The impact of Aspirations

A mixed-methods evaluation

Acknowledgements

Centre for Health Service Studies

The Centre for Health Service Studies (CHSS) is one of three research units of the University of Kent's School of Social Policy, Sociology and Social Research. Carrying out high quality health services research with local, national and international professional partners, our goal is to improve the links between research, policy and practice.

The Centre draws together a wide range of research and disciplinary expertise, including health & social policy, public health and epidemiology, geriatric medicine, primary care, physiotherapy, statistical and information analysis and public engagement and involvement. CHSS supports research in the NHS in Kent and Surrey and has a programme of national and international health services research. While CHSS undertakes research in a wide range of health and health care topics, its main research programmes comprise: public health and public policy; integrated care; primary and community care; health psychology; health economics; palliative care.

Researchers in the Centre attract funding of over £1.5 million per year from a diverse range of funders including the Department of Health, the European Commission, NHS Health Trusts, the ESRC and the MRC.

Porchlight

Porchlight is a charity which helps people who have nowhere to go and no-one to turn to. It stops people from losing their homes and helps others to live safely and independently in communities across Kent. It works with people on the streets, in its supported housing and in local communities. Porchlight helps people with their mental health, housing, education and employment so they can get where they want to be in life.

Porchlight is fighting for a fairer society where everybody has a safe place to call home and the chance to make a positive contribution.

Contents

Aspirations began delivering services across Kent and East Sussex in July 2017

Introduction

Background

The importance of employment to a person's mental and physical health is multifaceted. Evidence suggests that 'good work' can play a role in facilitating both recovery from illness and promote mental wellbeing (Modini et al., 2016). Employment can also contribute to life satisfaction and psychological benefits such as self-esteem (Kamerade et al., 2019). Unemployment is also known to be a risk factor for loneliness and social isolation (LGA, 2018). For these reasons it is imperative that 'back-to-work' initiatives provide holistic support to give people the opportunity to gain employment. One such initiative is the Aspirations programme.

Programme

In early 2017, Aspirations received £2.26m funding from the European Social Fund (ESF) and the National Lottery Community Fund. It started delivering across Kent and East Sussex in July of that year. The project received a further £2m extension funding in 2019 which enabled it to redesign some of the delivery, and a further £1,48m in 2020, taking the total envelope to £5,761,228.34.

Aspirations is a Building Better Opportunities (BBO) project which aims to reach people with mild to moderate mental health conditions who are not working and who are geographically and/or socially isolated. A significant rural and coastal focus was built into the project to meet identified need. The project works with participants to reduce loneliness and isolation and to raise self-esteem through a personalised programme of arts, sport and training. Participants set their own objectives with the guidance of the Aspirations coaches. These objectives can include feeling more confident, widening social networks, becoming more engaged in their local community, learning tools to reduce anxiety and depression, as well as engaging in volunteering or work.

The project partnership consists of four organisations: Porchlight (the lead partner), North Kent Mind, Runway Training and Sussex Community Development Organisation (SCDA). Although the project is split across two counties, there is a 75%/25% split with the majority of the delivery by Porchlight in Kent.

Aspirations focuses on supporting individuals who are currently unemployed. These fall into two categories: Unemployed – where the person is not working but is actively looking for work; and economically inactive – where the person is not looking for work for a variety of reasons, including that they are not well enough to work or they have alternate sources of funds that mean they are not compelled to look for work.

Evaluation approach

The overarching design of this evaluation is based on the RE-AIM framework (www.re-aim.org/). The framework allows evidence of impact to be collected across a number of key dimensions (reach, efficacy, adoption, implementation and maintenance). It also collects individual and process outcomes through both quantitative (SWEMWBS and De Jong Gierveld questionnaires) and qualitative (interviews) data. Qualitative data was collected from Aspirations staff, delivery partners and service participants. Table 1 summarises the data analysed under each of the RE-AIM domains.

Methods: Quantitative

Participants

In total, **925** individuals accessed the Aspirations services between **July 2017 and June 2020**.

Gender: the proportion of male and females accessing Aspirations was evenly split – 51.6% (n=478) male and 48.3% (n=447) female.

Disability: a large proportion of individuals reported a disability – 84.6% (n=783), with 14.3% (n=132) indicating no disability. Reason for the disability was, in most cases, due to mental health concerns as demonstrated by 69% (n=580) reporting a common mental illness (CMI) and a further 27.4% (n=230) a serious mental illness (SMI).

Ethnicity: 92.4% (n=855) of individuals entering Aspirations were White (British, Irish, other). Black

RE-AIM	Data source
Reach: what types of potential beneficiaries are reached?	**Is the target population accessing Aspirations?** • Quantitative: baseline loneliness • Quantitative: baseline SWEMWBS • Quantitative: current employment/training status • Qualitative: interviews with members of staff • Qualitative: interviews with participants **Why people participated in a wellbeing activity** • Interview question that probed motivation for attending Aspirations
Effectiveness: for whom among them is the intervention effective, in improving what outcomes, with what unanticipated consequences?	**Individual level effectiveness** • Quantitative: questionnaire data for all key outcomes (ie, loneliness and mental health and wellbeing) • Qualitative: interviews with Aspirations staff and delivery partners • Qualitative: interviews with participants **Programme level effectiveness** • Qualitative: interviews with Aspirations staff and delivery partners
Adoption: representativeness of settings and intervention agents willing to engage with Aspirations	**What organisations have engaged with Aspirations – who has referred and referred out?** • Qualitative: interviews with Aspirations staff and delivery partners
Implementation: how are different parts of it implemented at what cost to different parties?	• Qualitative: interviews with Aspirations staff and delivery partners
Maintenance: how well are the intervention components and their effects maintained?	• Qualitative: Interviews with Aspirations staff and delivery partners

Table 1 Summary of RE-AIM domains and data source

£5.76m

funding from the European Social Fund (ESF) and the National Lottery Community Fund

African/Black British at 1.4% (n=13), mixed other at 1.2% (n=11) and Asian Indian/Asian British at 1.0% (n=9) constituted the largest groups from the remaining population. This breakdown closely matches the representation from some ethnic groups across Kent & Medway. The 2011 Census breakdown indicated 93.06% of the population to be white, 1.3% to be Black African/Black British. The proportion of Asian Indian/Asian British was slightly lower in the Aspirations programme compared to the 3.55% in the Kent & Medway population.

This composition compares favourably against the targets set by funders for the recruitment of individuals from BAME backgrounds into the service. Specifically, from April 2019 to December 2020, recruitment in each financial quarter ranged from 102.7% to 120%, therefore exceeding the target numbers.

Measures
SWEMWBS
Outcome data for the Aspirations programme were collected using the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS). This consists of seven questions scored from 1 'none of the time' to 5 'all of the time'. The minimum score is 7 and the maximum score is 35. **Higher scores indicate healthier mental wellbeing**.

The 7 questions on the SWEMWBS scale are:
1. I've been feeling optimistic about the future
2. I've been feeling useful
3. I've been feeling relaxed
4. I've been dealing with problems well
5. I've been thinking clearly
6. I've been feeling close to other people
7. I've been able to make up my own mind about things

Reliability statistics were conducted for raw scores collected on SWEMWBS at baseline and follow-up. This analysis established that responses at both time points were highly reliable indicators of what the scale is intending to measure (Cronbach's alpha= .84 and .91 respectively).

De Jong Gierveld
To assess emotional and social loneliness the De Jong Gierveld (DjG) six item loneliness scale was used. Emotional loneliness is caused when an individual feels they lack close relationships, while social loneliness occurs when someone is missing a wider social network. Scores from the two subscales are added together to form a total 'loneliness' score. The total score ranges from 0 to 6, with higher scores indicating greater levels of loneliness.

The 6 questions on the DjG scale are:
1. I experience a general sense of emptiness
2. There are plenty of people I can rely on when I have problems
3. There are many people I can trust completely
4. I miss having people around me
5. There are enough people I feel close to
6. I often feel rejected

Reliability statistics were also conducted for raw scores collected prior to the start of the Aspirations service (baseline) and again when discharged from the service (follow-up). Cronbach's alpha for DjG indicated adequate reliability (baseline: α = .75; follow-up: α=.70).

Methods: Qualitative

Research participants

Users of the service
21 Aspirations participants (the title preferred by users of the service) took part in one-to-one, semi-structured telephone interviews. The interview guide was built upon the foundation of the RE-AIM framework and included questions designed to gauge participant's experiences and opinions of Aspirations using four of the five RE-AIM domains: Reach, efficacy/effectiveness, implementation and maintenance.

Aspirations staff
One-to-one telephone interviews were conducted with nine Aspirations staff members. Interviewees occupied a broad range of job roles within the organisation, representative of varying levels of participant contact, experience and seniority. The staff interview guide included questions based in all five domains of the RE-AIM framework and pertinent findings are discussed in each section of this report.

Wider stakeholders and referrers
Three wider stakeholders and two referrers (a subcategory of wider stakeholders; staff working in organisations that refer participants into the service) completed telephone interviews. Again, all five RE-AIM domains were covered in the interview guide, although it was understood that not all stakeholders were in a position to have the knowledge to comment on every area. As the sample size was relatively small, data saturation was not the objective. Instead common themes were explored to inform further discussion in the future.

Analysis

Quantitative data
The data discussed in this report were collected by Porchlight between July 2017 and June 2020. The primary outcomes of interest were employment status. Secondary outcomes were loneliness and mental health and wellbeing. To assess impact, data was collected at baseline and again at follow-up.

Results from all inferential statistical analyses were tested at the standard level of significance ($p<.05$). If a result is statistically significant (ie, demonstrates a 'p' value lower than .05), it is unlikely to have occurred by chance and we can assume that the variables are either related (correlation) or demonstrate differences between the groups (t-tests).

Where appropriate, bivariate correlations were also performed. This analysis explores whether the relationship between two variables (ie, as one variable increases, the other also increases; or as one variable increases, the other variable decreases).

Analysis involves five key stages: familiarisation; identifying a thematic framework; indexing; charting; mapping and interpretation

The average length of time spent in the Aspirations service

195 days

For correlations, alongside a 'p' value, the analyses also produce an 'r' value, which represents the magnitude of the correlation (ie, the strength of the relationship between the two variables of interest). Standard levels against which the 'r' is judged are as follows: .10 'small'; .30 'moderate; .50 'large' (Cohen, 1988). All analyses were conducted using SPSS Statistics (version 24).

SWEMWBS data were collected on entry to Aspirations for all participants except those who accessed the Runway programme. DjG data was provided only by individuals accessing a Porchlight service. Using these data, the following analyses are reported:
1. Descriptive statistics and frequency data for total scores
2. Inferential statistics (ie, paired-sample t-tests) to compare mental health and wellbeing at the start (baseline) versus end (follow-up) of the Aspiration service for both individual SWEMWBS questions and the total scores (SWEMWBS and DjG).
3. Percentage change score.

Qualitative data
Quantitative data collected was augmented through one-to-one interviews. The qualitative data was analysed with NVivo (version 12) using 'Framework analysis' (Ritchie & Lewis, 2003). Analysis involved five key stages: familiarisation; identifying a thematic framework; indexing; charting; mapping and interpretation. 'Framework' is particularly useful in applied research, in that it allows a combination of the exploration of pre-determined themes with more open and emerging categories from the data. The overall thematic framework will allow differences and commonalities between groups to emerge and links the analysis to the quantitative study.

Results

Background information on the Aspirations service

First service accessed
Once individuals were signed up to the Aspirations programme, individuals were referred on to specific delivery partners depending on their priorities. Focusing on the first service accessed, the largest proportion of individuals went to Porchlight – 47.4% (n= 438), which is to be expected given Porchlight are the lead organisation and have the capacity and resources to take on this number of referrals. North Kent Mind received 28.2% (n=261) and Aspirations SCDA received 13.8% (n=128). The Runway service had a relatively small proportion (5.5%, n=51); however this is deceptive as the courses often ran concurrently alongside the support offered by Porchlight. Results are shown in Figure 1.

The majority of individuals accessed only one service – 89.5% (n=810), with 10.1% (n=91) receiving two and under 1% (n=4) three. From those who received support from multiple services, the largest proportion went from Porchlight to Runway (44%, n=40) and from North Kent Mind to Runway (38.5%, n=35). Small numbers went from Porchlight to IPS (5.5%, n=5) and vice-versa from IPS to Porchlight (3.3%, n=3).

Length of time in Aspirations service
The average length of time spent in the Aspirations service was 195 days[1] and ranged from one to 597 days. This compares with the overall BBO project average of 226 days. On average, females spent slightly longer in the service (197 days) compared to males (194 days). This difference in length of time was not statistically significant (p= .70).

Focusing on employment status when entering Aspirations, individuals classified as unemployed and looking for work spent fewer days in the service (191 days), compared to those inactive and not looking for work (200 days). This difference in length of time was not statistically significant (p=.32).

Breaking down length of time according to first service accessed, Runway participants reported the longest average time (272 days), followed by North Kent Mind (200 days) and SCDA (194 days). Individuals who first accessed IPS received support from the Aspirations programme for the shortest period (162 days). Results are shown in Figure 2.

