talk about it afterwards and, like, I think that was beneficial to him.

²⁶ "A social enterprise is a business that trades for a social and/or environmental purpose. It will have a clear sense of its 'social mission': which means it will know what difference it is trying to make, who it aims to help, and how it plans to do it. It will bring in most or all of its income through selling goods or services. And it will also have clear rules about what it does with its profits, reinvesting these to further the 'social mission'." (<http://www.socialenterprise.org.uk/about/about-social-enterprise>)

They all have a great working ethos, we all... people phone us and we phone them, and they are keeping in contact.

Constantly...That's a very regular thing, 'cause we're aware of, like, all the services in the area...And what sort of support they offer. Best, like, support so we do quite often refer them to agencies.

Exit from the project

All projects that work with vulnerable clients face the issue of when and how they should stop working with them and how to ensure that they are not left entirely without support after they leave. In the case of the Peer Mentoring Wales, this was a very live issue, because as soon as a client achieved an 'exit outcome' (ie entered further education or paid employment) they could no longer officially remain as a participant. The rule (which was driven by European funding regulations) was seen by most providers as unhelpful and counterproductive, as many clients who take up a job for the first time in years are in a stressful situation and may be at heightened risk of relapse: it is hence a period when they need more support, not less. One project worker told us:

I know of two people who did incredibly well on the course and everybody was saying, you know, this'll work very, very well and...they went into employment and they had a major, major relapse...major relapse into drugs, both of them, and, you know, and I think would they... would they have relapsed so drastic... 'cause it was, you know, I think a pretty severe relapse... And I just wonder would they have relapsed to such an extent.

...Very little goes into aftercare. And with drug users it's a chronic relapsing condition, and they should have support for a minimum of two years after they leave treatment.

A client who had entered employment stated:

Because once someone finds employment the file is automatically shut and I think it's unfair. That some people who need that additional... I mean, I was on the books here and er... when I found my current employment my file was already shut down before I even asked a question.

As a result of such concerns, most of the providers have continued to work in an informal capacity with those who want support after having to officially exit the project. Importantly, too, as noted in Chapter 1, extra ESF funding has recently been provided to set up a separate but linked service, the Employment Support Service

(ESS), aimed at assisting people in work who have (or who develop) substance misuse problems. This includes support and advice both to employees and employers.²⁷ The new scheme has allowed some of the providers to continue to work with ex-PMW participants on a formal basis.

Our interview data (obtained before the advent of ESS) indicate that most participants understood the length of their engagement with the project as being determined by the length of time it would take them to get into work or education. For example:

I suppose really until I find employment.

When I start going to college.

Some, however, believed that – if they so wished - the project would continue to support them beyond this point:

Yeah I feel like the support no matter... even if I was to leave this job, I think the support would always carry on. I know that they would always be there and still take on the role of my mentor.

It'll never come to an end, because the fact is they've become a family, they've become my close allies.

I don't know, to be honest, all my life. You know, it's good.

These differences were also echoed among peer mentors. For example, while the majority said that the normal duration of engagement was until the client found a job or entered education, a significant minority did not have any sense of a planned period of engagement and a few thought it was entirely open-ended. For example:

No there's no... no time limit at all. It's until they feel that they're in... it's usually... if they fall into full employment... full time employment and they don't want to assess it... it's up to them to say, like, but otherwise we do have no time limit on it at all.

They're all, basically, 'til, basically, they're self-sufficient with what they do and stable enough, in which case they do it, really.

²⁷ See <http://wales.gov.uk/newsroom/healthandsocialcare/2012/120514peermentoring/?lang=en>

One made the less reassuring comment that the main factor determining the duration of time a client spent with the project was cessation of engagement, which tended to be the main trigger for closure:

It will end. More often than not, unfortunately, it's ended because they've stopped engaging.

Unfortunately, there is more than a grain of truth in this comment. As will be seen in Chapter 6, a sizeable minority of participants disengage from the project without having achieved any measurable outcomes. Clearly, many of these are likely to have continuing needs which are not being addressed.

Reflections on the peer mentoring experience

We end this chapter with some comments from participants and others about what we have identified as the core component of the project, the relationship between 'mentor' and 'mentee'. Such relationships were described by nearly all interviewees, from project staff to beneficiaries, as positive. Many pointed out what they considered the special benefits of a service based around peers. Peer mentors generally believed that their own background of substance misuse had a positive effect on the mentoring process, in that clients were more likely to engage with them and take their advice. This was partly because, having 'been there', they understood what the client was going through, and partly because they embodied the fact that it is possible for an addict to stop using drugs or alcohol and build a new life:

Indeed, 'cause you know what you're talking about, and I think people can relate that more with you.

Most of the participants we interviewed confirmed that they were able to connect with the peer mentors, specifically because they had already gone through a similar experience. For example:

I prefer somebody who has walked that road, rather than somebody who has read it from a book. You know somebody who has actually done that walk, because they will know where I am coming from. Maybe I might seem a little bit reluctant, which probably they were as well before they got into it.

Yes, I do because they understand where you have been; what you are going through and how hard it is to overcome that addiction. And they understand every step of the way.

Other participants expressed the benefits of their contact with the peer mentors in terms of outcomes. Many said that it had brought large scale benefits to their lives, particularly in the shape of greater self-confidence and improved social skills:

She's trying to make me see life from a different point of view. She often listens to things and suggests. She even took me to an organisation, a musical organisation called Play. ...we met there, she took me there and she's been absolutely brilliant. I can't praise her enough.

In addition to the benefits for those mentored, it was evident that equally, if not more, important benefits had been accrued from the process by the peer mentors. Through taking responsibility for guiding others, many had gained enormously in confidence and skills, and a number have moved on into full-time work in agencies that support substance misusers or other vulnerable groups.

This is not to say that there were no reservations or concerns expressed. A small number of peer mentors retained some doubts about their role and expressed fears that they could be seen as hypocrites, or become the object of jealousy:

I can relate a hell of a lot to people that have had problems with drink, but I have turned a corner and still managed to be able to drink where some people can't. And it's like ... it's like being a bit of a hypocrite if you know what I mean. "You can't tell me about drink because you're drinking yourself" sort of attitude... that's one thing that would put me off, somebody saying that to me. And of course I'd have to hold my hands up and say, "Yeah fair enough."

I'm aware of the barriers and issues that they face, to actually like think of the things that they might not think of, the, little things that matter that other people wouldn't sort of think of. Yeah, in some aspects it can but then in other aspects it's like lots of people can get jealous as well that you've moved your life on and they can't. ... I've come across that in my home town.

Nevertheless, the overwhelming message from mentors was very positive. Indeed, it is important to reflect the commonly made point that the work was not just helpful to their own progress, but was emotionally rewarding in itself. Peer mentors, like other staff, clearly take great pleasure in helping to improve the lives of vulnerable others, and both interviews and casual conversations about clients were often peppered with comments such as 'fantastic', 'brilliant', 'I could cry' or 'it means so much'.

6. Outcomes

In this chapter we examine the outcomes that have so far been achieved by Peer Mentoring Wales. The analysis is based on information from the WG database, providers' outcome forms (for the period 1 July 2011 to 30 June 2012) and our samples of casefiles from each provider, as well as qualitative data from interviews. Where employment-related outcomes are concerned, while there are some overlaps between the WG database and the sample of outcome forms, the latter provides more detailed information such as whether, for example, clients have produced a CV or attended an interview. The casefiles also contain more information about participants and enable us to analyse the outcomes achieved in relation to certain background characteristics (e.g. substance misuse histories and levels of motivation). Finally, mainly through interview data, we explore some other outcomes (such as changes in substance use, motivation or well-being) which are not directly related to employment.

Official targets and formal outcomes

In Chapter 2 we described the official targets set by WEFO for the Peer Mentoring Project (see Table 2.1). We noted that the initial targets set in 2009 presented a huge challenge to the providers and, following discussions with the WG project sponsors, were subsequently reduced by WEFO in September 2010 to more 'realistic' levels (Business Plan, WEFO 2012, p. 92). At the same time, a new 'other positive outcomes' target was agreed, to give providers the opportunity to demonstrate success on other, 'softer' measures. In the first part of this chapter we examine to what extent the project has been successful in achieving these revised targets.

Defining and claiming outcomes

Before reviewing the figures, it is important to note that the outcomes submitted by WG to WEFO must comply with certain rules and regulations. These are outlined below. Where relevant we have drawn on the interviews with project managers to illustrate some of the challenges that they have faced when dealing with these rules.

The most important rule governing the official recording of *exit outcomes* is that only one such outcome can be submitted per participant. Thus if a participant enters

further learning but later gains paid employment, only one exit outcome can be formally recorded for them.

Strictly speaking, too, any paid employment entered should be 'sustainable' before being officially counted towards the target – a criterion initially defined in terms of people remaining in post for several months.²⁸ However, we understand from WEFO that this definition is not followed in practice, mainly because it would be impracticable and extremely time-consuming (and some say unethical²⁹) to follow up large numbers of cases to undertake checks. It was also stated that some evidence about sustained employment is obtained from a separate 'evaluation question'.