Reach: Quantitative
Individual
Reach, under the RE-AIM evaluation framework, refers to the extent to which an intervention/programme attracted its intended audience. In regards to the Aspirations service it addresses questions such as – 'did those who could benefit the most participate or engage with the interventions?' For example, did Aspirations succeed in reaching the long-term unemployed and those not actively seeking employment? Did it reach individuals at risk of social isolation and loneliness? Did it reach people who have low levels of

Service
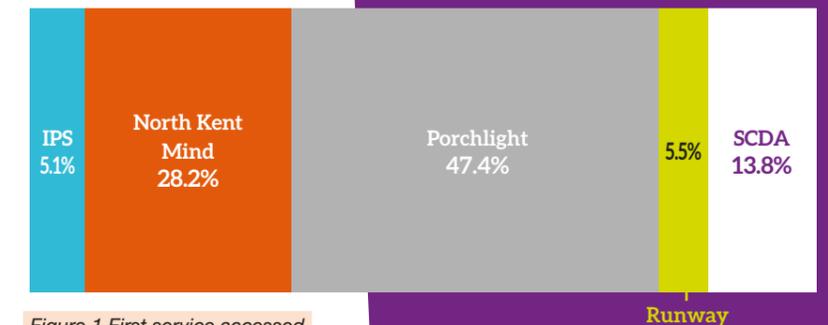
Figure 1 First service accessed
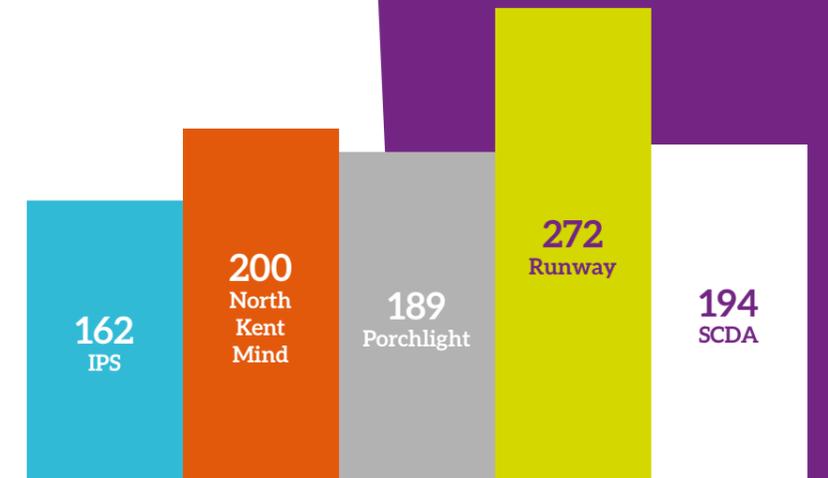
Figure 2 Number of days by first service accessed

[1] This is calculated using the date of last contact with Aspirations. Outliers were removed based on being three standard deviations away from the mean. This resulted in the removal of nine individuals ranging from 653 to 800 days in the service.

mental health and wellbeing?

The largest proportion of individuals – **52.4% (n=485)** were classified as inactive and not looking for a job, with 4**7.2% (n=437)** unemployed and actively seeking employment. This suggests Aspirations was successful at reaching the target population.

Reach can also be explored by focusing on levels of loneliness on entry (ie, at baseline) to Aspirations. Scores for this sample covered the full range of 0 to 6, with an average of **5.02**. The largest proportion of clients was classified as **'intensely lonely' (73.9%, n=65)**. Smaller proportions were classified as **'moderately lonely' (18.2%, n=16)**, and **'not lonely' (8%, n=7)**. The baseline average SWEMWBS score for this sample was 17.77. Published population norms for the scale indicate 23.61 as the 'population average', making the Aspirations sample below the norm for levels of mental health and wellbeing.

The table below left illustrates how project targets set by funders compared to participants who engaged with Aspirations.

Overall this indicates that Aspirations was successful at engaging with individuals with needs associated with loneliness and/or mental health.

The geographical reach of Aspirations can be illustrated through geographical mapping and for each participant who receives support from Aspirations. These data are displayed below, showing the distribution of participants according to the particular programme they were enrolled into on entry. In line with the commissioned remit of the programme, clusters of participants are clearly focused in areas of known coastal deprivation (eg, Thanet, Hastings and Folkestone) and rural areas representing the need for back-to-work prgrammes in these areas.
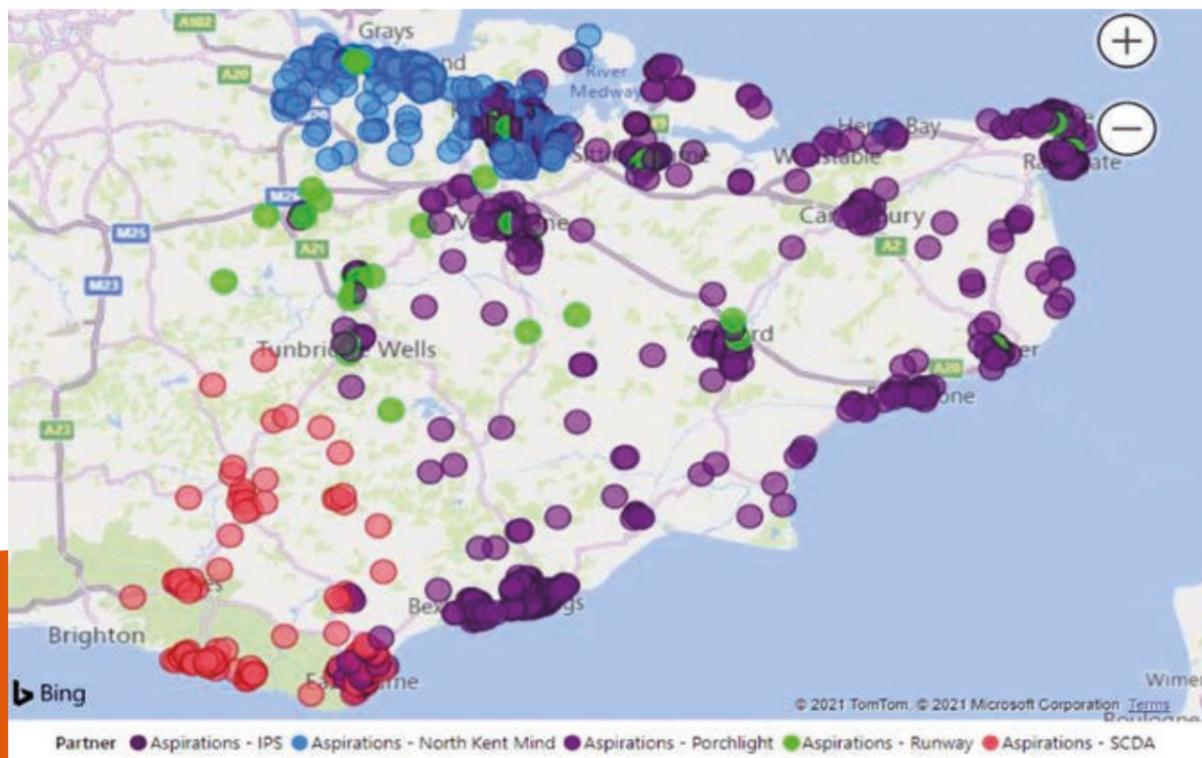
Organisational: pathways into Aspirations

Referrals came through three types of routes – self-referral, organisations within the Aspirations contract and organisations external to the funded network. Focusing first on those within the Aspirations network, the largest proportion –11.7% (n=108) – came from SCDA programme, followed by 8.1% (n=75) from Porchlight and 1.4% (n=13) from Runway.

The largest proportion of referrals from an organisation outside of the Aspirations network came from Job Centre Plus – 14.3% (n=132), followed by Live Well Kent – 9% (n=84) and health and social care organisations – 7.5% (n=69) (eg, CMHTs in Kent & Medway, IAPT services, GPs, social services). Each remaining organisation accounted for less than 1% of the total. The number of different pathways suggest wide reach into a range of organisations, both statutory and voluntary. 24.8% (n=229) of participants were self-referrals.

How individuals made first contact with Aspirations was evenly split across three methods – telephone (32.6%, n=302), face-to-face (27.4%, n=253) and email (26.6%, n=246). Full data are shown in Figure 3.

Reach: outreach activities and marketing of Aspirations

During the inception of the project, the Aspirations team set up a series of focus groups amongst staff, partners and local supporters to identify the most effective ways of engaging people who were not accessing other services and who may be living in rural or coastal areas that are geographically isolated. They identified places such as libraries, betting shops, community cafes and supermarkets as good places to advertise.
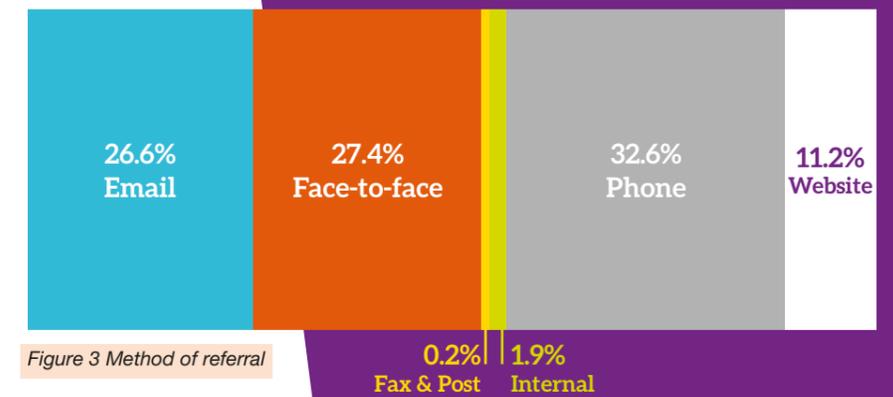
Consequently a strategy was implemented that focused on targeting local groups (ie, community hubs, village halls, church food banks, employment forums). This expanded into marketing with leaflets and posters in village post offices, pharmacies, local shops and small cafés. With this approach, the programme was not only able to reach out to those who may not use social media / websites, but it was also able to build referral partnerships with the staff who ran those businesses and organisations.

The Aspirations programme employed a full time marketing worker who ensured that all areas of Kent and East Sussex were covered using this approach. The worker contacted locals schools who had large special needs provision as they were aware that parents of these children often needed support with their mental health. They also wrote to local authorities to introduce the service and build referral routes.

These strategies worked well initially, combined with having some pressure to perform to targets. In reality this meant a shift to building relationships with organisations more typically recognised / tried and tested including referral agencies such as the Department of Work and Pensions and Job Centre Plus, as well as maintaining those early links with the local hubs, churches and pharmacies.

Social media marketing – particularly via Facebook – has been judged to be a successful tool with the economically inactive cohort and with women who have been slightly harder to recruit. This is often due to childcare considerations. A healthy childcare budget was built into the project, but parents were understandably reluctant to place their children with new childcare for a short amount of time while they attend training courses or wellbeing sessions. Google advertisements were also successful in reaching a wide variety of people across large geographical areas in Kent and East Sussex.

Aspirations adapted its messaging about the programme as it progressed, with less emphasis on 'mental health' and more on wellbeing, overcoming barriers and

Characteristic	Project target	Aspirations participants
Gender	50% male vs 50% female	51.7% male vs. 48.3% female
Ethnic minorities	5.87%	7.6% From BAME background
Disabilities	13.94%	84.6% report a disability

Method

| 26.6% Email | 27.4% Face-to-face | | 32.6% Phone | 11.2% Website |

0.2% Fax & Post   1.9% Internal

Figure 3 Method of referral

Partner ● Aspirations - IPS ● Aspirations - North Kent Mind ● Aspirations - Porchlight ● Aspirations - Runway ● Aspirations - SCDA

reducing social isolation. The service also has a particular message stream around raising skills and improving self-esteem with the aim of finding work.

Reach: Qualitative
Why individuals engage & determinants of participation

The determinants for individual participation with Aspirations were multifaceted. Participants gave a broad variety of reasons for initially requesting, or accepting help from the service/project. The six common themes derived from participants, staff and wider stakeholders are described below.

1. Participant background: mental health and wellbeing (diagnosed and undiagnosed)

Qualitative data broadly supported the SWEMWBS baseline findings, discussed in the 'reach' quantitative section. It showed below the norm levels of mental health and wellbeing and high prevalence of CMI across the population. Demonstrating the success of Aspirations in reaching those with poor mental health or wellbeing, all participants interviewed described experiencing mental health issues and concerns. They spoke in terms of mental health diagnoses and discussed issues as wide-ranging as depression (including bipolar disorder), anxiety, emotionally unstable personality disorder, schizophrenia,

agoraphobia, post-traumatic stress disorder, memory loss, and suicidal ideation/intent. Some also spoke in more general terms, for example:

"My mental health wasn't great" (participant)

"I had suffered quite a lot with my mental health" (participant)

"Then I was so down" (participant)

"It's mainly people with low lying mental health conditions and also people with poor wellbeing. People, for want of a better phrase, that have kind of fallen off the radar a little bit. We believe that those are the people who benefit from the service the most" (staff)

Some participants who accessed Aspirations had experienced severe mental ill-health (27.4%, n=230) and this was noted in some of the interviews.

Interviewees articulated past or current experience under secondary mental health services. Two had experienced hospital stays in acute mental health hospitals. Aspirations staff were keen to emphasise that, whilst the majority of participants present with 'low lying' or 'common' mental health conditions and symptoms, severity of mental health is not the main determinant when

deciding whether Aspirations is right for an individual:

"Sometimes we work with people with serious mental health conditions, if they fit the project, because we work with the person, not with the condition" (staff)

2. Participant background: low confidence, low self-esteem

Participants acknowledged low confidence or self-esteem was a barrier they needed to overcome in order to reach desired goals. Participants believed Aspirations could provide the help and guidance needed to build their confidence and esteem to a level where they would eventually be able to return to work.

"I was just starting to get myself back on my feet again but I realised that I needed a little bit of help to find me a job and build up my confidence again for looking for jobs" (participant)

"It felt like I hadn't necessarily made the right choices myself so I wanted some guidance. Not the physical applying for jobs. It was having the confidence" (participant)

When staff spoke of participants often lacking confidence, one of the more frequent reasons they cited was an individual being out of work for a long period of time.

"I help people that are unemployed and mental health is the main barrier to them moving forward in their lives. It could be

that they've been out of work for quite a long time and lacking in confidence" (staff)

In a similar vein, a referrer described low self-esteem in relation to lengthy unemployment as a key factor for deciding to refer a service user into the Aspirations service.

"I would generally refer, it's people with low self-esteem, people that have been unemployed for a long period of time" (referrer)

3. Participant background: long-term unemployed

Often, participants described a specific negative event (a 'trigger') or a series of events which led to a period of unemployment. Triggers included bereavement, homelessness, marriage breakdown, poor physical health (such as broken bones) and being victim to physical attack.

"I was homeless after a bereavement, a technicality with my housing, I was made homeless on top of that. About a year ago. Trying to sort out the funeral, surviving, trying to sort out the housing" (participant)

"It was one thing after another. As fast as I could deal with something, more stuff arrived" (participant)

Staff commented upon this common occurrence, also:

"It seems that a lot of people - from what I've heard, it seems like in a lot of cases there's one big

27.4%
participants who accessed Aspirations had experienced severe mental ill-health

> "There are quite a lot of people [...] that are quite simply lonely and quite isolated. The fact that they end up with someone that they can talk to that will listen to their problems really, really helps them" (staff)

thing that happens in someone's life and that makes them get off track a little bit and lose confidence and if they don't get any support with that then they can fall into a bit of a trap of staying quite isolated" (staff)

4. Participant background: previous work related conflict
Some participants explained how traumatic events in previous work settings had caused a prolonged period of mental ill health, and a deep distrust of employers. For example, one participant was denied bereavement leave and was treated unfairly by a manager at a time of increased vulnerability. Another participant was unable to give details of the breakdown of their previous employment due to signing a non-disclosure agreement. Quotes are not given here to protect the anonymity of participants.

A staff member summarised the situation and described the approach taken when presented with this scenario:

"And then there's some people that have been in work and they've lost their jobs. Maybe they've had a bad experience at work, that's happened quite a lot. People that have been at work, then they've had a bad experience. They've worked with a manager or team that wasn't very supportive so they're worried about going back to work. So they need a bit of help to realise that it wasn't them, it was maybe that environment that wasn't great for them" (staff)

5. Participant background: social isolation and loneliness.
Participants spoke about experiencing isolation in different ways. Some participants were isolated as they had gradually become increasingly separated from other people, whereas some experienced feelings of loneliness despite having people around them.

"I was pretty isolated. Diagnosed as agoraphobic" (participant)

"I have panic attacks, I feel alone, it feels like I'm dying and I can't cope" (participant)

> "Well I was, I still needed help and support getting a job. Going there was an extension of what I was doing before" (participant)

When discussing the journey into Aspirations, more staff than participants spoke about loneliness and social isolation. It became apparent at other points in the participant interviews that, whilst participants had not necessarily viewed loneliness as a conscious driver for joining the programme, they nonetheless had benefited from social contact as a result of using the programme. It seems that staff are better able to recognise signs of social isolation in one of their participants than the individual is able to notice it in themselves.

"I think for quite a lot of people, there are quite a lot of people [...] that are quite simply lonely and quite isolated. The fact that they end up with someone that they can talk to that will listen to their problems really, really helps them" (staff)

6. Participant background: negative experience of other services
More than a quarter of participants joined Aspirations after they were unable to access adequate support from other services. Several said that they had tried to get help from a variety of sources.

"I tried everything" (participant)

Participants described the stress caused by accessing support through these other services, Programmes were viewed as regimented, with pressure to attend regardless of physical and mental health concerns. Participants also articulated the difficulty (and importance) of finding 'someone they felt they could open up to'.

"Before I was ill and got diagnosed I was actually under the Jobcentre and I went through the work programme and through the community work programme as well and I had a really stressful time of it. I tarred the training sector with the same brush because I've had such a bad time of it and Runway and Aspirations changed my view of the training sector" (participant)

"Previously I'd been on a [separate service provider] course where I was told that if we didn't attend, we'd be discharged. From the whole service. They try with CBT to get things going. There were about 15 people and at the end they discharged us all anyway. A lot of what we were taught didn't work" (participant)

"I went somewhere else and couldn't talk to the person about it. It was always a half-arsed meeting" (participant)

One interviewee summarised this approach from a staff member's perspective. They emphasised the lack of pressure applied to a potential participant and showed how they place the decision of whether to join Aspirations firmly with the participant.

"But I think in general, it's because they've recognised that they wanted to make a change in their lives. Nobody's forced to join up with us. It's you know, they want to take that next step" (staff)

Alongside, other organisations appear to particularly value the support Aspirations provides these individuals. A wider stakeholder gave their opinion on why Aspirations is able to help where other organisations have struggled:

"I think the ethos of Aspirations is just very different to the other organisations. It comes down to key performance indicators. The ones that have been given to Aspirations, they don't tie their hands. They have a real degree of flexibility. So it's not like they get cast offs, but if someone is seen to be failing at another service, is it the service that's failing them, and that's where Aspirations comes in. They're just different. It's not a rush to get to the endpoint. It's the journey. It's exploring that" (wider stakeholder)

Reasons for seeking participation
As with participant backgrounds, individual's motivations for joining the service also varied broadly across the interviews.

1. Support to enter employment

Reinforcing the primary aim of Aspirations a number of participants gave 'job seeking' as their main reason for joining Aspirations. They recognised that they needed support to gain employment and believed Aspirations would be able to provide the help required.

"Because I was looking for a job" (participant)

"Well I was, I still needed help and support getting a job. Going there was an extension of what I was doing before" (participant)

2. Entering education or training

Other participants were more interested in pursuing a course of study.

"Just to further my education really as it's not easy to find the kind of things that are helpful so.." (participant)

3. A sense of purpose

Some participants spoke about their need for a purpose in life. They did not specify what that purpose was, at the time, but they felt that

Aspirations would be able to help them explore their options and achieve that goal. This positive impact clearly has important implications for future plans and behaviours, with the steps taken in the Aspirations programme to regain a sense of purpose providing a solid base from which someone could build on and work towards employment.

"I said I need to find a purpose in life. We kept working and working on different things, which came to a head with the mentoring" (participant)

This also reflected a desire for a sense of routine.

"I want to get out and be a normal human being, well you know, have a regular schedule, a regular job, regular goals" (participant)

4. Need change or help

Not all participants could articulate what they were hoping to gain from engaging with the Aspirations service. Some participants described the need for change in their lives and, as such, were willing to try a new approach in the hope of altering their day-to-day existence.

"It was the thought that it was worth trying something new, a different approach" (participant)

"Any help, I was willing to take" (participant)

A couple of participants required practical help, such as financial advice and on issues affecting their wellbeing.

"I was really struggling, then the house got into trouble, and I needed someone to help me" (participant)

5. Emotional support

Some participants spoke of the emotional support provided by

the Aspirations coach. Having somebody to talk to was considered particularly valuable in the absence of professional counselling services, for example.

"With the waiting times for counselling and everything like that, [Worker] kind of became my counsellor. I could just meet them and we could talk through anything we wanted to" (participant)

Aspirations staff appeared to recognise, and meet, this need in participants. Emotional support was a recurrent theme across several of the RE-AIM domains.

"Sometimes they just need a kind friend, if you know what I mean, to kind of listen and help and guide" (staff)

What enables participation and what barriers exist to participation?

As part of the interviews, participants and staff articulated factors that facilitated or hindered engagement with the Aspirations service.

Focusing first on factors that facilitated and enabled access to Aspirations, eight main themes emerge: referral process; staff characteristics; holistic approach;

partnership working; tailored service; flexibility; preventative nature of service; self-referral process.

1. Enabler: referral process – assessments

Staff describe an open, accessible assessment process designed with the participant's best interests at the centre. The assessment provided the time and opportunity to discuss the individual's needs. Staff articulated that while initially individuals may not fully understand the purpose and methods of Aspirations, after discussions they realise the additional benefits of engaging with the service.

In situations where the assessment identified that Aspirations may not be the appropriate service, staff signposted to other services.

"Every single referral we get, I mean, every single referral. Someone will call them and give them a 15 to 20 minutes, half an hour assessment to find whether they are suitable for this service. Not just a case of 'This is what they put on the online referral so we're

just not going to call them.' We will call everybody and talk it through with them. And if we can't help, we can pretty much find someone else who will" (staff)

2. Enabler: staff characteristics (including lack of stigma)

Participants spoke of the qualities of Aspirations staff as a key motivator for use of the service.

"The first time I met [Aspirations coach], he's very easy going and confident. 'We can definitely do this'!" (participant)

"The lady was very approachable, personable. Not only was I not going out, my communication skills were zero. It was very easy to speak with her" (participant)

One of the key characteristics of Aspirations staff that was praised by participants, and seemingly had a significant impact on their usage of the service, was the lack of judgement. Participants described the stigma that continues to

---

"I was really struggling, then the house got into trouble, and I needed someone to help me" (participant)

"It's not easy to admit thoughts and things that normal people can't handle but they take it within their stride and there's no judgement at all. None" (participant)

"They made you feel safe and like there were no right or wrong answers. There was no judgement or anything like that" (participant)

surround mental health issues and the importance of finding a service where stigma is not felt.

"It's not easy to admit thoughts and things that normal people can't handle but they take it within their stride and there's no judgement at all. None" (participant)

"There isn't really the support out there, I know you're seeing lots of adverts for mental health issues, but there's still quite a stigma attached to it. People don't seem to realise it's an illness you can't see [...] [Aspirations] made you feel safe and like there were no right or wrong answers. There was no judgement or anything like that. It worked for me" (participant)

3. Enabler: not solely job focused

Particularly for those participants who had experienced a traumatic event during previous employment, the wider focus of the service was appealing. Participants who would

perhaps falter, or withdraw, if they felt pressure to work were able to pursue alternate goals whilst still building towards employability, in case they do decide to look for work at some point. For those registered as job seekers with the Department for Work and Pensions, joining Aspirations also meant individuals occasionally gained a reprieve from the job seeking tasks required when attending a job centre. This can be especially appealing to someone experiencing mental ill health. Aspirations is not a statutory service and does not take the place of the Jobcentre.

"It wasn't geared to employment. That wasn't the bottom line for everybody. There are so many different avenues you can go down. What would motivate me, get me out of bed in the morning, then work out ways around that [...] It's easier than attending the Jobcentre. Seeing Aspirations is, you do have to still attend the Jobcentre, but just to sign up and tell them you're working with Aspirations" (participant)

A wider stakeholder described the benefit of referring a client to Aspirations, over working with the DWP:

Dennie's story

I used to stay at home a lot and wouldn't use public transport. I knew there were some community activities out there but I felt like they were for other people and not for me.

I met my Aspirations worker and we set little goals together. She was very patient with me and kind. I never felt too shy to ask her questions. She made me feel like I could achieve things.

I always felt positive about the future after our meetings.

She encouraged me to go to a cooking session at Chequers Kitchen. It sounds daft, but I wanted to properly learn how to cut vegetables, so I could cook for myself.

I was so nervous before but I went in but people were smiling and happy to talk to me. It felt like people wanted me to be there.

I got the bus there on my own. That was a massive step for me.

I know now that there are loads of opportunities out there and I know I can access them.

I feel like I will always have anxiety but I can now manage it better. I am better at taking deep breaths and not worrying so much about things going wrong.

"Sometimes clients just see work as being work and the DWP and the connotations that go with it, and the wagging finger saying you must. Whereas Aspirations says 'You could, you might, or Do you fancy this?' It's just a whole different approach. It's carrot not stick" (wider stakeholder)

Staff are keen to avoid pressuring participants into employment if they are not ready.

"I think for people that have a job coach they feel that there are motives of pushing people into employment, whereas for us employment is one of our outcomes but it's definitely not something we try and push people into" (staff)

4. Enabler: partnership working for the benefit of the participant

During the interviews, the willingness of Aspirations staff to work alongside other organisations for the good of one of their participants, both statutory and non-statutory, was apparent. It became clear that this partnership working allows participation for those who may otherwise have struggled to stay engaged.

"When we put out their aims and their goals and what that will look like and how we'll do it. Sometimes they just needed to believe that they could move forward" (staff)

"They aligned with West Kent Mind if there was any need for them to do so but also it was completely independent of" (participant)

"Yeah. I didn't realise at the time how well [working with a charity arranged counsellor and Aspirations] would work out. I think there are people – I certainly needed both. One to run alongside the other" (participant)

"I've been working for Porchlight for [] years now and I'd say that probably one of our strengths is that we are very good at

recognising when someone needs added support that maybe the service that you're working on is unable to offer" (staff)

A referrer described the way they worked with an Aspirations staff member to ensure the best outcome for a participant.

"I met [Aspirations worker]. We worked with him. It was the three of us. [Aspirations worker] worked closely with the patient and then I worked closely with the patient. [Aspirations worker] and I would converse with each other" (referrer)

"We get so many calls where someone will call up and say 'My mum, my brother, my dad, my partner, my mate gave me this leaflet. Saw Facebook, suggested that I get in touch'. So it's word of mouth itself" (staff)

5. Enabler: goal setting and an action plan tailored to the individual

Staff spoke about the goal setting process conducted at the start of the Aspirations 'journey' and the motivational effect setting simple goals can foster. There is also an element of managing a participant's expectations of the help offered, and what will be expected of them in return, so they know what level of mutual involvement to expect from the beginning.

"When we put out their aims and their goals and what that will look like and how we'll do it. Sometimes they just needed to believe that they could move forward" (staff)

Participants described the importance of tailoring goals to the individual and setting goals that felt achievable and benefiting from the affirmation that comes from a sense of accomplishment.

"It seems a bit different because the goals that we set were so basic and so achievable that when I did them, regardless of how small they were, I still accomplished them. Everything before that was like change your entire sleep schedule by next week, for example, making it seem really easy to do but it wasn't easy to do at all. For this it was like buy a colouring book or try and read a couple of pages of a book. I thought yeah I can do that. They set you up for success" (participant)

6. Enabler: flexibility – more chances

With a population of participants that includes those with mental ill health, social anxieties and people that have been let down by other services, flexibility – particularly around contact – is considered crucial to allow for maintaining active engagement.

"Every organisation in that industry. If you miss three meetings you're out. Gone completely. We tend not to. We're a lot more forgiving than a lot of service providers out there. Because they do have rules and they're very, very strict. In Aspirations we tend to give people a few more chances- we get that that's where a lot of people are coming from, a lot of people find it difficult" (staff)

7. Enabler: preventative action – removing outside obstacles in the participant's life

A popular feature of the service was the extent to which Aspirations staff support participants in all aspects of their lives. Participants and staff describe how efforts were made to foresee potential barriers and address before these became a hindrance to meeting goals.

"Helped with my boiler timer. When you're very depressed, things like that are like a mountain to climb [...] They facilitated things and made it easy and any potential hurdles they foresaw and took out [...] They made everything really easy. [Aspirations coach] would drive me to everything. All the things we worry about when we're not coping, they took that away. Parking, will I get lost etc. They made everything easy. The most basic of tasks can seem insurmountable. "They facilitated things and made it easy and any potential hurdles they foresaw and took out" (participant)

A staff member describes the sort of actions they take to remove barriers and the reason for making certain things easier for a period of time:

"Someone might have agreed to do a 12-week course in adult education and initially they might think that's great and be more than happy to do that and when they, when you start talking about how you're going to meet new people you're going to go to a new place and trying to take out any problems there are or there may be before they happen. I've done things like, taking someone to a training centre for the week before they going there just so they can familiarise themselves with the surroundings [...] If they can get into the lesson and do the training without the anxiety, then the next week ideally they'll be able to focus on getting themselves there" (staff)

8. Enabler: self-referrals and word of mouth

Aspirations participation appears to be facilitated by positive, 'word-of-mouth' referrals.