So we have 'participants into employment', which is one we collect regularly with the quarterly claims, and then there's an evaluation question which is, 'Of those then which have gone into work, how many are actually in sustained employment?'

Where claiming *positive outcomes* is concerned, the most important rule is that only one 'other positive outcome' can be submitted per participant. This means that if, for example, a participant enters volunteering, secures a job interview, completes a non-accredited course and achieves a part-accredited qualification, only one positive outcome can be recorded for them. It also means that only one can be claimed regardless of how many times that outcome has been achieved. This rule was widely regarded by project managers as frustrating, because it masks a large proportion of the achievements of many participants (as we shall see, it is common for single clients to complete large numbers of non-accredited courses):

And the way they're counted, as you know, is it doesn't matter if somebody gets ten of the positive outcomes it only counts as one, and that's really frustrating. So I would change the way they're counted. But I think qualifications, volunteering, and attending non-accredited courses, it's very, very important to people.

Other complexities of the system include a rule that when a participant obtains a positive outcome which later leads directly to an exit outcome (e.g. securing a job interview leads to paid employment) then only the exit outcome can be claimed.³⁰ By

²⁸ In the 2009 ESF Strategic Framework document the indicator relating to sustainable employment referred to 12 months (Welsh Assembly Government 2009). This was later reduced to 6 months.

²⁹ Some managers said that participants wanted to leave their past behind them and were concerned that checks might lead to new employers or colleagues finding out about their previous lifestyle.

³⁰ If the two outcomes are not related directly, then both can be counted.

contrast, the original positive outcome of ‘gaining a qualification’ is treated separately from the newer ‘other’ positive outcomes and is counted as an additional outcome. This means that it is possible for one participant to record three outcomes (i.e. an exit outcome, gaining a qualification, and one ‘other’ positive outcome). We understand from a WG representative that this scenario ‘actually happens all the time’.

Unsurprisingly, there was some variation among providers in their understanding of the rules. This problem is highlighted in the Business Plan (WEFO 2012) in a section entitled ‘Lack of understanding of some indicator definitions’ in which the sponsor (WG) acknowledges its own ‘misunderstanding of the definitions for many of the targets’ (p.92). It was also reported by project managers in our interviews with them. However, we understand that the situation has improved following the development of clearer guidelines and subsequent intensive work on the part of the providers in going back through files and recalculating outcomes. One project manager indicated that the improvement was largely due to the work of a member of the WG team:

We sort of struggled with that for a while early on and it took up a lot of the delivery team meeting time. But no I think we're pretty much ... have you met X? ... he seems to have taken it on board and he's coming back after he's been involved in the audit and he's coming back with queries and questions and sharing definitions and that, so he's really good, to be fair. ... So a 'qualification' is one X has been looking at, in terms of what constitutes a qualification - it has to be an NVQ recognised and I think most of us have done that.

More generally, the existence of all the above rules, in combination with the different interpretations that have been placed upon them and the way the WG database is constructed to record outcomes, has important implications for anyone attempting to understand the overall picture of outcomes from the peer mentoring project. On the one hand, important achievements may be hidden because of the rules limiting the *numbers* of outcomes that can be recorded.³¹ On the other, the inclusion on the WG database of multiple outcome *types* per participant makes it very difficult to calculate from the published ‘cumulative indicator’ figures how many of the unique individuals recruited to the project actually achieved at least one outcome.

³¹ In addition to the limitations on recording ‘positive outcomes’ referred to earlier, an example mentioned by a WEFO representative was that, because they can only enter one exit outcome, providers whose clients enter both paid employment and further education will generally choose to record the outcome which contributes to the target they are least confident of achieving.

Official outcomes achieved

In this section we present the official outcomes achieved by the Peer Mentoring project over the four years for which it was initially funded (although additional funding was obtained to keep it running for at least another six months beyond the original end date of September 2013).

Table 6.1 shows the core official outcomes achieved in relation to the revised WEFO targets. To repeat, these figures include Quarter 16, rather than ending after Q15 (the cut-off point for our data collection and for most other analyses in the report). They were specially supplied to us later on by the WG, in order that we could present the final situation with regard to the four-year targets set for the project.

Table 6.1: Four-year targets and achievements (October 2009-September 2013)

	Revised target	Achieved	Achieved against target (%)	% of all participants
Convergence areas				(N=6954)
Participants [1]	7000	6954	99%	100%
Qualifications gained	700	949	136%	14%
Entering further learning	350	701	200%	10%
Entering employment	560	591	106%	8%
Other positive outcomes [2]	4900	4564	93%	66%
Competitiveness areas				(N=2673)
Participants [1]	2550	2673	105%	100%
Qualifications gained	255	353	136%	13%
Entering further learning	127	222	175%	8%
Entering employment	204	272	133%	10%
Other positive outcomes [2]	1785	1689	95%	63%
All areas				(N=9627)
Participants [1]	9550	9627	101%	100%
Qualifications gained	955	1302	136%	14%
Entering further learning	477	923	194%	10%
Entering employment	764	863	113%	9%
Other positive outcomes [2]	6685	6253	94%	65%

Data provided by WG, November 2013.

[1] All registered participants in the areas described.

[2] Participants who had secured a job interview, completed a non-accredited course, completed a part-qualification or entered voluntary work.

It can be seen from the table that, at the four-year end date of 30th September 2013, a grand total of 9,627 participants had registered on the project, exceeding by 76 the (revised) target of 9,550. The Convergence areas marginally missed their target, but this was more than offset by the 123 cases above target recruited by the Competitiveness areas. The only target missed in both kinds of area was 'other positive outcomes', but this was missed by only six per cent overall. All other targets were comfortably achieved – notably 'entered further learning', which was achieved in almost double the required cases.

Behind the headline figures

In order to 'get behind' these headline figures and create a more detailed picture of outcomes achieved (including variations by area), we present below findings from further analysis of data from the WG database, as well as from other sources. In this section, we focus on participants who have completed their engagement and exited the project. This allows a clearer picture to be produced of the achievements of participants over the full span of their engagement with the project.

Exit outcomes: employment and further learning

Tables 6.2a and 6.2b show the officially recorded outcomes for the 6,662 participants whose cases had been closed by the end of Q15 (June 2013). Overall, at least 12 per cent of these had entered further learning and 12 per cent had entered paid employment (as only one exit outcome is allowed per person, and it is known that some participants achieved two, both these figures may be undercounts).

There was some variation between providers and across areas. Somewhat bizarrely, WGCADA scored highest on 'entered further learning' (17%) but lowest (6%) in terms of getting participants into employment.³² Kaleidoscope scored highest (16%) on 'entered paid employment'. The proportions entering further learning were significantly higher in the Convergence areas (13% compared with 10%) but there was little difference between the areas in the percentages entering employment.

³² This may be partly caused by a preference for recording further learning over paid employment when participants attain both, but is probably mainly explained by a strong focus by WGCADA staff on education and good connections with colleges. .

Table 6.2a: Exit outcomes and positive outcomes among completed cases, by provider

	Kaleidoscope	Cyswllt	CAIS	WGCADA	CRI	Drugaid	Total	Sig
Entered further learning	10% (107)	9% (51)	12% (236)	17% (228)	15% (38)	12% (159)	12% (819)	***
Entered employment	16% (173)	12% (70)	14% (273)	6% (85)	9% (21)	12% (156)	12% (778)	***
Qualifications gained	12% (132)	17% (99)	13% (252)	11% (154)	8% (20)	14% (192)	13% (849)	**
Other positive outcomes								
Yes	61% (682)	49% (288)	57% (1139)	69% (950)	88% (218)	53% (709)	60% (3986)	***
No	39% (433)	51% (297)	43% (861)	31% (423)	12% (29)	47% (633)	40% (2676)	
Obtained part qualification	7% (72)	0% (0)	1% (15)	8% (114)	0% (0)	8% (100)	5% (301)	***
Entered voluntary work	17% (190)	37% (218)	21% (410)	8% (111)	19% (47)	13% (179)	17% (1155)	***
Secured a job interview	20% (217)	12% (70)	16% (321)	8% (107)	12% (30)	9% (117)	13% (862)	***
Completed non-accredited course	45% (502)	27% (157)	45% (907)	66% (911)	87% (214)	47% (627)	50% (3318)	***
Number of positive outcomes								
0	39% (433)	51% (297)	43% (861)	31% (423)	12% (29)	47% (633)	40% (2676)	***
1	40% (442)	29% (167)	37% (733)	55% (752)	66% (164)	37% (491)	41% (2749)	
2	17% (189)	15% (85)	15% (304)	10% (131)	14% (35)	10% (139)	13% (883)	
3	4% (43)	6% (36)	5% (96)	3% (39)	8% (19)	5% (62)	4% (295)	
4	1% (8)	0% (0)	<1% (6)	2% (28)	0% (0)	1% (17)	1% (59)	
Mean other positive outcomes [1]	0.88	0.76	0.83	0.91	1.18	0.76	0.85	***
Mean other positive outcomes [2]	1.44	1.55	1.45	1.31	1.33	1.44	1.41	***
No exit or positive outcome [3]	36% (402)	48% (281)	42% (843)	26% (355)	10% (24)	41% (545)	37% (2450)	***
Exit outcome only	2% (25)	3% (16)	1% (18)	5% (68)	2% (4)	5% (60)	3% (191)	
Positive outcome only	39% (433)	31% (183)	32% (648)	51% (705)	69% (170)	36% (482)	39% (2621)	
Both exit and positive outcomes	23% (255)	18% (105)	25% (491)	18% (245)	20% (49)	19% (255)	21% (1400)	
Total	100% (1115)	100% (585)	100% (2000)	100% (1373)	100% (247)	100% (1342)	100% (6662)	

Source: WG database. Cases completed by June 30th 2013, n=6662. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = p<.001, ** = p<.01, * = p<.05, ns = not significant. Notes [1] Including those without positive outcomes. [2] Excluding those without positive outcomes. [3] Positive outcomes includes: qualifications gained, part-qualifications gained, entering voluntary work, securing job interview, completing course.