"We get so many calls where someone will call up and say "My mum, my brother, my dad, my partner, my mate gave me this leaflet. Saw Facebook, suggested that I get in touch. So it's word of mouth itself" (staff)

Regarding barriers, seven themes emerged from the interviews: readiness to change; mental health; competing priorities; rural access; paperwork; awareness of service; childcare.

1. Barriers: readiness/desire and the dynamic nature of change

When asked about withdrawals from the service, staff described some participants as not ready to change.

"Some people just aren't ready to change. Some people say to you what they think you want to hear, so they'll say to you yeah I want to do a course, I want to make a change. Then when they go home or are in the pub drinking with their friends, and they're feeling less positive, then they start not returning your calls. Because they feel they're letting you down, rather than letting themselves down" (staff)

A referrer agreed:
"A lot of the time it is because it's not the right time, they're not even at that stage" (referrer)

When a wider stakeholder was asked about appropriate referrals, they spoke about a desire to change that is needed for a participant to engage effectively.

"You need a certain type of client. They've got to be self-motivated and they've got to genuinely want this. Otherwise they're not going to engage effectively and it will waste their time, and lead to disappointment undoubtedly" (wider stakeholder)

difficult thing to manage. We try to encourage people without being pushy but it's trying to get that balance" (staff)

2. Fluctuating mental health
Participants are eligible for help from Aspirations because they identify as having mental health or wellbeing concerns. Changes in mental state can lead to withdrawal from the service, with little explanation but the flexibility and openness of the service facilitates this journey.

> "Sometimes people withdraw. Then they'll get in touch with us and apologise and say they were struggling with their anxiety. It can be one step forwards, two steps back" (staff)

Even if an individual decides that they are ready and willing to change, due to the dynamic nature of change, people take steps forward and backwards. Staff explained that support is offered, but sometimes it's too difficult to maintain contact and participants 'disappear'. People can feel overwhelmed.

"I think possibly where we try to encourage them to get involved in stuff and they just, if they don't do it or they don't follow through that can overwhelm some people. That could possibly make them withdraw. There's just a very

"The other thing, given the participants that we are supporting, some of those that have been with us for a year have been prone to disappear. They withdraw. We might be ticking along and then we won't be able to contact them successfully for a number of weeks. Then they'll get in touch with us and apologise and say they were struggling with their anxiety. It's one step forwards two steps back sometimes" (staff)

3. Other priorities
As the staff member opposite

describes, occasionally other priorities, which Aspirations cannot help with, occur and participants are no longer able to commit themselves to working towards their goals.

"People deciding that they have other priorities which come first. Either a person moves away or they've got this, that and the other going on. Bereavement in the family, other health issues. I'd like to do this but I can't really focus on this right now. Personal circumstances" (staff)

4. Geographical – for example, rural access
Staff consistently describe the challenge of trying to cover a large geographical area. The cost of time and car fuel mean that it is often more practical to focus attention on a smaller geographical area which means that, inevitably, some people who would otherwise be eligible to join Aspirations, are not offered the opportunity.

"I believe that initially before I started the service there was more emphasis on as trying to work with isolated geographically as well but I think that's been quite difficult. Quite often people are isolated geographically because there isn't anything going on in their area and it's really difficult to get someone into something which is going to be sustainable" (staff)

5. Paperwork
Some staff felt that paperwork constituted a barrier. They worry that the amount of paper work deters some individuals from signing up for Aspirations. The nature of the funding (ESF) demands quite a significant amount of compliance which leads to a fair amount of statutory project paperwork.

"There's a lot of paperwork. I mean, we register. Someone knows there's a lot of paperwork. There's maybe 30 pages of things

that we have to do for the funder in questions that we have to ask. For some people, that is too much and they do withdraw" (staff)

"It's the participant's side really. The impact on the participant should be our main priority. Getting through the initial sign up is the toughest part because you've got all of the BBO paperwork - your starter paperwork with personal and circumstantial information. Right to work documents etc. The action plan document and lots of additional Porchlight documents. To do all of that in one session is quite draining […] And in some places even intimidating" (staff)

At least one participant seemed to agree that there was too much paperwork in the first session.

"When I first met up with [job coach], the first hour was form filling. The whole thing" (participant)

In other areas of Aspirations, staff have declined the addition of further paperwork because they feel that it may interfere with the aim of community social groups.

The project has a quarterly spot audit which it consistently passes with 100%

However, the paperwork is statutory and a rigorous audit process means that this is managed in a clear and transparent manner. The project has a quarterly spot audit which it consistently passes with 100%.

"Do we need leaflets? Getting people to do a scale before and after the scale? I disagreed with all that because I said if you and meeting with your friends you would not have that. You just go along and just meet and go along and feel part of something" (staff)

6. Lack of awareness about Aspirations
Participants described uncertainty around Aspirations in terms of what the service is and what it does. For those with high levels of anxiety, this could be enough of a barrier to stop them enquiring further.

Freya's story

Me and my children were made homeless and placed into temporary accommodation. My children told me they didn't feel safe there and I didn't feel safe. Thinking of the emotional wellbeing of myself and my children, I had to leave.

Then we had to stay on my friend's floor. It was a difficult time because everything was up in the air.

From there I had a complete breakdown. Everything was falling apart, past traumas rushed back to me. It was overwhelming and I was at crisis point.

Aspirations were able to help me with a wellness recovery and action plan course and for

the first time I felt like it was ok to be myself.

They helped me get back to me. I felt once again that I had some sense of control over my life. They made me realise it's ok not to be ok all the time.

I was able to work with the council to find a home. Me and the children moved into our current home which is not dirty or damp.

The journey has been long and hard but I really feel like the person I've become is unrecognisable compared to before.

I am so grateful for Aspirations. I dread to think what the outcome would have been without them.

"We moved away from direct references to mental health [...] We've gone more down the route of feeling connected – if you are not feeling connected then talk to us. If you are feeling lonely. We've tried to stay away from mental health and those types of channels" (staff)

"I wouldn't have known they were there. Maybe if you googled it you'd come to them. [When asked what they had hoped to achieve with Aspirations] I didn't really know because [referrer] hadn't told me much of what it involved" (participant)

A referrer also finds that people are unaware of Aspirations, however they have a solution to bridge the gap in awareness. They work with an Aspirations worker to do a 'soft handover' of the participant, which allows for the gentle introduction to the Aspirations worker and the programme itself.

"To be honest, a lot of them have never heard of them. So they're a bit sort of on edge. But what

we do, we do a soft handover. I work quite closely with [] so we'll sit down and we'll talk about the case and we'll invite the client in and we'll both be there and we'll do that handover then. There's nothing worse than being pulled pillar to post so I make it as easy as possible" (referrer)

7. Childcare
An ongoing barrier identified by a staff member is a lack of childcare. Despite funding being put aside for the purpose of overcoming this obstacle, parents with small children (particularly mothers, as figures show they are more often economically inactive) are not likely to want to leave their children with an unknown childcare provider.

"They thought that people wouldn't be able to access us because they didn't have childcare [...] If you're at home with a child. We couldn't pay granny to look after the child for a few hours. It would have to be a registered child carer. Leaving your little child with a stranger is a huge thing. It's not just something where you can drop them off and then pick him up and it never happens again. It's a big step. So I think still for women with young children with childcare responsibilities, it's been a barrier" (staff)

What proportion of its target audience is Aspirations reaching?
Although demographic and scale data collected at the start of the service suggests individuals accessing Aspirations were from the target population, interviews conducted with staff and wider stakeholders explored this question in more depth and highlighted their perceptions on 'reach'.

As discussed in the reach section of the report, Aspirations made concerted efforts to engage with the target population in rural and coastal areas of the region. Responses from staff interviews articulated the challenge of reaching those most isolated:

"Trying to find 700 people that are completely cut off from anything else, that's ridiculously difficult" (staff)

Also focusing on the geographical challenges of those living in rural communities:

"I would say yes and no. so it's doing a very good job of reaching people in certain areas. I know we have loads of participants signed up in certain areas" (staff)

"I do think we have drifted towards areas are where they are slightly more high density areas because there's so much need out there. And also, you know, we have got targets that we need to reach. So I think it's not as – we're not – idealistically for me, we would only be working in those areas. But it's not a realistic approach [...] It's very difficult for us, for them to come to us and for us to go them" (staff)

The heat map earlier in this report shows that, despite these perceived obstacles, Aspirations has been successful in reaching people in geographically isolated areas.

Age and mental health
It's possible that the service is missing some older potential participants due to differing approaches to mental health and stigma. It is worth noting that Aspirations had reached its over 50s target by 110% at the time of this report.

A staff member described a man who wanted help to find a job but did not identify with experiencing low mental health or wellbeing.

Tony's story

When I moved to Kent I felt really isolated because I didn't know many people here. I tried to conquer my social isolation and get myself into a better frame of mind, but I was really depressed and felt alone.

I had a job but I have a peripheral nerve injury and I'm registered blind which means I need specific equipment to be able to do the work. Where I was working they couldn't provide me with the assistive technology I needed, so I was medically retired on under ill health grounds.

After that I was in a really dark place. I wasn't doing anything, I was sleeping a lot and was very withdrawn. I felt like I'd let everyone down.

When I met my Aspirations worker, we put together a recovery plan. He was so passionate

about helping me and felt very genuine. We talked about my future plans and I found the confidence to look into adult education. I'm now doing a Spanish course and have also joined a tandem cycling group. Cycling is something I used to do a lot years ago, but I never thought I'd be able to again. David made me see that it was possible and gave me the confidence to start again.

I feel like I've got a second chance and I don't want to waste that. I'm now volunteering with blind veterans and I've joined a local men's mental health support group.

I feel like I've come back from the brink of darkness, now things are a lot better.

Improvements in mental health and wellbeing were noted regardless of employment status on exit from Aspirations, with statistically significant changes for unemployed 18.33 on entry, increasing to 21.45 on exit

The staff member felt it was possible that people of older generations are more affected by an unwillingness, or inability, to openly consider and discuss mental health when compared with those of younger generations.

"He was at that age where you don't talk about mental health, you don't say you've got it, he was telling us that he wanted to job and I was telling him that we are helping people with mental health, and he kept saying there was nothing wrong with him so we can't help. That can be a group that struggle sometimes because they won't recognise, they see it as a failure. Whereas I think the younger people in a lot of stuff about mental health in the press even on television, storylines on soaps whatever, and they're more likely to hold their hands up and say what their difficulty is" (staff)

However more recent attempts at reaching Aspirations' target audience may have gone some way to addressing the issue, depending how widely the alternative wording is used and whether loneliness carries similar stigma.

"We moved away from direct references to mental health […] We've gone more down the route of feeling connected – if you are not feeling connected then talk to us. If you are feeling lonely. We've tried to stay away from mental health and those types of channels" (staff)

It is also important to note when considering reach and age, the funding provided by the ESF has eligibility criteria attached. Specifically, while ESF support has no upper age limit, it is targeted at individuals who will contribute to the growth of the economy through employment or increased skills levels.

Accordingly the rationale for focusing on younger age groups in Aspirations was justified given this guidance from funders. In addition, in conversations with the services manager it also became clear that older adults were often referred on to other programmes in the community that may be more appropriate to their needs (eg, Live Well Kent).

Age

In certain locations, individuals below and above the target age range were offered help as staff were not aware of similar services, whereas in other areas staff could list more appropriate organisations.

"Initially, we started having a lot we had a lot of under 25s and over 60. Because those two areas are actually the areas that have the most amount of other services working with them. And so therefore, it was

76.6% of people reported an increase in mental health and wellbeing

475
individuals have returned SWEMWBS data

easier. It just became easier to get those referrals because we were working with those other organisations. So we had to make a real effort to stop working with under 25s […] and realise that we shouldn't be working with people, particularly over 65, because they are never going to work again" (staff)

The issue of individuals with higher/enduring mental health needs was also mentioned by some staff:

"Also getting the balance right with taking on the right people whose mental health was at the right level. We initially were taking on people whose mental health needs were higher than we could actually accommodate or who had learning difficulties. And so therefore they actually needed ongoing support rather than, you know, at times support to move them from one point to another. So that took some ironing out" (staff)

Efficacy: quantitative data
SWEMWBS

475 individuals have returned SWEMWBS data for both baseline and follow-up time points, included in the effectiveness analysis.

The baseline average SWEMWBS score for this sample was 17.77. At follow-up, the level of mental health and wellbeing had **increased to 21.34**. Statistical tests revealed a **significant difference between the two average scores (p<.0001)**, suggesting that **mental health and wellbeing had improved after accessing support from the Aspirations service**.

Percentage change ranged from a decrease of 50.28% to an increase of 154%, with an average uplift of 21.9% (SD=26.74).

A change score was also calculated (mental health and wellbeing at the end of Aspirations activities – start of Aspirations) to summarise the type of change in mental health and wellbeing (ie, increase, decrease or no change). The **majority of individuals reported an increase in mental health and wellbeing – 76.6%**

(n=364), with 7.8% (n=37) observing no change and a small minority- 15.6% (n=74) a decrease.

Looking at each of the seven questions in the SWEMWBS, **improvements in average scores were noted across all the areas**. The largest changes were observed for 'feeling useful' (+.83), 'feeling optimistic about the future' (+.74) and 'dealing with problems well' (+.72). The smallest changes were observed for 'make up my own mind about things' (+.57) and 'thinking clearly' (+.62) and 'feeling close to other people' (+.65). Full data are shown in Figure 5. These findings suggest that overall Aspirations is impacting on the key personal outcomes the service was commissioned against. Specifically it is enabling individuals to optimise their emotional wellbeing, feel more empowered over the choices in their life and improve social skills of individuals.

A bivariate correlation was conducted to explore potential relationships between the duration of support and the degree of change in mental health and wellbeing. Results showed no statistically significant relationship, thereby suggesting the degree of change in mental health and wellbeing was not affected by how long an individual spent in the Aspirations service.

Improvements in mental health and wellbeing were noted regardless of employment status on exit from Aspirations, with statistically significant changes for unemployed 18.33 on entry, increasing to 21.45 on exit. This pattern is replicated for inactive and not looking for work, increasing from 17.11 to

19.90. These trends are promising to note as they demonstrate positive changes that build a strong foundation and facilitate employment opportunities.

Loneliness: De Jong Gierveld
Of the **91** participants who provided data on loneliness at the start of a wellbeing activity, 85 also provided follow-up data. These data can be used to assess the impact on levels of loneliness.

For the sample of **85 participants** who provided data at both time points, the baseline average score on the DjG loneliness questionnaire was **5.06**. At follow-up, the **level of loneliness had decreased slightly to 4.15**. Changes in loneliness were explored using a Wilcoxon Signed Rank Test. This statistical test was used as the data were non-parametric (ie, responses at baseline were not normally distributed throughout the whole scale and instead were heavily distributed towards the upper end of the scale).

Overall participants **reported a statistically significant reduction in loneliness, T=1373, p<.001 (n= 85) when exiting the Aspirations service.**

A change score was also calculated (loneliness at the end of wellbeing activities – loneliness at start of wellbeing activities) to summarise the type of change in loneliness (ie, increase, decrease or no change). This data shows that just over half of participants – **56.6% (n=47)** – reported a **decrease in loneliness**. Just over a third of participants – **34.9% (n=29)** – reported no change and the remaining 8.4% (n=7) an **increase in loneliness**.

Percentage change ranged from a decrease of 100% to an increase of 66.7%, with an average decrease of 19% (SD=30.19).

There are also statistically significant decreases in loneliness in both inactive (5.17 versus 4.30) and unemployed (4.92 versus 4.08). Again, this suggests that while people might remain unemployed, looking for work or inactive, positive changes in psychosocial wellbeing are occurring.

Employment, training and education status on exit
At the time of analysing the data, 698 individuals had left the Aspirations service and provided employment status on exiting the service. These data show 47.4 % (n=331) remained inactive and not looking for employment, 32.5% (n=331) as unemployed, looking for work and 20.1% (n=140) as employed.

Exploring movement between

the categories is one method of assessing impact. Focusing first on those who started the Aspirations service inactive and not looking for employment, the majority – 287 individuals – remained in this category. From the 73 (20.3%) who reported a change – 37 individuals were employed and 36 were actively looking for a job. This compares to the overall BBO averages where 22% have moved into employment, of which 38% were economically inactive on sign up.

From those who entered Aspirations unemployed and actively seeking a job, 103 were now in employment. The largest number – 191 – remained unemployed and looking for work, while 44 individuals

had reverted to unemployed and no longer seeking work opportunities.

Finally, it is also useful to explore whether duration is related to employment status on exit (ie, economically inactive, unemployed, employed) on exit. Overall, there was little difference between the three groups regarding duration of support. Individuals who were employed were supported by Aspirations for an average of 204 days, followed by 202 days for individuals classified as inactive and 187 days for unemployed.

To illustrate employment outcome by the first service referred to, IPS report the largest proportion of individuals in employment when exiting the service, followed by

For those who entered the service unemployed and actively seeking a job, 103 were now in employment

■ Before Aspirations ■ After Aspirations

	Before	After
Make up my own mind	3.06	3.63
Close to others	2.52	3.17
Thinking clearly	2.75	3.37
Dealing with problems	2.55	3.27
Feeling relaxed	2.38	3.05
Feeling useful	2.38	3.21
Optimistic	2.57	3.31

Mean Score: 0   0.95   1.9   2.85   3.8
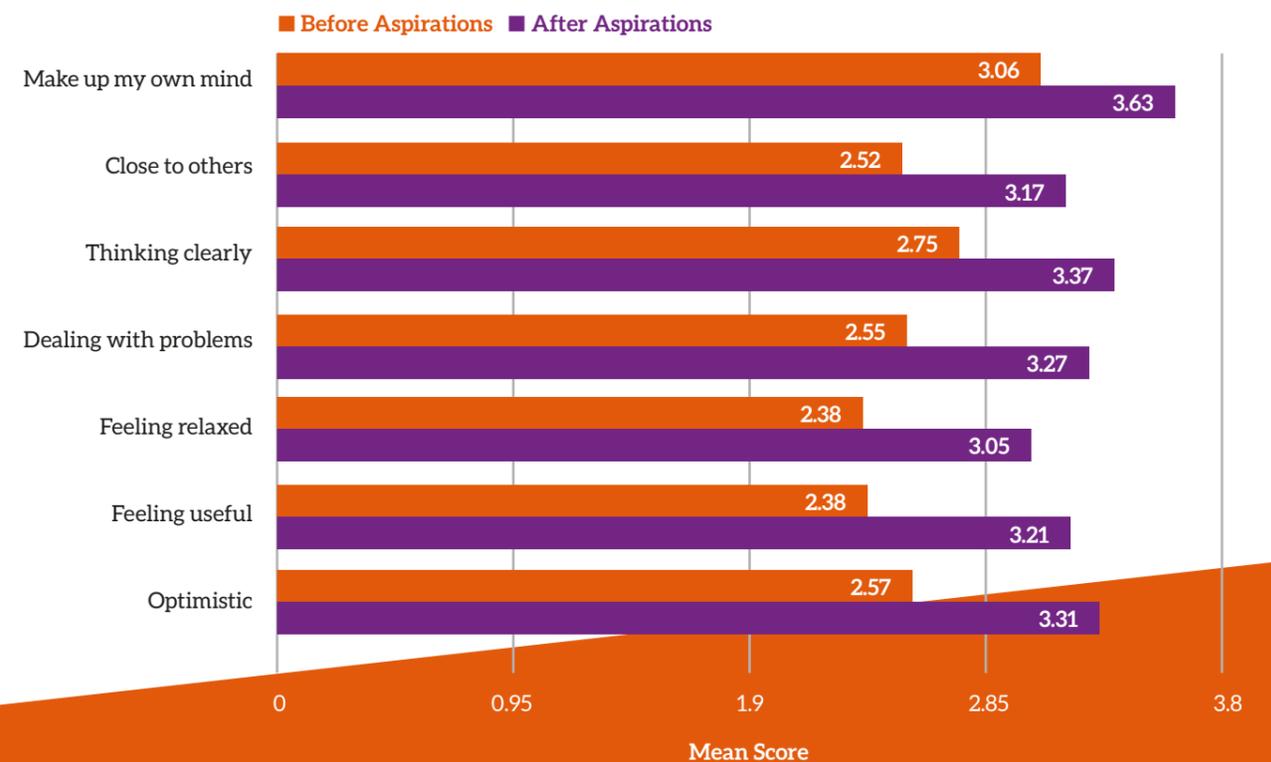
Figure 4 Mean score for each of the seven SWEMWBS questions

698

individuals had left the Aspirations service and provided employment status on exiting the service

the Runway programme (31%) and SCDA (23.8%). Regarding individuals who were unemployed and looking for work on exit, IPS again report the largest proportion (54.5%) followed by Runway (41.4%) and North Kent Mind (37%). IPS also had the smallest proportion of inactive individuals (3%) and SCDA the largest (52.5%).

Regarding training and education, 16.6% (n=115) were participating in these activities, with the remaining 83.4% (n=576) indicating they were not actively engaged.

SROI
While considering the costs of the project, it is important to realise that this project was designed to include people living in rural areas, and so a more than usual amount of resource was required to make this possible. This was anticipated in the project design and has been implemented as can be seen by the project reach heat

map. Additionally, the nature of the funding (European Funding) means there is a huge amount of compliance. This has added to the time taken in producing compliant documentation, auditing and the need for dedicated compliance staff roles.

A Social Return on Investment (SROI) calculation was conducted to gather preliminary understanding on the potential social value of Aspirations. The values used in this calculation were decided in collaboration with Porchlight and considered previous SROI work completed on similar projects. However, it is important to note the SROI calculation detailed in this report is the first attempt at providing a value for a programme and as such we have been cautious with discounts applied and mindful that these will need refining for future SROI calculations.

Deadweight: what would have happened without the support of Aspirations?
Deadweight allows us to consider

what would happen if the Aspirations service was unavailable. It attempts to account for the possibility that individuals could have received the same outcomes through another activity or receiving support elsewhere from a similar service. A search was conducted to look for evaluations of similar back-to-work projects. As a result it was felt appropriate to use a value of **25%** to illustrate the proportion of people who would typically expect to experience a shift from long-term employment (Tomorrow's People Trust Ltd: Getting Out To Work).

Regarding SWEMWBS, the Homes and Community Agency in the Additionality Guide (2014) provide guidance on deadweight when considering improvements in mental health. It states that **27%** of people experiencing an improvement would have achieved this anyway.

Attribution: who/what else would contribute to impact on individuals?
With community-based interventions there is always a possibility that

others such as family members or other organisations will contribute towards any changes in people's lives. Attribution allows us to recognise the contribution of other organisations (statutory and voluntary) and individuals towards achieving these outcomes. This discount allows for a robust estimate regarding the extent to which any change reported by individuals is a consequence of the support provided by Aspirations and partner organisations. Furthermore, individuals who receive support from Aspirations can access multiple interventions targeted at different levels of prevention (ie, secondary and tertiary) and a range of problems (ie, housing, mental health, social prescribing). In considering these factors we estimate that **50%** of any changes can be attributed to Aspirations.

Displacement: what activity would/will be displaced?
For the calculation we also need to consider if the outcomes achieved in Aspirations displace other outcomes
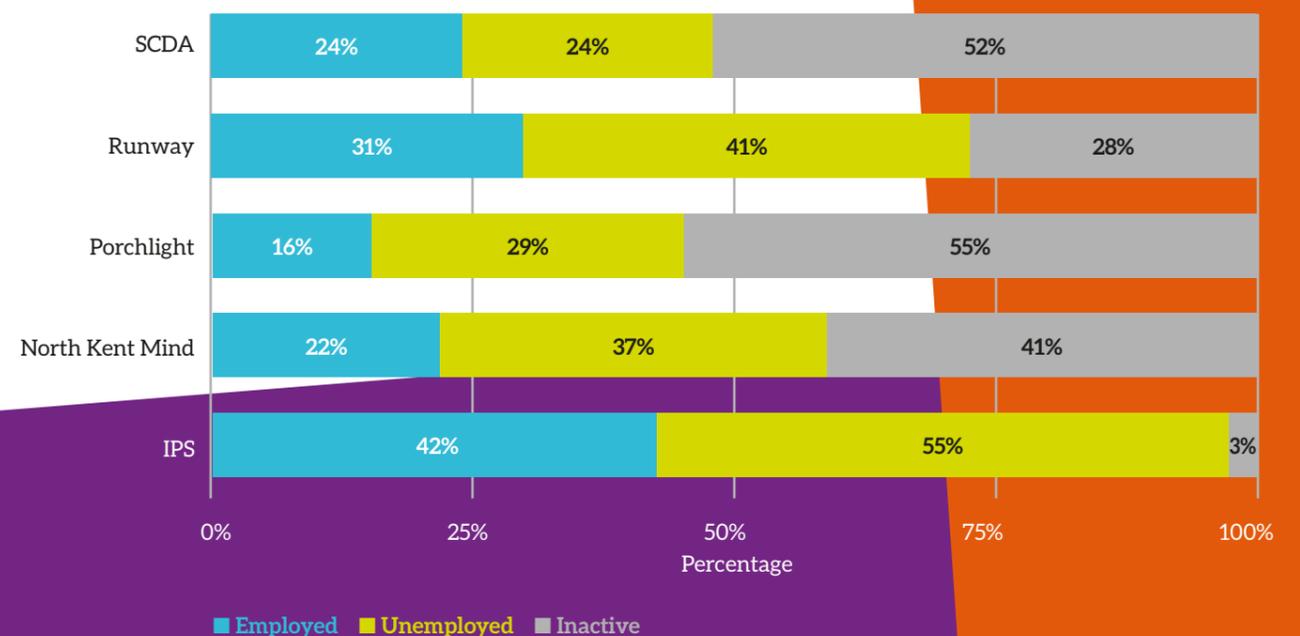
Figure 5 Status on exit by first service accessed

SCDA: Employed 24%, Unemployed 24%, Inactive 52%
Runway: Employed 31%, Unemployed 41%, Inactive 28%
Porchlight: Employed 16%, Unemployed 29%, Inactive 55%
North Kent Mind: Employed 22%, Unemployed 37%, Inactive 41%
IPS: Employed 42%, Unemployed 55%, Inactive 3%

Percentage

■ Employed ■ Unemployed ■ Inactive

> *"You made me get out there and do something rather than just worry about myself. My mental health has improved so much. My physical health still lets me down but mental health, touch wood, I'm in a very good place"* (participant)

£4,280,643
funding from
2017-2020

elsewhere. Based on English Partnerships' displacement rate for employment, the displacement rate has been set at **13%**.

Duration: will the impact drop off in future years?

There is currently no scope in Aspirations to collect longitudinal outcomes but based on the significant ongoing commitment needed from participants to maintain employment, the drop-off figures have been estimated at a rate of **25%** for SWEMWBS and **75%** for employment per year over three years.

Calculation

The social return is expressed as a ratio of present value divided by value of inputs. Although there are likely to be impacts of the programme over many years, we calculated the value of the impacts only up to three years. The financial proxies used in the calculation were generated from three sources:

1. SWEMWBS to indicate relief from anxiety and depression with valuation provided from the New Economy Manchester Unit cost database

2. Employment status at the end of the service using the valuation provided in the New Economy Manchester Unit cost database for the fiscal benefit for someone entering work.

3. Increase in social networks as measured by De Jong Gierveld and valued by the HACT Social Value Calculator (member of a social group).

The total financial value of the inputs from 2017-2020 was £4,280,643 in funding and £209,160 for participants' time (using average time spent in Aspirations and based on one hour of contact time per week, costed at minimum wage). This provided a SROI ratio of £0.40 of social value created for every £1 of investment.

Efficacy: Qualitative data

Impact on individual outcomes

Work & self-employment

People from all interview groups agree that Aspirations is successful at helping people into work.
As articulated by Aspirations staff:

"We've done really well in terms of our job starts and I think that's come as part and parcel, or alongside the other work we've done, and if you look at the percentages of the people that go into work compared with the people that go into work with a job focus program, it's impressive and I think it says something" (staff)

"So we got her a volunteering job [...] Then three months later, she ended up working there. Now she has got a network of friends. You know, her whole life has turned around. All he actually did was talk to her, just suggest some things that she could kind of change and make some positive steps" (staff)

And Aspirations participants:

"It's given me the confidence to go back to a job that I know I can do, and do well" (participant)

"Ultimately it helped me get a job" (participant)

Would you have found a job without Aspirations?