Table 6.2b: Exit outcomes and positive outcomes among all completed cases, by type of area

	Convergence	Competitiveness	Total	Sig
Exit outcome				
Entered further learning	13% (634)	10% (185)	12% (819)	***
Entered employment	11% (542)	13% (236)	12% (778)	ns
Positive outcome				
Qualifications gained	13% (643)	11% (206)	13% (849)	*
'Other' positive outcomes				
Yes	59% (2841)	62% (1145)	60% (3986)	ns
No	41% (1962)	38% (714)	40% (2676)	
Obtained part qualification	5% (226)	4% (75)	5% (301)	ns
Entered voluntary work	17% (825)	18% (330)	17% (1155)	ns
Secured a job interview	12% (583)	15% (279)	13% (862)	**
Completed non-accredited course	50% (2397)	50% (921)	50% (3318)	ns
Number of 'other' positive outcomes				
0	41% (1962)	38% (714)	40% (2676)	***
1	41% (1978)	42% (771)	41% (2749)	
2	12% (587)	16% (296)	13% (883)	
3	5% (225)	4% (70)	4% (295)	
4	1% (51)	<1% (8)	1% (59)	
Mean other positive outcomes [1]	0.84	0.86	0.85	ns
Mean other positive outcomes [2]	1.42	1.40	1.41	ns
No exit or positive outcome [3]	37% (1777)	36% (673)	37% (2450)	**
Exit outcome only	3% (157)	2% (34)	3% (191)	
Positive outcome only	39% (1850)	42% (771)	39% (2621)	
Both exit and positive outcomes	21% (1019)	21% (381)	21% (1400)	
Total	100% (4803)	100% (1859)	100% (6662)	

Source: WG database. Cases completed by June 30th 2013, n=6662. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = $p < .001$, ** = $p < .01$, * = $p < .05$, ns = not significant. Notes [1] Including those without positive outcomes. [2] Excluding those without positive outcomes. [3] Positive outcomes includes: qualifications gained, part-qualifications gained, entering voluntary work, securing job interview, completing course.

Given the challenges of working with such a socially excluded client group, the production of exit outcomes at these levels across an area as wide as Wales can be regarded as a considerable achievement. The results are at or above those achieved by other similar ESF-funded projects: the Engagement Gateway project, for example, achieved engagement with 41 per cent of its target group of participants and produced a 10 per cent employment outcome (Wavehill 2012)³³. Moreover, its results compare very favourably with early outcome figures from the DWP's Work Programme, although different recording rules make direct comparison difficult (Centre for Economic and Social Inclusion 2012)³⁴.

Other positive outcomes

At the same time, however, these successes should not blind us to the fact that about three-quarters of all registered participants complete their engagement with the project without entering employment or further learning. It is therefore also important to look for indications that most people's time with the project has at least enhanced their prospects of finding employment in the longer term. For this reason, despite their core focus on the exit outcomes, both the funder and the sponsor recognise the importance of acknowledging and measuring other achievements. These are recorded on the WG database either as '*qualifications gained*'³⁵ or as '*other positive outcomes*', the latter being subdivided into obtaining a part qualification, entering voluntary work, securing a job interview and completing a non-accredited course.³⁶

As the recording system allows only one of each of these secondary outcomes and sub-outcomes to be entered for each participant, it is impossible to know how many in total were achieved across Wales. Nevertheless, we were able to extract data from the WG database on how many participants had achieved *at least one* of each kind.

³³ http://issuu.com/wavehill/docs/eg_rce_report_-_final

³⁴ http://stats.cesi.org.uk/website_documents/initial_WP_Performance_InclusionComment.pdf

³⁵ As noted earlier, some providers were initially confused as to what counted under this heading, but in essence it refers to qualifications accredited under the National Qualifications Framework.

³⁶ WEFO has also recently agreed to include gaining part-time employment (up to 16 hours per week) and applying for a job as additional positive outcomes. However, as WEFO's main interest is in a simple 'yes/no' target (how many people achieved at least one 'other positive outcome'), they do not extract or publish data on the sub-categories.

As Tables 6.2a and 6.2b show, 13 per cent of all participants were recorded as having gained at least one '*qualification*' during their time with the project. The proportion varied significantly across sites, ranging from 17 per cent at Cyswllt to 8 per cent at CRI. Providers in the Convergence areas also performed better on this outcome than those in the Competitiveness areas (13% compared with 11%).

In terms of '*other positive outcomes*', 60 per cent of all participants who had finished their engagement with the project were recorded as having achieved at least one of these (and 18% two or more). The proportion again varied significantly across sites, CRI again scoring highest (88%) and Drugaid the lowest (49%). There was however no significant difference between the Convergence and Competitiveness areas.

The type of '*other positive outcome*' most often achieved (by 50% of all participants) was '*completing a non-accredited course*'. Securing a job interview was reported for 13 per cent, and entering voluntary work for 17 per cent. In all cases, the proportions varied considerably across providers: for example CRI (87%) and WGCADA (66%) produced the highest percentage completing a course, Kaleidoscope the highest securing a job interview (20%) and Cyswllt the highest entering voluntary work (37%). The only significant difference between the Convergence and Competitiveness areas was that former (12%) did less well than the latter (15%) in securing job interviews.

Overall, as can be seen from the foot of Tables 6.2a and 6.2b, nearly all participants who achieved an exit outcome also achieved other outcomes. More importantly, among the 5,071 who left the project without an exit outcome, more than half (2,621) achieved at least one other kind of positive outcome. This means that among all project leavers, only 37 per cent left without any kind of outcome. These findings underline the fact that a great deal of activity was undertaken in addition to direct attempts to help people into employment. They also reflect the common practice of asking new participants to take a short course of some kind soon after joining the project. As described in Chapter 5, this was partly because it was seen as useful in itself, but also because of a perceived need among project managers to claim some '*quick, quick outcomes* to ensure that the box gets ticked and funding continues', as one put it. Another likewise said that '*soft outcomes*' were achieved quite quickly, but often there was '*a long time from a soft outcome to maybe a harder outcome*'.

Perhaps more importantly, data from other sources indicate that the figures on ‘other positive outcomes’, looked at in isolation, do not give an adequate picture of the sheer *volume* of courses, volunteering episodes, job interviews, etc that are being achieved by participants. Certainly, the evidence from our casefile analysis in Chapter 5, showing average lengths of client engagement of several months and high numbers of activity hours, indicates that it is not unusual for individual clients to complete several non-accredited courses and engage in frequent volunteering. This is supported by qualitative data from both files and interviews, which reveal a wide variety of courses and activities attended by participants. The following are typical mentors’ case notes, extracted on a fairly random basis from our sample of casefiles:

Volunteered at cafe, confidence building course. Completed course in communication and anger management.

Voluntary work, acupuncture course, manual handling and food safety courses.

CV writing, confidence, motivation course, Addictive Desire Recognition.

13 courses completed including 1st Aid, learn 2 Learn, Peer Mentoring Level 4, volunteered to help clean up Llandudno beach

In summary, while it may still be of some concern that as many as 37 per cent of all participants end up leaving the project without a formal ‘outcome’ of any kind, it is also clear from closer analysis that the majority who do engage – even if they leave without entering work or further education – achieve between them large numbers of other outcomes (many of them hidden from view because of the way the recording systems are set up) that are likely to be of benefit on their road to recovery and employment.

Outcome variations by characteristics of participants

To investigate whether different levels of exit and positive outcomes are associated with different types of participant, we looked for variations in outcome by sex, age, ethnic group, prior qualifications and/or length and intensity of engagement with the project. Some significant differences were found (see Tables 6.3, 6.4a and 6.4b).