"Nope. It wasn't as if I'd have near misses. That was the only job I'd applied for, even thought about" (participant)

"Once we get back out there [post-lockdown]. My girlfriend was speaking to a colleague about a job. When it's safe for us to go back to normal, that's something for me to look forward to. It's down to Aspirations" (participant)

For some Aspirations participants, where being employed by somebody else is unlikely to ever become an attractive option, staff will assist a participant with starting their own business.

"If somebody's mental health has meant that they've lost countless jobs and [...] that's made them feel worse about their mental health, and made them feel more anxious, then really it's the self-employment route" (staff)

Participants in the process of starting or running their own business expressed excitement and positivity about their prospects in the business world.

> *"Massively, the support network. Them being able to source the help in your area. Like peer support groups. I never knew any of that. I wasn't from there"* (participant)

"I'd say it was a success as my novel is published" (participant)

"From just having this little idea that I didn't even know it would work, or if it was worth even doing more with it, I think I was with him from summer 'til Christmas, we'd set up the fb page, I was making a stock, looking at what sold, what didn't, doing the market. I had a couple of people at the market invite me to other markets" (participant)

Confidence

'Confidence' was the second most prominent outcome theme revealed during participant interviews, and those that mentioned an increase in confidence talked about it with great enthusiasm. A staff member described his experience to demonstrate the power of raising confidence and how it works hand in hand with finding employment:

"We go for a coffee, we chat, we relax, and any little positive thing they say, I'll hold on to that and repeat it back to them. At least three people have got jobs quite quickly. I say, I don't feel like I've helped, how comes you're moving on so quickly. They say 'you know

"I work with people that won't go out at all, then I say to them let's just meet in a cafe, or let's just meet in a library and then over the period of time, people have been happy to go by themselves and all of a sudden they're part of their community" (staff)

what it's just talking to someone about what I have done and being positive', and that bought my confidence up, when we put out their aims and their goals and what that will look like and how we'll do it. Sometimes they just needed to believe that they could move forward" (staff)

The significant increase in confidence is also held in high regard by stakeholders and referrers:

"You've got to build their confidence and their skill set before they're going to be able to think about employment. By the time their confidence is coming back up, before they know it they've got a job" (wider stakeholder)

"It gives them that confidence to actually have the conversation and not have that fear that they had at the beginning. When I

send a client over to Asp, they're normally quite withdrawn, anxiety levels are high, after say three/ six months, when they come back they're a completely different person" (referrer)

Participants barely spoke of confidence when they thought back to when they first met with Aspirations, but when they spoke about whether Aspirations had changed their life they seemed to value their newfound confidence greatly.

"I've gone into voluntary work. It's improved my confidence immensely" (participant)

"Yeah, the whole service has been amazing and given me the courage to do things I wouldn't normally do, and step outside of my comfort zone and realise that you can actually achieve anything you want to, you just have to be confident enough to do it" (participant)

Long-term effects

The majority of participants felt that Aspirations had had a long-term positive effect on their wellbeing.

"It really has. If you get the right things put in place, it can make a lasting difference" (participant)

"At the time my head was in the clouds as I didn't have time to process it but actually having this interview today and thinking about how your questions of how it's changed my life, I was able to say that actually they changed my life immensely" (participant)

"Just through listening to me and helping me, it meant so, so much. It does every day. I'm always able to pick myself and redirect my thoughts. [Aspirations worker] helped me to see the goodness in myself. I'm very proud of myself and I'm thankful to [Aspirations worker] and [their] team who helped me to get through this and know my strength" (participant)

The staff viewpoint seems to reflect participant perspective.

"Oh yes definitely. I think that it just makes people realise that they've got value and I think that stays with people" (staff)

Coping strategies

According to participants, a large component of the long term success of Aspirations is learning coping strategies. Interviewees described the positive impact of managing worsening mental ill health using the coping strategies provided.

"I was put on a course by Aspirations. It was all about ways of finding coping strategies. How to deal with things, and it works. For me, it really works well. Five minutes, five hours, five days, five years - can I change things within five mins, five hours - maybe, are

things going to get better? Yes. It's ways of looking positively forward" (participant)

"I have had depression since but I think I've used what I learnt from the last time and I came out of it quicker. I think I'll always have depression, which will always be with me, it will come and go, and the way I deal with it and come to the end has changed, and I think that's largely to do with the counselling I had and the coping methods that were put in place. And knowing that I can ask for help and it's ok" (participant)

"Aspiration helped to dissuade my fears and setting up coping mechanisms for if anything did go wrong. That was very useful (participant)

Improved mental health

Participants talked about improvements in confidence and life circumstances far more than they talked about improvements in mental health, possibly as a reflection of the programme's positive focus on interests, socialising and learning, rather than health. However, three participants did describe a marked improvement in their mental health.

"I took myself off my antidepressants before Christmas last year. I've not had any issues. I'm dealing with it a lot, lot better" (participant)

"I was the highest I've been for six years. They do some very accessible things. They pave the way. I know I can do it again" (participant)

"You made me get out there and do something rather than just worry about myself. My mental health has improved so much. My physical health still lets me down but mental health, touch wood, I'm in a very good place" (participant)

Regarding training and education

16.6%

were participating in these activities

> "We've built some good partnerships with a few organisations. We've got a few counsellors on board that we are able to refer to if it is outside our remit" (staff)

Practical help

Participants appeared grateful for practical support they received from Aspirations staff and spoke of the positive difference it made to their lives.

> "She was really helpful there as well. She wasn't just about the work that she was helping me with, she was helping me with my house as well which was lovely" (participant)

> "Helped with my boiler timer. When you're very depressed, things like that are like a mountain to climb. Crazy little things that made a huge difference to my recovery" (participant)

> "One of the barriers to me getting a job, I didn't have any ID. My driver's license was taken away due to my mental health condition. They paid for my passport and also a laptop" (participant)

Reduced isolation

An Aspirations staff member described why socialising is so useful for overall improvement of someone's quality of life, as well as their employment prospects.

> "So when somebody is socially isolated, they're not getting out, by getting them involved in small groups in their area, find out what supports available for them, even just meeting them for cup of tea and coffee out and about in their community, or meeting them at the library, in their community, is massive. I work with people that won't go out at all, then I say to them let's just meet in a cafe, or let's just meet in a library and then over the period of time, people have been happy to go by themselves and all of a sudden they're part of their community. Then you feel like you can put something into it, and that's when you can start thinking about working, because you're accepted, you're a part of it, you're invested in your own community and you want to work or volunteer or start inputting" (staff)

Participants spoke about the help Aspirations gave them in finding people to socialise with, and the positive effect of spending time with them.

> "Massively, the support network. Them being able to source the help in your area. Like peer support groups. I never knew any of that. I wasn't from there" (participant)

> "Yes I think so. Having that group was an ongoing thing was good. It was getting me out of the house every week. In contact with a group of people, each with their own lived experiences. Which we didn't particularly talk about. The idea that everyone had some issue or another" (participant)

Within a group setting, people that have avoided socialising for a long time can ease into being around people slowly. Those involved with Aspirations understand that interactions can be anxiety provoking

Craig's story

I experienced a traumatic attack when I was younger. I tried to bury these memories, but when I lost his brother 15 years later things took a turn for the worst.

All the bad memories flooded back. It felt like getting run over by a lorry. I didn't think Aspirations would do me any good, because I'd been passed around to so many different people, but my Aspirations worker was different.

He didn't pity me, he treated me like an equal, not like a patient. He has given me the tools to keep positive and to be able to cope when things are tough.

I'm now looking at getting into support work. I want to use the bad experiences I've been through to help other people.

I've been offered five jobs since finishing with Aspirations, and I can't wait to start working again. It's not even just about the money, it's getting myself out there again.

and try to facilitate the gentle reintroduction to being near others.

> "It is good for the mental health of clients that you do interact with each other but you don't have to be looking each other in the eye or avoiding looking people in the eye because you're all facing forwards, eyes down. But still you interact. It's quite an easy interaction working alongside people" (wider stakeholder)

A referrer gave their perspective on the socialising arranged for Aspirations participants and the change they see in participants afterwards.

> "And you can say 'What have you been doing?' and they've been on courses, they've done community groups, they've been part of this socialisation group [...] At that point when they come back, they're more open for looking at a career and not just a job" (referrer)

Improved physical health

Aspirations staff use holistic approaches (discussed more in the next section) which include encouraging participants to work on their physical health.

> "We started with me falling asleep correctly. Sleep hygiene and things like that and then really built it up. I wanted to lose some weight and improve my health and fitness as well so we started working towards that" (participant)

> "Exercise is something I've always avoided like the plague but cycling is something I've loved since I was a girl. Bizarre and amazing and something that I've loved ever since" (participant)

Where Aspirations did not help.

For a couple of participants, Aspirations was not helpful. One participant was accepted into the service despite falling outside the current set age range, which then impacted on the value of their support. A second participant received some practical help on one occasion, and did not then continue with the project.

Adoption

In the RE-AIM framework, adoption refers to how the extent an intervention or programme is taken-up and implemented by organisations (ie, how many primary schools implement a healthy weight intervention). The delivery model of Aspirations does not

"Jobcentre's probably our second or third biggest referrer. NHS – we get referrals from doctor surgeries" (staff)

necessarily fit this definition as other organisations are not required to run the intervention per se. Therefore the focus under this domain was to explore what organisations were viewed as important to engage with and the potential barriers and enablers to involving these organisations. Analysis under this domain was conducted on data collected via interviews with delivery staff, referral agencies and wider stakeholders.

Findings from the interviews are presented under the key research questions explored in this domain.

What type of organisations or healthcare professionals refer to or have knowledge of Aspirations?
Reinforcing the observations from referral data provided by the Aspirations programme, interviewees articulated the wide range of organisations – statutory and voluntary sector – that collaborated with the Aspirations programme. Staff talked about working relationships with statutory organisations such as the Jobcentre, departments of local councils and NHS services.

"A wide range. We've got good relationships with the Jobcentre,

with mental health services. Statutory mental health services are referring in and many third sector organisations and some, we've also had faith organisations when we've approached them, refer people to us. Which is great. So we've got relationships with some schools who have special needs children with special needs units, parents of those children. Sometimes they need some support" (staff)

"Jobcentre's probably our second or third biggest referrer. NHS - we get referrals from doctor's surgeries" (staff)

"We've engaged with a couple of other county council teams. We've engaged with the occupational therapy team in the local community mental health team" (staff)

Staff spoke of positive collaborations with other employment services and charitable organisations.

"We've built some good partnerships with a few organisations. We've got a few counsellors on board that we are able to refer to if it is outside our our remit. We've done a few things in partnership" (staff)

"So it's quite common that maybe someone that we're working with, they are also working with someone else at the same time. So we might be working on their mental health and general wellbeing, while another organisation could be helping them with their drinking or other type of mobility or disability" (staff)

There was limited experience of working with private organisations. Limited feedback suggested these organisations might be hesitant to use Aspirations.

"Some people are sceptical if we say we've got money from somewhere else and we want to help they say 'really'? You just want to help? [...] Some more private companies that are all about money wonder where we're coming from and what we get out of it" (staff)

What proportion of relevant settings, locations and organisations, deliver or engage with Aspirations?
Knowledge of Aspirations seems to vary across the geographical area it covers. In certain areas of Kent, Aspirations is perceived as well known, but in other areas it was acknowledged further work was needed.

"It's 50/50. I'd say everyone knows Porchlight, it's been around for 35-40 years. Like I would say in our main delivery areas, Ashford, Maidstone, Thanet, people definitely know Aspirations. Maybe if you go a little further out, maybe to places like Tunbridge, Tunbridge Wells, Sevenoaks, maybe parts of Deal, Sandwich – they (organisations who could refer in to Aspirations) don't know Aspirations as much, but I would say in the big main towns of Kent, they've heard of Aspirations" (staff)

"With us, fits like a glove. They can deal with the early stages before returning to us. I think they get quite a few referrals from other companies/ Speak Up CIC,

Mind as well. And also through GP link. So they kind of blend in really well [...] I think they have quite a good working relationship with [the local] Jobcentre" (referrer)

Opinions varied on how well Aspirations is adopted. Staff gave a strong impression that Aspirations is well known to other organisations operating within the mental health or unemployment area, particularly when compared with impressions given by participants and wider stakeholders.

"It's a strange thing because my psychologist suggested them to me, but when I said to my lead practitioner at CMHT, they all hadn't heard of Aspirations. I found that really strange because I can think of so many people that would benefit from seeing someone like [Aspirations worker]" (participant)

"That's a difficult one. I think because they're not one of the charities that stick out straight away [...] It feels like they're doing this amazing work but they're not being recognised as much" Like when I say Aspirations to someone, they don't know who they are" (referrer)

84.6%
Large proportion of individuals reported a disability

Aspirations staff described the lengths they had gone to introducing and promoting the service to other organisations.

What are the potential barriers and enablers to involving these organisations? How can these be addressed?

Barriers

Unclear participation criteria and referrals

There were inconsistencies in the participant criteria given by members of staff. Whilst a distinct positive feature of Aspirations is its ability to tailor itself to an individual, it is possible that a lack of clear guidance caused a reluctance to refer into the service, perhaps to avoid the possibility of a potential participant being rejected.

"The criteria are whether they feel they have a mental health issue and it is affecting their day to day life. Is it stopping them leaving the house? Is it stopping them engaging in services? Do they struggle in groups?" (staff)

"So it's not a loneliness service, but unfortunately, we do find a lot of people that we work with are either, that term 'off the radar' or lonely or for whatever reason, they're suffering from poor mental health" (staff)

"Our only criteria is that they have to be unemployed and entitled to work in the UK. and obviously over 25, you know, there's some age limits" (staff)

"We try and decide on a case by case basis. Our marketing is very friendly in the way that it lays it out and it says, if you're suffering with a mental condition and struggling to face day to day tasks – it's very friendly. I wonder whether that does confuse people a little bit [...]. Did they not read the advert? [...] It'll be, people who have got high, I mean high and serious mental health concerns [...] I think that's probably because everyone's perception of mental health is slightly different" (staff)

In summary, Aspirations was guided by clearly defined eligibility criteria, as described in funding and service level agreements.

A strength of the programme is the capacity to deliver a personalised approach that can be flexibly adapted to meet individual needs. Organisations that do refer appear to have learnt the criteria over time. A quicker method of reaching a shared understanding might lessen inappropriate referrals in the future.