Table 6.3: Outcomes by prior qualifications

	None	< NQF 2	NQF2	NQF3	NQF4-6	NQF7-8	Total	
No exit or positive outcome [1]	40% (1306)	38% (523)	32% (332)	31% (180)	29% (84)	28% (25)	37% (2450)	***
Exit outcome only	3% (87)	3% (39)	4% (40)	3% (18)	2% (5)	2% (2)	3% (191)	
Positive outcome only	38% (1253)	41% (569)	41% (429)	39% (227)	37% (109)	37% (34)	39% (2621)	
Both exit and positive outcomes	19% (616)	18% (253)	23% (242)	28% (164)	32% (95)	33% (30)	21% (1400)	
Exit outcome								
Entered further learning	11% (371)	12% (159)	15% (157)	13% (79)	13% (39)	15% (14)	12% (819)	*
Entered employment	10% (333)	10% (135)	12% (126)	18% (105)	21% (61)	20% (18)	12% (778)	***
Positive outcome								
Qualifications gained	11% (343)	11% (147)	16% (171)	17% (100)	21% (62)	29% (26)	13% (849)	
'Other' positive outcomes								
Yes	57% (1856)	59% (812)	64% (666)	66% (386)	70% (204)	68% (62)	60% (3986)	***
No	43% (1406)	41% (572)	36% (377)	35% (203)	30% (89)	32% (29)	40% (2676)	
Total	100% (3262)	100% (1384)	100% (1043)	100% (589)	100% (293)	100% (91)	100% (6662)	

Source: WG database. Cases completed by June 30th 2013, n=6662. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = p<.001, ** = p<.01, * = p<.05, ns = not significant. Notes [1] Positive outcomes includes: qualifications gained, part-qualifications gained, entering voluntary work, securing job interview, completing course.

Table 6.4a: Exit outcomes by participant characteristics and by duration and intensity of engagement with the project

	Entered further learning			Entered employment		
	Yes	No	Sig.	Yes	No	Sig.
Sex						
Female	15% (313)	85% (1767)	***	10% (211)	90% (1869)	*
Male	11% (506)	89% (4076)		12% (567)	88% (4015)	
Age group						
14-24	10% (103)	90% (974)	*	16% (170)	84% (907)	***
25-54	13% (664)	87% (4525)		11% (579)	89% (4610)	
55-64	14% (50)	86% (315)		8% (29)	92% (336)	
65+	7% (2)	94% (29)		0% (0)	100% (31)	
Ethnic group						
White European	13% (742)	87% (5125)	ns	12% (679)	88% (5188)	ns
Mixed race	18% (15)	82% (68)		16% (13)	84% (70)	
Asian	14% (5)	86% (30)		14% (5)	86% (30)	
Black	8% (4)	92% (45)		18% (9)	82% (40)	
Other	4% (2)	96% (52)		15% (8)	85% (46)	
Mean length engaged (months)	8.2	6.7	***	8.4	6.7	***
(standard deviation)	(7.9)	(6.9)		(7.3)	(6.9)	
Mean activity hours	53.4	19.5	***	55.0	19.6	***
(standard deviation)	(126.9)	(63.8)		(124.3)	(65.3)	
Total	12% (819)	88% (5843)		12% (778)	88% (5884)	

Source: WG database. Cases completed by June 30th 2013, n=6662. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = p<.001, ** = p<.01, * = p<.05, ns = not significant.

Table 6.4b: Positive outcomes by participant characteristics and by duration and intensity of engagement with the project

	Qualifications gained			Other positive outcome		
	Yes	No	Sig	Yes	No	Sig
			.			.
Sex						
Female	16% (329)	84% (1751)	***	64% (1327)	36% (753)	***
Male	11% (520)	89% (4062)		58% (2659)	42% (1923)	
Age group						
14-24	9% (98)	91% (979)	**	59% (630)	42% (447)	ns
25-54	14% (703)	87% (4486)		60% (3119)	40% (2070)	
55-64	13% (46)	87% (319)		58% (212)	42% (153)	
65+	7% (2)	94% (29)		81% (25)	19% (6)	
Ethnic group						
White European	13% (763)	87% (5104)	ns	60% (3516)	40% (2351)	ns
Mixed race	17% (14)	83% (69)		69% (57)	31% (26)	
Asian	14% (5)	86% (30)		77% (27)	23% (8)	
Black	6% (3)	94% (46)		61% (30)	39% (19)	
Other	15% (8)	85% (46)		57% (31)	43% (23)	
Mean length engaged (months)	12.4	6.1	***	8.0	5.3	***
(standard deviation)	(8.5)	(6.4)		(7.6)	(5.6)	
Mean activity hours	101.1	11.9	***	36.3	4.2	***
(standard deviation)	(163.5)	(38.1)		(94.3)	(9.4)	
Total	13% (793)	87% (5295)		60% (3986)	40% (2676)	

Source: WG database. Cases completed by June 30th 2013, n=6662. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = p<.001, ** = p<.01, * = p<.05, ns = not significant.

We found, perhaps predictably, that those participants who had no or low level qualifications on entry to the project were significantly less likely than those with higher qualifications to achieve both exit and positive outcomes. Women were more likely than men to enter further learning (15% compared with 11%), to gain qualifications (16% compared with 11%) and to achieve an 'other' positive outcome (64% compared with 58%), but men were more likely to enter employment (12% compared with 10%). Younger participants fared better than older participants in achieving exit outcomes and gaining qualifications, but the reverse was true for positive outcomes. Although there were few differences between individual ethnic groups, White European participants were less likely to have entered employment than those in all other ethnic groups combined (9% compared with 13%).

Participants who achieved exit outcomes had spent longer with the project and engaged more intensively than those who did not. Those who entered paid employment had spent on average 8.4 months with the project (compared with 6.7 months by those who did not), during which time they had undertaken a mean of 55 hours of activities (compared with 20 hours). This suggests that providers were not 'cherry picking' by focusing their attention on people who needed only brief assistance. Rather, many of their successes were people who needed a great deal of preliminary work, including advice and support from mentors, course attendance and volunteering, before they could seriously contemplate finding employment.

Outcomes in relation to previous history and other individual factors

Relationships between outcomes and other background factors not included in the WG database were analysed using data from the casefiles. This analysis enabled us to examine the relationship between outcomes and factors such as: motivation to find a job, drug use in the last three months, length of dependency, main substance, referral type and main focus of peer mentoring work. It is emphasised that for some of these categories relevant information was not recorded in quite large numbers of files, and where this is the case findings should be treated with caution.

Table 6.5 shows that in 33 (19%) of the 178 cases in our sample the participant had entered paid employment, and in 19 (11%) he or she had entered further learning. The proportion entering paid employment was somewhat higher than that derived from the WG database for all clients across Wales. This may reflect the fact that our sample was taken relatively late in the lifetime of the project, by which time most providers were placing much stronger emphasis on achieving this outcome. The figures derived from the casefiles for 'gained a qualification' and 'other positive outcomes' are not directly comparable with those from the WG database, as we did not apply the same strict definitions that are used to determine official outcomes. Nevertheless, it is interesting to see that 47 per cent of the casefiles referred to the client achieving some sort of 'qualification'.

Table 6.5: Outcomes and background factors

	Entered employment		Entered further learning		Gained qualifications		Other positive outcomes [1]	
	Yes	No	Yes	No	Yes	No	Yes	No
Referral type								
SM agency	20% (16)	80% (63)	14% (11)	86% (68)	49% (39)	51% (40)	53% (42)	47% (37)
Self-referral	26% (6)	74% (17)	9% (2)	91% (21)	57% (13)	44% (10)	52% (12)	48% (11)
Criminal justice agency	8% (1)	92% (11)	8% (1)	92% (11)	17% (2)	83% (10)	33% (4)	67% (8)
Employment agency	46% (6)	54% (7)	8% (1)	92% (12)	46% (6)	54% (7)	77% (10)	23% (3)
Other	15% (2)	85% (11)	8% (1)	92% (12)	31% (4)	69% (9)	54% (7)	46% (6)
Unknown	5% (2)	95% (36)	8% (3)	92% (35)	50% (19)	50% (19)	50% (19)	50% (19)
Work history								
Been in paid work before	22% (31)	78% (112)	11% (15)	90% (128)	48% (68)	52% (75)	53% (76)	47% (67)
Not been in paid work	5% (1)	95% (20)	10% (2)	91% (19)	38% (8)	62% (13)	48% (10)	52% (11)
Unknown	21% (16)	80% (62)	12% (9)	89% (69)	49% (38)	51% (40)	55% (43)	45% (35)
Benefits [2]								
Yes, on benefits	14% (17)	86% (101)	9% (11)	91% (107)	45% (53)	55% (65)	53% (62)	48% (56)
No/unknown	27% (16)	73% (44)	13% (8)	87% (52)	50% (30)	50% (30)	53% (32)	47% (28)
Total	19% (33)	82% (145)	11% (19)	89% (159)	47% (83)	53% (95)	53% (94)	47% (84)

Source: sample of 178 casefiles. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = p<.001, ** = p<.01, * = p<.05, ns = not significant.

Notes [1] Other positive outcomes include: securing a job interview, gaining a part accredited qualification, completing a course, entering volunteering, applying for a job. [2] If no reference was made in the file to any kind of benefit, this variable was coded as 'no'.

Table 6.6: Outcomes and background factors

	Entered employment		Entered further learning		Gained qualifications		Other positive outcomes [1]	
	Yes	No	Yes	No	Yes	No	Yes	No
Motivation								
Low – 1	-	100% (12)	-	100% (12)	17% (2)	83% (10)	58% (7)	42% (5)
2	-	100% (8)	13% (1)	88% (7)	25% (2)	75% (6)	38% (3)	63% (5)
3	14% (2)	86% (12)	14% (2)	86% (12)	36% (5)	64% (9)	71% (10)	29% (4)
4	7% (1)	93% (13)	14% (2)	86% (12)	64% (9)	36% (5)	57% (8)	43% (6)
High – 5	34% (14)	66% (27)	10% (4)	90% (37)	56% (23)	44% (18)	51% (21)	49% (20)
Unknown	18% (16)	82% (73)	11% (10)	89% (79)	47% (42)	53% (47)	51% (45)	49% (44)
Use in last 3 months								
Totally abstinent	22% (12)	78% (43)	9% (5)	91% (50)	53% (29)	47% (26)	55% (30)	46% (25)
Some lapses	15% (3)	85% (17)	10% (2)	90% (18)	50% (10)	50% (10)	55% (11)	45% (9)
Many lapses	7% (2)	93% (25)	11% (3)	89% (24)	30% (8)	70% (19)	52% (14)	48% (13)
Unknown	21% (16)	79% (60)	12% (9)	88% (67)	47% (36)	53% (40)	51% (39)	49% (37)
Length of dependency								
Most of adult life	20% (9)	80% (37)	7% (3)	94% (43)	52% (24)	48% (22)	44% (20)	57% (26)
About half of adult life	-	100% (6)	17% (1)	83% (5)	33% (2)	67% (4)	50% (3)	50% (3)
Less than third adult life	11% (4)	89% (32)	11% (4)	89% (32)	33% (12)	67% (24)	61% (22)	39% (14)
Never dependent	33% (1)	67% (2)	33% (1)	67% (2)	67% (2)	33% (1)	67% (2)	33% (1)
Unknown	22% (19)	78% (68)	12% (10)	89% (77)	49% (43)	51% (44)	54% (47)	46% (40)
Substance used [2]								
Yes - heroin/opiates	9% (3)	91% (32)	9% (3)	91% (32)	46% (16)	54% (19)	51% (18)	49% (17)
Yes - alcohol	22% (17)	78% (59)	5% (4)	95% (72)	50% (38)	50% (38)	54% (41)	46% (35)
Yes - other substance	19% (8)	81% (34)	5% (2)	95% (40)	45% (19)	55% (23)	57% (24)	43% (18)
No substance listed	20% (11)	80% (45)	18% (10)	82% (46)	48% (27)	52% (29)	48% (27)	52% (29)
Total (N=178)	19% (33)	92% (145)	11% (19)	89% (159)	47% (83)	53% (95)	53% (94)	47% (84)

Source: sample of 178 casefiles. Sig refers to statistical significance based on Chi-Square or ANOVA tests. *** = p<.001, ** = p<.01, * = p<.05, ns = not significant.

Notes [1] Other positive outcomes include: securing a job interview, gaining a part accredited qualification, completing a course, entering volunteering, applying for a job. [2] Based on whether the substance was referred to in the casefile. Multiple responses possible as some participants reported more than one main substance.

The casefile data suggest that success in achieving outcomes is associated with the source of referral. Nearly half (46%) of participants referred to the project by employment agencies went on to gain employment, compared with 26% of self-referrals and 20% of those referred by substance misuse agencies. One might speculate that this reflects differences in levels of 'job readiness' on referral. Although the numbers are too small to warrant much confidence, it is also interesting to note that only one out of 11 participants referred by criminal justice agencies - e.g. prison, DIP, probation - went on to get a job (and similarly low proportions achieved other positive outcomes). This may reflect the greater challenges involved in getting people with criminal records into employment. Indeed, one project manager stated that he considered any success with this population to be particularly satisfying.

Table 6.6 shows that, as might be expected, those participants with a history of paid employment were significantly more likely than those without this history to gain employment (22% compared with 5%). They were also more likely to gain qualifications (48% compared with 38%) and achieve other positive outcomes (53% compared with 48%). However, similar proportions of those with and without a history of paid work were found to have entered further learning.

The relationship between substance misuse history and outcomes is also important, in that if certain types of substance user fare better than others then it may mean that different approaches may be required for different groups. Table 6.6 provides outcome data in relation to the participants' main substance(s), the length of their dependency and their recent level of use.

A high amount of missing data means that the findings in this table should be treated with caution. However, they suggest that participants with a history of addiction to heroin or other opiates are much less likely than alcohol users and users of other substances to enter employment (9% compared with 22% and 19% respectively).³⁷ The figures also suggest that how long participants have been (or were) dependent makes less difference, but that the stage of recovery from substance misuse they

³⁷ These differences were not echoed in relation to the other outcomes. Indeed, a slightly higher proportion of heroin/opiate users entered further learning than of both alcohol users and users of other substances (9% compared with 5% and 5%).

have reached at the time of entering the project is an important factor in their chances of gaining employment. Those participants who reported being totally abstinent on entry were significantly more likely to enter employment than those reporting some or many lapses (22% compared with 15% and 7%, respectively). They were also marginally more likely to gain qualifications, but there was little difference between the three groups in terms of entering further learning and gaining other positive outcomes. This finding suggests that stabilising substance misuse is a highly important step in helping participants find jobs, but is less important in terms of helping them achieve other outcomes.

Finally, as the registration form includes a space for providers to rate the motivation levels of participants on joining the project, the casefile analysis provides us with an opportunity to explore whether outcomes are linked to this. Unfortunately, this rating had not been entered on half of the forms we examined, so we cannot be very confident in the results. Even so, there are strong indications from Table 6.6 that starting with a reasonably high level of motivation is important to participants' chances of gaining paid employment. *None* of the participants whose motivation was rated as low (1 or 2 on the 5 point scale) went on to gain employment, compared with 15 of the 55 where it was rated at 4 or 5.³⁸ This suggests that providers may benefit from working intensively on boosting motivation levels in the early stages of mentoring clients.

In summary, the casefiles provide useful information with which to investigate whether certain types of participant are more successful than others in achieving outcomes. Of particular note is the finding that, while both high levels of motivation and abstinence from substance use seem important in helping participants to achieve exit outcomes, they are less important in helping them gain other positive outcomes. Perhaps, then, other positive outcomes (such as completing courses or volunteering) are more realistic and achievable goals for a significant proportion of the project's client group, who may have more immediate needs and concerns than finding employment. This point was made by several project managers during the course of our interviews, who argued that an excessive focus on employment

³⁸ High levels of motivation were also linked to gaining qualifications, but not to the achievement of other positive outcomes.

outcomes could be counterproductive. One explained forcefully that getting a former substance misuser into work was not something that could be done quickly:

It takes a long time to get ... And that's why you see in the numbers coming through now into the likes of [agency] and some of the others, because they've been spending the first couple of years helping them and getting them work ready and they weren't able to do, none of us, to do that work any earlier because none of the clients were ready for it... and that's why a four-year project is not realistic for the client group we're working with.

Another project manager was adamant that, even if it had a negative impact in terms of reaching outcome targets, it was important for the project to work with people who were nowhere near 'job ready' and help them move at least some distance along a long journey:

I think we have all got a challenging client group and I do think some [providers] take more chaotic people than others. But I suppose it's how you feel you can ... well certainly the way I look at it is if we feel we can move them on and help them get If we don't take them at, at that level and we wait until they're here, who's going to help them get from there to there?

Types of work obtained

Up to this point, we have used the official term 'entered employment' to describe one of main outcomes achieved by the peer mentoring project, without considering what kinds of job were acquired by participants. The WG database does not record this information, but the additions we requested to the paper outcome form included a field in which the type of employment could be recorded. Before moving on to look at outcomes not directly related to employment, we shall briefly present findings on this subject from analysis of some of these forms.

The analysis covered outcome forms relating to a one-year period, 1st July 2011 to 30th June 2012 (see Appendix 2). In these, 169 participants were recorded as having entered paid employment. Many of the forms were poorly completed in terms of the kind of work obtained, but it was clear that there was considerable variety. The type of jobs listed included social care, forklift truck driving, factory work, railway work, peer mentoring, receptionist, taxi driving, stable hand, cleaning, waitressing and labouring. This accords with the results our casefile analysis, which likewise found that participants with exit outcomes had entered many types of employment.