"We had to really push back in in the early days because because some organisations, lots of organisations only get a very limited amount of time. They can work with people and they want to just refer them on and then close their case. And we pushed back and said we need to have a warm handover. We don't just accept people out of the blue. We need to have a conversation that this person is actually appropriate for the service" (staff)

The competition

Relationships with other organisations can sometimes be hampered by similarities in the service being provided.

"I think sometimes there can be a bit of clash because there are a lot of employment services out there" (staff)

"The other organisation that delivers a lot of employment stuff and mental health stuff is [names organisations]. They've got a number of contracts and I tried to get a meeting with their senior managers a few times over the last couple of years which hasn't been successful [...] I think maybe at a partnership level it could be a bit better" (staff)

However, some staff articulated a different point of view:

"It's not been a problem, there appears to be enough people in need to go around at this stage" (staff)

"So many people are helped. So many stories of people who have really, really benefited from this, and really got something from it" (staff)

Enablers

Unique selling points – tailored, effective

A prevalent theme across all interviews acknowledged that a key advantage of Aspirations was the extent to which it provided a person-centred approach

"Aspirations is more tailored to the persons need. Other services are broader. More generic [...] I think it's because Aspirations, it's a service that works well so I like to send people there. There are other organisations you can send them to" (referrer)

"Aspirations is a very easy service to sell to people because there is no hard outcome. It is all very client led. They can explore their own goals, their own ambitions and it's very, very rare that you're allowed to do that as part of services" (wider stakeholder)

"The one thing that sets us apart from lot of other services – I do think is quite a bit different to others because normally, when someone is ready to move on, the service drops them to find their own pathway but I think ours is really nice service to pick people up from there, we're a great service for people to refer on to when they've gone through debt advice or housing management problems or anything like that" (staff)

"The people that work there are so good at what they do and

"I think we do work very well with the services, that is one of our strengths. Providing people with opportunities and helping them to take the next step" (staff)

they're so calm and they meet people in the community so they understand where they've got to do. There's not an office so they can take that sort of regimented job centre feel of things and just make it a lot easier. To offer such a wide range, so they can look. Volunteering, training – they also have a pot of cash to help with certain things. If people don't have a laptop or a mobile phone" (referrer)

Staff are fostering positive working relationships and building trust by showing sustained, participant-centred success over time.

"And I think what's happened over a period of time, people have given us clients to work with and cause we work in such a holistic way, they've started to realise they can work with us, then our referrers will give us the most vulnerable clients that aren't working with anybody else, because they'll realise we're not putting on the pressure, we haven't got our main hard fast targets, we won't be in and out within a month which for a lot of these clients, the hardest to reach, won't turn around in two months" (staff)

Word of mouth
Participants have spoken about the good experience they've had with Aspirations to other professionals, who then pass this information onto other prospective participants.

"One of my clients fed back to the CMHT how good we are. They then phoned and invited me to go and speak to their team. Because I'd come from being lauded by the participant, it was a very easy in" (staff)

"[Mental health practitioner] said she had forwarded a few other people and they'd found it really useful" (participant)

Wider stakeholders also feel able to promote Aspirations to other professionals.

"When I worked with charities, in the last three years, because I moved around, I was doing some commissioning work on projects. Interestingly, although the services didn't know of Aspirations, I felt like I was able to tell them about it. So at team meetings I'd say 'Oh do you know about this and do you know what they do and how they support people'?" (referrer)

Referrals – a two-way street
Aspirations staff express a willingness to refer to other organisations, which can reduce barriers by raising awareness of Aspirations (the work it does and the people it can help), building good will and fostering collaborative partnership working. This has sometimes, in turn, led to reciprocated, appropriate referrals.

"We do almost a complimentary service. It does work very well. I think we do work very well with the services. I think that is one of our strengths. Providing people with opportunities and helping them to take the next step" (staff)

"Yes that's a two-way thing. That's the role of the coordinators, to get referrals but also to refer our

Berni's story

When I first spoke to my Aspirations worker I was relieved because he spoke to me like a normal person. I didn't feel judged at all. He asked me about my interests and asked me what I wanted to do in the future.

I've always been passionate about baking and decorating cakes, so we found a cake decorating course. I was very nervous about going and my brain tried to talk me out of going multiple times. But I told myself "nothing bad is going to happen" and I made myself go. The course was brilliant. I met a wonderful teacher and I learnt how to make professional icing flowers.

Once things settle down again I'm going to put myself out there and officially start up my cake business. I've been teaching myself about small business marketing and I'm excited for the future for me and my family.

I am so much more confident now and things are really looking up.

people on as well. We're not the beginning, the middle and end of someone's support. We're often the middle. So it's really, really important that we have a strong network of organisations that we can refer people to as well" (staff)

"We work quite well with the libraries [...] That's a two-way street. We've built a relationship [...] We have engaged with a well-being and nature group, which is an outdoor space group. That was really going well" (staff)

One of the referrer interviewees explains the joint-working process from the opposite perspective:

"So if people have come to us, a lot of the time we find that they have housing issues or their mental health is a lot worse than the first impressions, a lot of it is anxiety, depression, a lot of social inclusion. With that, it's hard to push them in the right direction at the point. That's when we make a referral, for instance, to Aspirations. They are fantastic referrers and referral to. They will look at the earliest stage. They'll look at the community groups

such as social inclusion and that will build up their confidence and at that point they will refer back to us and then we'll work jointly to get to the main goal" (referrer)

Implementation
This domain focuses on how the service was implemented – what works well, alongside what has not worked well and the changes made in recognition of this.

To what extent is Aspirations implemented as intended?
For the most part, Aspirations is implemented as intended. Numerical targets are met and the majority of participants, staff and stakeholders interviewed described how the service is meeting its goals.

"They are on or over the majority of targets and they're doing more than that" (wider stakeholder)

"So many people are helped. So many stories of people who have really, really benefited from this, and really got something from it" (staff)

Aspirations has adapted over the years as a result of ongoing learning.

As mentioned in previous sections, Aspirations was intended to help those living in hard-to-reach, rural and coastal areas but has gradually expanded out to include urban areas due to targets and need. An internal review of the programme was conducted prior to the start of Phase 2 which resulted in restructuring of the services in East Sussex. The programme also received a further £2 million from the National Lottery Community Fund and ESF to continue delivery and development of Aspirations. A further £1.4 million has been awarded in 2021.

- A minority of people who fell outside of the proposed age range have (historically) been accepted as participants.
- Similarly, help has been offered to those with high or enduring mental health needs.
- Rather than singularly targeting people that are unknown to services, the implementation of Aspirations has adapted to meet the needs of people using and leaving other services, particularly for individuals that have been left feeling disappointed by the help (or lack of help) they have received elsewhere. However, Aspirations remains committed to reaching, engaging and working with

individuals who have not presented to other health, social or voluntary services.

- There are individual participants that have developed a long-term reliance on the service, for whom the next steps are not obvious.

Unsatisfactory endings

A common theme evident during the participant interviews was the experience of an uncertain ending to their Aspirations' involvement. Participants that otherwise spoke very highly of the support they received described feeling unsure whether, and why, their participation had finished.

"I never heard from [Aspirations coach] again [...] I will never be ready for work. I'm on PIP. I used to work long hours and I couldn't do what I did. Maybe that's why it tapered off?" (participant)

"I still had a way to go and I didn't hear back from [Aspirations worker A] which I've kept trying to message but didn't receive any text messages back" (participant)

Initially, it appeared that this was a historical problem as the feedback was offered by individuals that would have likely been amongst the first of

the Aspirations participants and was widely acknowledged by staff, but uncertainty was present amongst more recent participants, also.

"I wasn't sure if it had actually ended since I'm having this interview [..] Ah ok, I thought it had finished. I've not spoken to them since May. He called/text me a couple of times during lockdown" (participant)

One participant spoke of his experience with Aspirations after successfully starting work soon after joining. He would have liked some support for the transitional period but found Aspirations staff unable to help because he was busy working during their operating hours. An out of hours Aspirations contact or an onwards referral/signpost was suggested as a way to relieve some of the pressure caused by such a sudden change in circumstances.

"It was very light. Support was there. They asked if everything was alright, if I was coping. But we never got to meet again [...] It all goes a bit downhill from there [(starting work)] and complicated. They're extremely helpful and supportive when you're there. When you struggle to fit everything in is when everything goes upside down" (participant)

Staff spoke about the importance of facilitating independence and attempts to avoid over-dependence in their Aspirations participants.

"I guess moving people on has been a bit of a challenge. Some people, if they're quite anxious with low self-esteem – it's about being careful to make sure that we're not their crutch. We're helping them to realise they can do it themselves" (staff)

A key method for guiding participants towards the next step involves planning the ending of

"I guess moving people on has been a bit of a challenge. Some people, if they're quite anxious with low self-esteem – it's about being careful to make sure that we're not their crutch" (staff)

participation from the start of support, with clear steps that strive towards personal achievement and increasing competence in a chosen area, as well as goals which, once reached, signal the end of the process.

"I don't really like the idea of suddenly springing an ending on someone and for me it's really important to make the participants understand that this is a process. It's not something where I'm going to start working with you and we're going to see how it goes and and six or seven months later – we'll see how it goes – and then all of a sudden you're a year down the line and there's not the progress […] You have to plan the process from day one" (staff)

Across Aspirations, staff implemented techniques to prevent long-term reliance on the service. Alongside, staff developed techniques for supporting longer-term participants towards independence when dependency does develop.

"If I wanted to put my foot down we could just exit people but that doesn't sit well with me so we've got a game plan, we're trying to work through those individuals, find them alternative support, get them into a position where exit seems as natural as it can be" (staff)

Aspirations remains committed to reaching, engaging and working with individuals who have not presented to other health, social or voluntary services

> "I say that everyone I work with, if they really need something even when I exit them, give me a call. I might not be able to work with them but at least I'll be able to give them a signpost" (staff)

When participants and staff spoke of their positive experiences, three features of a satisfactory ending became apparent:

1. Joint decision
Reaching the joint decision that support was no longer required seemed to lead to a satisfactory conclusion. Staff said that this is easier when an end point is mutually agreed at the very beginning.

"[Aspirations coach] decided there wasn't much more he could do for me. It was a joint decision" (participant)

"Mutual agreement. I'd got the job and was flying" (participant)

2. Offer of further support
Staff and several participants spoke of further support if needed in the future. This offer may avoid possible feelings of desertion or rejection. The

staff and participants interviewed seemed to hold a common understanding this offer represented small amounts of help, advice or signposting.

"He said if I was stuck on something I could still contact him. Not a very definite end" (participant)

"She did say if ever I needed to go back then it's always open for me to go back and ask any questions" (participant)

"I say that everyone I work with, if they really need something even when I exit them, give me a call. I might not be able to work with them but at least I'll be able to give them a signpost" (staff)

3. Onwards referrals
As one staff member highlighted, referring onwards to other

organisations, when more help might is needed, may assist participants in cases where the type of support required has changed.

"The way I look at it, when you sign someone up, you're always looking towards the exit. I can also refer back to [other charitable organisations] if I feel that people need a bit more support" (staff)

Efforts by Aspirations staff to make improvements in the area of endings are ongoing and include plans to share knowledge.

"So I did some research on endings in therapy situations and got ideas for that which is now being looked at in a more practical sense in our team. I did the theoretical beginnings and it's now becoming practical. Hopefully that will be stuff we build into for a frame for key workers across [the organisation]. The idea that if you want to have a really good ending with someone, this is how you have to begin with someone" (staff)

There has also been research conducted by the Aspirations team across the whole organisation exploring the impact of endings on participants. This concluded that in order to achieve a lasting ending, a participant must be resilient. There are ways of helping them with this, but it is also important for the organisation to adopt or develop a tool to assess resilience properly. The full report is included as an appendix to this document.

Paperwork and compliance

"The paperwork and the bureaucracy around the project is eye watering" (staff)

Staff communicated positive adaptation to coping with funder compliance (guided by Aspirations' own compliance coordinator) and the resulting paperwork over time,

but to some the paperwork was still viewed as excessive.

"Another challenge to me has been the funding because of the EU compliance – particularly in the first year, or couple of years – to get your head around some of the things that are compliant and some of the things that aren't" (staff)

"I think one of the biggest challenges for me was getting my head around the auditing. Anything we buy, for clients, for us in the office, for our travel claims [...] Because I've never had to deal with that level of scrutiny. Now it's second nature. I don't think twice about it because we're so well-rehearsed in doing it" (staff)

"The paperwork has been quite a thing to get our head around. We are all a lot more settled with it now because we have been going for a few years but we evidence things in triplicate sometimes" (staff)

Excessive paperwork – as a barrier to individual engagement – has already been discussed under the 'reach' domain, but staff felt that unnecessary paperwork could also hamper the success of group work.

"Sometimes paperwork and number hitting stops you doing things like that. If someone could focus on these groups and not targets, we'd have more time to really focus on good quality group work" (staff)

Not all staff agreed that the required paperwork is excessive. Some felt that there is less paperwork involved with Aspirations than there is with other services. The 'sign up' paperwork, however, seemed to provide the exception and appears to cause the most inconvenience for staff.

> "Sometimes paperwork and number hitting stops you doing things like that. If someone could focus on these groups and not targets, we'd have more time to really focus on good quality group work" (staff)

"I feel like they're a lot of other services that have a lot more paperwork then we have. We have to write an action for each appointment that we have and we have a progress form which the participant signs every time we see them and then we are meant to upload that but once the sign-up is done I don't think we have much paperwork" (staff)

On a broader note, the strict funder compliance was described as a barrier to significant programme-wide change.

"This is the main issue, because of the way it's run and because of the fact that it is quite prescriptive and how we have to do a lot of things because of the funding, there's not that much we can do to make changes. So we can do little tweaks in how our front line staff support people. For instance, the ways in which they go about things. But it doesn't really

change the paperwork. There's no changing what we can offer as such. Because it's all very much tied into the compliance of the project" (staff)

Duration of support

At the start of delivering Aspirations, the duration of support offered to participants was unrestricted. This changed to four to six months in July 2018 to provide clearer guidance to participants on expected duration of support. Some participants and staff, when asked what they would change about the service, expressed a feeling of not having enough time, particularly for interactions between staff and participants.

"Probably the time. More time. Altogether, overall. You could do with more time with them to get the help you need" (participant)

"I think time is the issue [...] We're already – people and resources – for the number of us there are, we could definitely push. If we had more people we could see more people" (staff)

"Some people feel it's a bit rushed. I think having more frontline workers would assist that" (staff)

Strategies to create more face-to-face time were seen as potentially beneficial for Aspirations staff, with the challenge to find methods that will not sacrifice the quality of the participant experience.