In addition to the 169 participants in the outcome form sample who took up paid employment, at least 367 others had taken up voluntary posts either within the provider agency or elsewhere. Sixty three of these were described as mentoring or peer mentoring posts. This supports the impression obtained from interviews and casefiles that one of the most fruitful first steps into employment for many ex-substance misusers is within the 'family' of agencies that offer services to current users, rather than seeking work immediately in the 'outside world'. As one project manager put it, commenting on the use of volunteers within his own organisation:

It is about consciously finding out about individuals and seeing if there are any opportunities you can create to help them on their way. We've created lots of internal voluntary opportunities for people.

Other outcomes

Finally, in this section we explore the achievement of other outcomes, which are not formally monitored or measured by WG or WEFO. These include reductions in substance misuse, increases in levels of motivation or self-confidence, and small but important steps on the route towards employment such as constructing a CV.

Although providers are encouraged by both WEFO and the WG to maintain their own records of so-called 'softer' outcomes, they have been given little clear guidance on what should be recorded. Moreover, there has been such a strong focus by both WG and the providers on reporting progress towards the targets set by WEFO that, in practice, this aspect of the project has been relatively neglected by both. This might be seen as a missed opportunity, particularly given that a key aim of ESF funding is to pilot interventions and help them become self-standing, perhaps through later bids for mainstream funding. A representative from WEFO described to us how he had advised providers early on to collect extra information in addition to the formal outcomes that are required from all ESF projects, which could eventually be valuable in acquiring further funds for peer mentoring:

And this is one of the pieces of advice I gave to projects... it was something I'd just seen people do. If the project can collect any information you know, they're not stuck to what... my systems have to be, and I think you've heard me say this quite a lot, my system has to be the bare minimum across the board, consistent and for every type of project. Now, there's no reason that

the project could not say we are interested in all this, and report publically to the Minister, because also we're only giving it 40% of the money ... in principle ... the project is supposed to come in, trial out what it's doing using European money, and then going forwards, become self-standing.

The WEFO representative also described how he had advised WG that it was not only numerical performance data that would help in this respect. More valuable would be analysis of other kinds of information collected as part of the evaluation:

... things I've been saying to X is that look... what's gonna sell this project is your evaluation, it's not going to be the numbers. And it's the same for a lot of the ESF projects.

To this end, the data collected from interviews and casefiles provide important sources of information with which to illustrate how the project has helped participants achieve other, broader and less easily quantifiable goals such as boosting confidence, reducing substance misuse and promoting general well-being.

Reduced or controlled substance misuse

In 41 of the files examined, reference was specifically made to progress in relation to moving away from substance misuse. For example:

Rang X, she has successfully come off all her methadone and found it really tough but is now feeling a bit better. She will pop in for an appointment tomorrow and we will do some relapse prevention work.

Interviews with participants and mentors reinforced the conclusion that such progress was regarded as a major aim of peer mentoring work, and could reasonably be treated as a key 'intermediate outcome' of the service. For example, one peer mentor described how the first step in the process of helping a participant get a job was to help him stop using cannabis:

Worked with him, cannabis user, got him off cannabis, got him into an ILM in College ... and whilst I was working with him giving ongoing support, he left the twelve-week course ... and we got him into a job laying pipes.

Certainly, some clients seemed to regard help in overcoming substance misuse problems – rather than assistance with employment - as the central element of the service. For example:

If it weren't for the Peer Mentoring programme, to be honest with you, it's life changing to be honest. It is. I had a problem with drugs since the age of 12. I'm 23. I've been doing it for 10 years. With the help of [agency] I got on methadone, did the peer mentoring, I've reduced my methadone, stayed clean and doing the peer mentoring course. And things look good like.

This raises again issues, briefly discussed earlier, surrounding referral, recruitment and selection processes, and the extent to which providers stretch the original notion of Peer Mentoring Wales as a 'post-treatment' service and take on significant numbers of people who are still using substances or at strong risk of relapse. One project manager who had gone some way down this route described the tension it caused between meeting targets and providing support to current substance misusers:

... and that's where targets do come in. You can't afford to waste time with somebody who, who's just so chaotic that they never turn up and they can't engage, you know? But it'll take us, you know, sometimes a couple of appointments to realise that.

Engagement, motivation and confidence building

A sizeable proportion of casefiles also made reference to participants growing in confidence, becoming more engaged with the project, and becoming more motivated to achieve goals. The following casefile entry illustrates how the path to employment is not linear. This participant left the project several times before engaging more fully on her third attempt. It was clear from the file that the support provided by the mentor was more holistic and less focused on achieving traditional employment-related outcomes such as writing CVs and applying for jobs:

She started with the project for a while but then exited. Returned three months later. She was then exited again in November but returned in February 2012. Still on methadone and back on board. Reducing methadone and doing well. Seems to have engaged well and is doing courses and attending groups. Signs of more engagement. Turning up to three appointments in a row and going to card making groups. But, little progress with CVs and jobs.

In this case the mentor appeared to be working at a rate that met the needs of the participant, using gentle encouragement, rather than pushing her too quickly into the more traditional employment-related tasks. The following quotations from two interviews illustrate a similar point. They both depict the lengthy process by which

participants were encouraged to engage with the project and how they eventually (albeit after the expenditure of considerable time and resources) achieved positive and exit outcomes as a result.

At first it was the phone calls inviting me to the drop in, to see how I was. And that took a good couple of months. I just wasn't engaging at all. I didn't want to know. And then after that I started going ... they started helping me to set goals and to achieve goals ... The first one was a small step like attending the drop-in, and after I started attending the drop-in, it would go up to attending the drop-in regularly. And from there it would just go up and eventually it was to go on the courses and then to start volunteering.

Well one of the young lads [X] ... he came through the service and he had trouble with mcat - they call meow meow, and I shared a little bit about myself, and I told him about ... He thought about it for a while and he began to trust me, he opened up. He started taking advice... He started making small changes to his life ... And he started taking it on board. He started going to the training courses and learning a lot about his substance misuse and motivations, decision making, budgeting, and he was learning coping mechanisms. Not just for, to do with his drug issues, but life on life terms... he was learning for. And he is becoming... self awareness of who he was. ... was enhancing. Then I put him on a lot of courses. He started doing little courses in IT. Driving Licence course, and he started doing a little volunteering. ... Then he said I want to join the Fire Brigade. Well we did an application form and a job search, looked for a job, sat down with X, we did a job search. Downloaded the application form and helped him because he never had Grade A grammar, so we helped him with that. Sent that away. Then he went for other jobs, then he got a full time job industrial environment cleaning all the graffiti off walls ...

The importance of increasing motivation and engagement and boosting confidence was also recognised by service users we interviewed, as in the following comment:

Yeah, I've got confidence again, I've been talking to people and you know, people skills and all that, but putting it down on paper is what I find really difficult. I've got to be honest, since I've been doing the peer mentoring the confidence has come back 100%. I wish I had found a peer mentoring course before I actually went on the counselling college course. It would have been more, you know, if I'd done it the other way around instead of the way I done it, but at the time I didn't know about peer mentoring.

Finally, other outcomes reported in interviews include the resolution of family problems, housing issues and health problems. The following quotations provide some indication of the range of problems with which peer mentors provided help:

... just made me a different person completely. It opened up a wide range, and like I said, my parents, my family and everyone sort of just came back to me.

They help you, and fair play, the peer mentors here they're so helpful, well, in every way you can imagine. With housing issues, all things that are available to try and help you move forward, and move into employment and all sorts.

I was told that they could ... at the drop-in it would be a way for me to get out and about and meet people. That they could help me get back into the voluntary work that I wanted to do and they could help me with some personal issues as regards to housing and that. They could also refer me on to people.

Summary

This chapter has explored both 'official' – primarily employment-focused – outcomes, as well as important outcomes of other kinds which are not formally recorded, including reductions in substance misuse and less tangible benefits such as improvements in motivation and self-confidence.

Where the officially recorded outcomes are concerned, it was found that about a quarter of all participants achieved at least one 'exit' outcome, i.e. entering paid employment or entering further learning. Clients with particular kinds of characteristics or histories were considerably more likely than others to achieve paid employment: principally, those who entered the project with better qualifications, greater work experience, more progress along the road to recovery from substance misuse (i.e. no longer using or less prone to relapse) and/or higher levels of motivation to find a job. Men were also more likely than women to gain employment. Importantly, too, it was found that those participants who exited with a job had on average engaged in activities with the project for nearly three times as many hours (55 hours) as those who did not, spread over more than eight months. This shows that for most clients of the Peer Mentoring project, finding employment is a task which takes a considerable investment of time and resources. It also supports the conclusion that the PMW providers were willing to put in a considerable amount of time working with very difficult clients, and did not engage in 'cherry picking'.

Altogether, almost two-thirds of all participants left with at least one of the officially recorded outcomes: in addition to the two exit outcomes, these include 'gaining a

qualification' and 'other positive outcomes' (subdivided into obtaining a part-qualification, entering voluntary work, securing a job interview, and completing a recognised course). The most commonly recorded outcome was completing a course, achieved by about half of all clients. Moreover, as only one 'other positive outcome' could be officially recorded for any client, the records on the WG database hide a significant number of others – particularly course completions. Our casefile analysis showed that it was common to find individuals taking three or four short courses each (common examples being food safety, first aid, acupuncture and confidence building), and some took many more.

Other kinds of outcomes identified through our casefile analysis included, in 41 of the 178 cases examined, mentions of reductions in substance misuse. There was also considerable qualitative evidence of increases in self-confidence, motivation and general well-being.

7. Conclusions and recommendations

Main findings

The main findings and conclusions to emerge from the evaluation can be summarised as follows:

- The Peer Mentoring project has over the four years of its existence developed an effective model of working, based around offering clients a combination of one-to-one support by peer mentors; group-work and courses to build confidence, skills and motivation; opportunities for volunteering and work experience; and help in searching and applying for jobs. It also offers a proportion of clients the opportunity to train as peer mentors, in most cases leading to voluntary work in that capacity and for some, eventual employment as a mentor or key worker, either within the provider's own organisation or elsewhere.
- One of the six providers initially focused its efforts and resources solely on training peer mentors, for whom placements were found elsewhere within the organisation or with other agencies. However, this led to it missing key targets, and the provider eventually changed its model of working to include mentoring clients who were not planning to go down this route.
- There was some lack of clarity in the design and implementation of the project in terms of 'who it was for'. While initially defined as a 'post-treatment' service, with an assumption that participants would be no longer engaged in substance misuse, the reality was that many were still using or prone to relapse, including some who were leading 'chaotic' lives. Providers varied in terms of where (if at all) they would draw the line, but most adopted very liberal selection policies, driven partly by pressure to achieve target numbers of registered clients and partly by reluctance to turn away people in need. As a result, significant proportions of clients were nowhere near 'employment ready', making it impossible to meet the already demanding employment targets (a situation recognised by the funders, who agreed to reduce them). Importantly, too, some

local projects acquired high workloads, spending much of their time offering general support to difficult and 'needy' clients at the expense of directly employment focused work.

- Overall, the population of participants contained large proportions of people with no or very few qualifications (only about 30% having achieved NQF level 2 or above), with long histories of substance misuse (well over a third having been dependent for 'most of their adult life') and/or with little or no work experience (around a third having been unemployed all or most of their adult lives). A sizeable minority, too, had work-limiting health conditions. It is important to bear such findings in mind when making judgements about the level of success of the project in its main task of helping people into employment. Clearly, it is an extremely challenging task, particularly during a period of high unemployment, to find suitable jobs for people with these kinds of backgrounds, to persuade employers to give them a chance, and to help them build up enough confidence to sustain employment once it is achieved.
- People with one or more of the above problems (which were often co-present in the same individual) formed a sizeable group: we estimate at least 40 per cent of all participants. We also identified two other broad categories of client. One of these (perhaps 20 per cent of the clientele) was made up of people who had good or adequate qualifications and a history of regular employment, but had been out of work due to acquiring a drug or alcohol habit. Many of these did not require long-term support or training but were effectively helped by the project to gain access to relevant training courses and/or employment opportunities. The other group (estimated at around 15 per cent) contained people with a variety of backgrounds and employment histories, who were seeking (or developed an interest in) a career in helping other substance misusers - for example as mentors or support workers. Clearly, each of the above groups may benefit from different approaches tailored to their aims and needs.
- At the end of the four years initially funded, the project had officially met nearly all its (revised) targets. Altogether, 9,627 beneficiaries had been registered. Of

these, 10 per cent had entered employment and 9 per cent further learning; 14 per cent had gained a qualification; and 65 per cent had achieved at least one 'other positive outcome'. Similarly, analysis of 6,662 registered participants who had completed their engagement with the project by the end of Quarter 15 (June 2013) showed that almost two-thirds of project leavers had achieved at least one official 'outcome', including 12 per cent who had exited into employment and 12 per cent into further education. Such figures compare very favourably with early outcome figures from the DWP's Work Programme, although it is difficult to make direct comparisons. The most common outcome was completion of at least one non-accredited course, achieved by over half. As the WG database allows only one outcome in each main category to be credited to each participant, the *total number* of outcomes achieved is unknown. However, evidence from a sample of local casefiles shows that it is common for individuals to complete several different courses or volunteer more than once. Hence there is a great deal of 'hidden' activity, and many positive outcomes remain unrecorded. This analysis identified other important outcomes, including reductions in substance misuse in a nearly a quarter of cases. Strong qualitative evidence was also found of increases in self-confidence, motivation and general well-being.

- The types of client most likely to gain paid employment were those who on entry to the project had some qualifications and/or previous work experience, were now abstinent from substance misuse, and were strongly motivated to seek work (people whose problems had been with substances other than heroin were also more likely to find employment). Most of those people in this broad category who did find work achieved this quite quickly and without close engagement with the project (those who failed to find work also exiting quite quickly). Importantly, however, the *majority* of all employment outcomes were achieved through considerable investment of time and resources. Among those who eventually found a job, the average time spent with the project was 8.4 months, involving 55 hours of activities (including course attendance, training, mentoring sessions and volunteering). This clearly suggests that providers worked with many difficult clients and did not engage in 'cherry picking' in order to meet their targets.

- The high level of intervention that was found to be necessary in most cases also lends support to the argument put by many stakeholders, that the task of helping ex-substance misusers to obtain employment work is best undertaken – or at least led - by substance misuse rather than employment specialists. Some of the providers felt that their organisation was capable of providing sufficient employment-focused services – including undertaking job searches, forging links with employers, and creating social enterprises - to achieve the aims of the project. Others, however, recruited at least one employment specialist on to their staff, arguing that this had improved their service by providing more professional advice and making more effective links with employers, job centres and other employment agencies. Looking back on the project, too, most of the local project managers agreed with the suggestion that a future peer mentoring scheme might best be run by a substance misuse agency in formal partnership with an employment agency, in which clients would automatically be referred to the latter for specialist help and advice whenever appropriate.
- The use of peer mentors, rather than relying solely on other kinds of staff or volunteers, was widely supported both by the provider agencies and by service users, who almost unanimously felt that the fact that the mentors had been through similar experiences but overcome them, helped to increase engagement and motivation by creating more trusting mentor-client relationships and offering positive role models.
- The work of peer mentors not only helps clients, but is arguably even more valuable in improving the lives of the peer mentors themselves. We found many examples of people whose lives had been transformed by the experience of training for this role and delivering the service – evident in their development of in-depth knowledge and skills in working with clients, and confidence in speaking to external audiences. Some peer mentors have also gone on from volunteer mentoring to obtain paid posts such as key workers in third sector agencies.
- Although, as noted above, some peer mentors eventually obtained paid posts delivering similar kinds of work, significant numbers have continued working in a

voluntary capacity in the same post as peer mentors for a long period of time. This raises questions about possible risks: for example, that they gain or are given unrealistic expectations about their chances of paid employment in this field; that they become 'too comfortable' in a role which has no long-term future, rather than taking the next steps towards an independent working life; and even that keeping them working in a voluntary role for long periods verges on exploitation (and becomes driven more by the needs of the project than by those of the mentor). It also raises questions about the most effective 'route' through the project for peer mentors: for example, should they normally be expected to work in a peer mentoring role for perhaps a year and then move on to make space for new peer mentors? Or should a small number be selected and paid to work almost indefinitely in the project? (Variations of both models were found.)

- The above paragraph raises more general questions about the size and sustainability of the 'market' for support work of this kind. There is a risk that if too many peer mentors are trained they could end up competing for a small pool of paid posts. However, it is likely that third sector employment will increase significantly in the medium term as a result of the 'Transforming Rehabilitation' reforms (<http://www.justice.gov.uk/transforming-rehabilitation>), under which most probation services will be delivered by private and third sector providers. Many of the peer mentors also undertake training and work experience (eg through providers' social enterprise initiatives and links with employers), offering them some alternative routes into employment if support work opportunities do dry up.
- Although we are confident in the overall thrust of our findings, the evaluation was handicapped throughout by the unavailability of basic information about, for example, participants' employment and substance misuse histories, as well as by inconsistent completion of records. These problems stem partly from the fact that the research team was appointed too late to influence the design of the project's main data collection and reporting systems, which were geared to measuring progress against a narrow set of targets, rather than with evaluation in mind.

Recommendations

The main recommendations we would make, based on the above findings, are:

1. Every effort should be made to secure the continued existence of the Peer Mentoring project, which has not only been successful in helping well over 1,700 ex-substance misusers into paid employment or further education, but has helped several thousand others to make significant progress along their journey towards a more fulfilled and productive life.
2. The service can be regarded as an effective means of filling an important recognised gap in the implementation of the Wales Substance Misuse Strategy (Welsh Assembly Government 2008) – namely, the provision of effective post-treatment services³⁹ – and consideration should be given to possible ways of funding it as such.
3. The service should continue to be led by providers with expertise in substance misuse, but it would benefit from formal partnerships (and ideally co-location) with employment agencies or experts, to whom clients can be referred when appropriate. Efforts should also be made to consolidate and increase formal links with employers who are able and willing to offer a regular flow of opportunities for clients.
4. Thought should be given to creating clearer ‘routes through the project’ for those who train as peer mentors, balancing the need to develop the careers of existing peer mentors with that of freeing space to take on those newly trained. This should include attention to career development from an early stage, so that those moving on do so with firm plans and preparations for the future.
5. Closer attention should be paid to the risk of negative consequences arising from the rule that participants must officially ‘exit’ the project when they obtain employment elsewhere: it was generally agreed to be counter-productive to

³⁹ See, for example, Health Inspectorate Wales 2012; Bennett et al 2013.

remove support from people at the moment they get a job – a time at which they may actually need *more* support. The advent of the Employment Support Scheme (ESS) has alleviated this problem, but it merits further attention.

6. The research found that the project recruits at least three broadly distinct client groups: those with few qualifications and long histories of substance misuse and unemployment; those with good work records interrupted by episodes of addiction; and those (of varied background) who are keen to become peer mentors with the hope of later employment in a related field. This suggests that if the peer mentoring model is redesigned in the future, it should include greater clarity about who it is for and should incorporate different approaches appropriate to groups with different backgrounds, needs and aims.
7. In any future all-Wales project for which it is planned to commission an evaluation, the researchers should be appointed at an early enough stage to have a meaningful input into the design of the data recording systems.

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Appendix 1. Additional Tables

Table A1a: Characteristics of participants (at registration)

	Kaleidoscope	Cyswllt	CAIS	WGCADA	CRI	Drugaid	Total	Sig
Sex								
Male	85% (380)	62% (153)	68% (449)	66% (134)	67% (67)	66% (292)	70% (1475)	***
Female	15% (67)	38% (93)	32% (209)	34% (69)	33% (33)	34% (149)	30% (620)	
Age								
15-24	26% (121)	14% (38)	17% (115)	9% (20)	12% (12)	16% (74)	380 (17%)	Invalid
25-54	71% (334)	78% (209)	77% (535)	85% (191)	85% (88)	79% (369)	78% (1727)	
55-64	3% (13)	7% (18)	7% (48)	5% (11)	3% (3)	5% (21)	5% (114)	
65+	<1% (1)	1% (2)	0% (0)	1% (2)	1% (1)	<1% (1)	<1% (7)	
Mean age	32.39	37.01	36.89	37.29	35.79	34.59	35.47	***
Nationality								
British	33% (145)	43% (113)	42% (288)	35% (78)	45% (43)	24% (109)	36% (776)	Invalid
Welsh	60% (267)	44% (116)	39% (268)	62% (139)	39% (37)	73% (338)	54% (1165)	
English	5% (21)	10% (27)	16% (110)	2% (4)	14% (13)	3% (14)	9% (189)	
Scottish	1% (5)	2% (4)	1% (7)	<1% (1)	2% (2)	1% (3)	1% (22)	
Irish	1% (6)	1% (2)	2% (13)	<1% (1)	1% (1)	0% (0)	1% (23)	
Ethnic group								
White	81% (328)	95% (127)	97% (462)	97% (190)	75% (49)	98% (322)	92% (1478)	Invalid
Black	6% (24)	1% (1)	<1% (1)	0% (0)	6% (4)	<1% (1)	2% (31)	
Asian	4% (18)	0% (0)	1% (5)	2% (3)	9% (6)	0% (0)	2% (32)	
Dual heritage	5% (20)	0% (0)	1% (3)	1% (1)	5% (3)	1% (2)	2% (29)	
Gypsy and Traveller	3% (10)	2% (2)	1% (3)	0% (0)	2% (1)	1% (4)	1% (20)	
Other	2% (7)	3% (4)	1% (4)	1% (1)	3% (2)	<1% (1)	1% (19)	
Total	100% (469)	100% (269)	100% (699)	100% (224)	100% (104)	100% (465)	100% (2230)	

Notes: Source - Registration forms 1 July 2011 to 30 June 2012. Some missing cases. Sig refers to statistical significance calculated using Chi-Square or ANOVA tests. *** = p<.001, ** = p<.01, * = p<.05, ns = not significant. Invalid denotes cases where cell sizes were too small to conduct reliable analyses.

Table A1b: Characteristics of participants (at registration)

	Kaleidoscope	Cyswllt	CAIS	WGCADA	CRI	Drugaid	Total	Sig
Enrolled on Work Programme [1]	1% (6)	1% (2)	3% (23)	<1% (1)	2% (2)	2% (7)	2% (41)	Invalid
Lone parent [1]	8% (36)	15% (40)	12% (83)	8% (17)	14% (14)	11% (51)	11% (241)	*
Work-limiting health condition [1]	6% (27)	20% (55)	11% (75)	47% (105)	8% (8)	26% (120)	18% (390)	***
Disability [1]	6% (27)	25% (67)	16% (110)	25% (55)	11% (11)	16% (76)	16% (346)	***
Understand Welsh [1]	6% (28)	23% (61)	23% (161)	5% (10)	3% (3)	8% (35)	13% (298)	***
Qualification on entry								
Any qualification	64% (298)	64% (172)	61% (425)	69% (154)	63% (65)	62% (289)	63% (1403)	***
No qualification	33% (155)	34% (90)	37% (255)	28% (63)	19% (20)	31% (143)	33% (726)	
Unknown	3% (16)	3% (7)	3% (19)	3% (7)	18% (19)	7% (33)	5% (101)	
Level of qualification								
No qualification	33% (155)	34% (90)	37% (255)	28% (63)	19% (20)	31% (143)	33% (726)	***
Below NQF2	37% (174)	29% (79)	21% (146)	21% (46)	26% (27)	26% (121)	27% (593)	
At NQF2	13% (62)	12% (31)	19% (133)	26% (59)	17% (18)	15% (70)	17% (373)	
At NQF3	6% (30)	13% (36)	10% (73)	13% (30)	11% (11)	11% (51)	10% (231)	
At NQF4-6	4% (18)	8% (21)	4% (30)	4% (8)	6% (6)	4% (17)	5% (100)	
At NQF7-8	2% (8)	<1% (1)	2% (11)	2% (4)	1% (1)	1% (3)	1% (28)	
Unknown	5% (22)	4% (11)	7% (51)	6% (14)	20% (21)	13% (60)	8% (179)	
Total	469	269	699	224	104	465	2230	

Source: Registration forms 1 July 2011 to 30 June 2012. Some missing cases. Sig refers to statistical significance calculated using Chi-Square or ANOVA tests. *** = $p < .001$, ** = $p < .01$, * = $p < .05$, ns = not significant. Invalid denotes cases where cell sizes were too small to conduct reliable analyses. Notes [1] Based on the assumption that missing cases are 'no'.

Appendix 2. 'Other positive outcomes': analysis of paper outcome forms

In order to find out more about the qualifications and 'other positive outcomes' achieved by participants, we analysed data from around 2,500 (paper) outcome forms sent to us by local providers for the one-year period July 2011 to June 2012. Once duplicates and invalid cases were excluded, we were left with 2,167 unique outcome forms. We then used initials, sex, date of birth and provider to identify unique individuals – eventually producing a list of 1,671 people who had each achieved at least one positive outcome (200 of these had more than one outcome form, and 20 had five or more: the highest number for any one client was 14).

Table A2 shows how many of the 1,671 participants who achieved any kind of outcome, achieved one or more 'other positive outcomes' (ie any outcomes other than gaining a full qualification, entering education or entering employment). Overall, nearly three-quarters achieved at least one such outcome and 24 per cent achieved two or more. The most commonly achieved type - attained by over half – was completion of a non-accredited course. Volunteering (undertaken by 24%) was the next most common. The table also shows that at least 123 people completed more than one non-accredited course but (owing to a lack of incentive to complete extra forms once one outcome has been claimed), this – like all the figures in the third column - is likely to be an under-representation of the numbers of participants achieving multiple outcomes within one category.

Table A2: 'Other positive outcomes': number achieved, by outcome type

'Other Positive Outcome' type	N of participants achieving:			Total participants
	0	1	2+	
Entered Volunteering	1268 (76%)	367 (22%)	36 (2%)	1671 (100%)
Completed non-accredited course	777 (47%)	771 (46%)	123 (7%)	1671 (100%)
Completed part qualification	1551 (93%)	118 (7%)	2 (<1%)	1671 (100%)
Secured a job interview	1415 (85%)	230 (14%)	26 (1%)	1671 (100%)
Any of the above	433 (26%)	832 (50%)	406 (24%)	1671(100%)

Source: outcome forms 1 July 2011 to 30 June 2012. Based on unique individuals.