Travel

The geographical challenges that have shaped the evolution of the Aspirations target population are covered in detail under the 'reach' domain. However, an ongoing barrier to implementation is the amount of travel required of staff.

"The one thing I think is a struggle is the staff levels and the areas we cover. How far stretched we are. My area is [location] which is big. To try to get to the areas and make sure that your travelling is not having a huge impact on the amount of time you're spending with people is quite difficult" (staff)

"We have a very large footprint between us [...] I think it's the biggest expense for the project" (staff)

"The biggest challenge is probably covering the areas and finding places to meet. Finding places to meet which aren't too far away from the next appointment" (staff)

Staff try to plan their appointments to maximise time and cost efficiency but this places constraints on availability and flexibility, in terms of offering a service to those living far from other participants and the ability to fit appointment times around participants with varying needs.

"We will also go out quite far. They are much more rural and that can be quite a journey to go out and see just one participant, for example [...] But the guys are officially office-based and they will travel to where they need to go. We need to be quite smart in delivery so if we know we've got to go on quite a long journey, we will try and put our appointments and expense together to make the most of our time in the area" (staff)

> "The one thing I think is a struggle is the staff levels and the areas we cover. How far stretched we are. My area is big. To try to get to the areas and make sure that your travelling is not having a huge impact on the amount of time you're spending with people is quite difficult" (staff)

Meeting locations

Participants presented conflicted views regarding meeting locations. Aspirations staff are keen to encourage participants out of their homes so that they can engage with their community and build a social life. Participants agreed that meeting in public was effective for reducing social anxiety and increasing confidence, but also expressed the opinion that the public locations often used may not provide enough privacy for initial meetings.

"I think it was [Aspirations coach's] policy, we used to meet in public places. So the first time I met [coach], or the second, we went to the local library and we were chatting about my life in the local library around people [...] I think it's a very difficult one, I think that should be tailored with the person you're dealing with. I don't know if they were doing it as a tactic or if they was doing it because they didn't have an office [...] If it had been the first time I'd ever met [coach], if I hadn't have gone through that first year [with previous back to work scheme] and I met [coach] in the library or a public place, it would have been a shattering experience" (participant)

"They don't have offices – you'd sort of meet in a cafe or you can meet at the library – and it felt really strange to me because, all the other support I have, you actually have a place to go to and it would be in a room. So I found that really unnerving [...] I built myself up over the weeks that I met [Aspirations coach] to going in before [coach] and ordering myself a drink. So it is probably better to do it that way because you're forcing yourself to face your fears. [Looking back, would you still have preferred an office for the first meeting?] I think so, yeah. Just somewhere where it's a base. Just the first one or two. It almost seems more official as well" (participant)

Staff are aware that potential privacy concerns exist, particularly in more rural areas, but nevertheless most introductions were conducted in public.

"I've had people say that meeting up in a cafe or library doesn't feel very private. For the first time, maybe a video call would be a bit easier on the participant because they can find somewhere private and comfortable" (staff)

"If we go to them and sit in a local coffee shop with something with them, because it's a small village, everybody will want to know, who was that guy sitting with, and they don't want everybody to know their business" (staff)

Suggestions as to why public introductions were more common included cost and paperwork. As travel was raised by staff as a major limitation on their time, meeting several participants consecutively in one location may be more practical.

Accounting for those that would benefit from a private meeting separately to those that would benefit from a public meeting adds another layer of logistical planning for staff that are already feeling stretched. As mentioned below, video conferencing could offer a brief solution for those able to speak about their concerns whilst at home.

"I've had participants say that meeting up in a cafe or a library doesn't feel very private [...] We are told that we can book rooms but I think it's that one where workers are mindful of the cost of it and that hiring a room does cost money and it's also extra paperwork for them which – it's quite a paperwork heavy project – so I imagine meeting in a cafe is a good place to meet someone for the first-time. But maybe a video call to talk about aspects would be a bit easier on the participant because they could find somewhere private and comfortable" (staff)

Marketing
As outlined in previous sections, participants and wider stakeholders described a lack of awareness of the service, both from personal experience and encountering staff with no knowledge from other organisations, and suggested more promotion.

"I would say a bit of – where I live, in [town] – a bit of better promotion of the service. I know they do leaflets and things like that and you sometime see them in libraries but considering they are down in Tonbridge and I'm in [town] maybe to promote the service a bit better" (participant)

The Aspirations marketing coordinator provided additional information to highlight a contrasting view, describing the consistent approach taken by the programme:

"Our coaches have been saying that it's not going into lockdown that's the problem, it's coming out of it. People have started to panic a little bit" (staff)

"Our mass marketing materials (leaflets, flyers, google ads, Facebook ads) describe the service in the same way and use the same branding. All marketing materials are created by the marketing coordinator who has oversight of all marketing for the service. When coordinators meet with referrals agencies, the approach needs to be tailored to the people they are speaking to so the information may change slightly at these meetings but the leaflets, posters they take to be distributed are the same"

Maintenance
The final domain under RE-AIM is maintenance and for the purpose of the Aspirations evaluation, this refers to sustainability of the project long-term.

To what extent can Aspirations be sustained over time?
According to a thematic analysis of the qualitative data, Aspirations is functioning effectively; meeting targets and improving individual outcomes. Aspirations consists of sufficient successful elements to maintain its positive results in the future and demonstrates that it is continuously gauging, responding and adapting to a population with wide-ranging and fluctuating needs.

If further funding can be secured, Aspirations appears well poised to support those affected by the likely increase in demand for both employment and mental health services caused by Covid-19 measures and consequences.

Covid-19
Among current and future patients there is the potential for worsening mental health and increased anxiety. Participants that were previously flourishing under Aspirations' influence may have found their mental health declining as an effect of the limiting of social interactions and pleasurable activities, amongst other adverse changes.

"Our coaches have been saying that the issue is not going into lockdown that's the problem, it's coming out of it. They were bang on the money really because what we've seen over the last few weeks with the easing of lockdown, people have started to panic a little bit. Some of those people that had high anxiety/low confidence - when lockdown kicked it was like the government with telling them to stay at home and it justified them doing that" (staff)

What strategies are needed to maintain service quality and ensure staff skills and knowledge remain to date?

Digital activity – the 'blended' approach

The government lockdown imposed in response to the spread of Covid-19 led to the swift adoption of digital technology by staff, participants and stakeholders where before, social interactions would have been conducted either face-to-face or via a telephone. Early impressions suggest that Aspirations provision via video conferencing is having a positive impact on participants and staff feel hopeful about its use moving forward:

"Most have said that is not the same as face-to-face, it won't replace it, but it's still really useful, and it's connecting people across areas. I have had people that have said I wouldn't have been confident enough to have gone to a physical social group without having done this first. Now I've met the kind of people that I would be meeting, you see that and that it's not intimidating. Now I would be happy. So if we don't still use it we'll be missing a trick" (staff)

"But the good thing that's come out of it is we've seen a huge increase in the amount of group participation on things like Zoom and teams. Much more people have engaged with us in group settings virtually than ever have done in person" (staff)

As one staff member explains, a combination of face-to-face and digital meetings could offer a long sought-after method of meeting the needs of the isolated, rural-dwelling individuals Aspirations was originally intended for.

"That's our vision for post Covid – the blended approach. Some frontline and some of the online stuff as well. I think that'll enable us to reach some of the people that I was talking about in those geographically difficult to reach places" (staff)

Other staff describe the inclusion of those living in rural locations:

"In a way the lockdown conditions are quite useful because we were running physical social groups in a lot of areas, and participants in those areas were coming along to them, but now we've moved it online and they're

using Zoom. We've had a couple of participants that have been joining that that are from quite rural areas. They've been quite happy coming to an online social group and embracing technology. Doing it this way is a better way of working with people in remote areas" (staff)

Not only is digital connectivity widening the project's reach to include the remotely located, it may also provide a solution to the issue some Aspirations staff experience of trying to cover large areas in limited time, with some visits conducted via the internet.

"Although there are challenges – certain things have come up – it makes you think there are other ways of working other than just face-to-face" (staff)

A participant gives their perspective on the potential for digital connectivity improving access to Aspirations services:

"There were other things I could have done if I wasn't in the area that I am. If I was a little bit closer to other areas[...] I know from experience that my council doesn't provide much training for job seekers. Courses tend to be very temporary or based around things that I've already gone through and have enough experience of. [When asked: Would you have taken part in Zoom sessions?] That would be a way of improving it but it's having access to that information on hand, that's the only problem. That would be something to possible think about" (participant)

Continuing to reach out to the most difficult to reach.

"It's the 64000-dollar question, how do you find people that aren't engaged in any other services" (staff)

Current strategies during Covid-19 for finding the most difficult to reach individuals for participation heavily rely on internet advertising. A staff member gave their opinion on the best way to reach those that are still not aware of what Aspirations has to offer:

"I think the next step would be to actually go out there and leaflet drop and go to these people's houses and make these people realise we're there. But obviously that's a big project" (staff)

"We've had quite a lot of discussion and tested within the team about the word 'mental health', for example. If we run a Google advert we don't use the words 'mental health' but we use the word 'anxiety'" (staff)

Closing marketing gaps

Aspirations appears to slip under the radar of awareness in certain areas for both professionals and potential participants. It's unclear whether this is intentional and these individuals and organisations simply fall outside of the target audience, or whether there are marketing gaps.

It is clear that Aspirations staff investigate what will appeal to those that may need support from the service. Continuation and expansion of this approach would aid longevity.

"We've had quite a lot of discussion and tested within the team about the word 'mental health', for example. If we run a Google advert we don't use the words 'mental health' but we use the word 'anxiety', on the channel people are directly searching for whatever they've identified within themselves as the problem" (staff)

"That's our vision for post Covid – the blended approach. Some frontline and some online. I think that'll enable us to reach some of the people in those geographically hard to reach places" (staff)

"I think the next step would be to actually go out there and leaflet drop and go to people's houses and make them realise we're there" (staff)

As discussed in the 'reach' and 'adoption' domains, there appears to be inconsistency in the criteria used for working with individuals and uncertainty over the services that Aspirations offer. This may deter referrals, both from individuals and organisations.

Dissemination and clarification of the decision making process for participation, for professionals at least, may lead to more appropriate referrals. Wider availability of marketing materials and case studies which describe the help past participants have received, could offer insight into what a participant should expect.

Participant involvement

For knowledge to remain up to date, it is important for frontline workers to continue to encourage participants from across the population spectrum to become involved in any project involvement work so that not only is recent feedback gathered, but also points of view and ideas for the future that can be collated and included in planning.

Aspirations has shown itself to be a responsive service and engagement will allow for even quicker adaptations and improvements, both at the

organisational level and at the level of individual practitioners. Aspirations staff appeared keen to hear more long term feedback from participants. Further insight into why individuals decline, or withdraw from services would facilitate a better understanding of gaps in the participant population.

Raising awareness, potentially at the 'frontline level' – face to face

Referral agencies suggested an increased staff community presence could help find those that would benefit most from the service, via organisational referrals.

"To move forward, I would like to see them out more. In the community. I generally see them at staff functions. To be able to see them at not only meetings but community groups and stuff like that. Whereas all the other services I do see out and about a lot. Quite a few charity groups, and you have to be part of everything to get referrals. We do, it would be nice, all of them. I feel they would benefit a lot more and they would get more referrals coming in" (referrer)

Staffing capacity

Staff, participants and wider stakeholders felt that Aspirations would benefit from more participant-facing staff and/or an adjustment to operational hours.

"There needs to be more staff, I would say" (referrer)

"There are people out there we could definitely get help and support, but we're pretty much at capacity most of the time. Because they're the hardest to reach, it's very difficult to just get them in and get them out quickly. If we want to do a proper job and change lives, we need to have them for a proper period of time.

It might be six to eight months; it might be longer. It's difficult to have your caseloads rolling like that. You either need more people or more time" (staff)

This would particularly benefit those with caring responsibilities or those who need a transition period as they start work.

One participant that had a part time Aspirations coach explained that not knowing when they were working, and not being able to reach them, had caused great anxiety, and suggested part time workers could job share to ensure someone can be contacted throughout the working week.

"Having someone available the whole week is important. With mental health issues. I was getting anxious. Because I didn't realise at the beginning that they was part time" (participant)

"The only negative feedback I've had is when staff haven't been available but I think that was due to staff sickness, so it's one of those act of god things. That's the only thing I've ever heard about" (wider stakeholder)

Continue staff training

Staff across the board spoke highly of the training currently available to them.

"[Aspirations partner] has an excellent and I mean an excellent range of training that's available" (staff)

"Lots and lots available. Training has come up about supporting people after Covid, which is really good" (staff)

Summary

From the interviews and outcome data, the analysis identified a number of components that are contributing to the effectiveness of Aspirations. These are summarised opposite.

1. Achievable goal setting

Participants appeared to value the setting of small, realistic goals to keep them on track and to ensure that they are clear about their project objectives. The impression given is staff are skilled in helping participants set individualised, motivating goals, in an achievable timeframe.

"It's all a step which gives you the right directions. Which I think is a lot more realistic" (participant)

"He'd set me little goals between meetings. Homework. I was given a time frame which gave me the structure and made me say yes I'm going to do this" (participant)

A staff member describes the process and benefit of achieving Aspirations goals.

"You start to work with someone and you start to have a positive effect on their lives, and you're ticking off all these goals and things, and then it just kind of naturally progresses to 'Well, you know, mental health's good, wellbeing is good'. I'm feeling good about myself. Maybe I could return back to work. Yeah, I could do that...'" (staff)

2. Holistic and tailored approach

Aspirations staff support individuals in a holistic way; taking a broader approach rather than solely focusing on work skills or finding employment.

"What we found with the participants we're working with at the moment, we don't focus that much on work. We work with the individuals to ask what they want as we will work with them towards their goals, to get them engaged in social activities or help them get involved in voluntary work. We work with people to increase their confidence and

"You start to work with someone and you start to have a positive effect on their lives, and you're ticking off all these goals and things, and then it just kind of naturally progresses to 'Well, you know, mental health's good, wellbeing is good'" (staff)

give them a bit of self-worth. What we are finding is that those individuals are then coming to us and saying that they think they might be ready to work" (staff)

A participant describes their experience of the multi faceted approach:

"They looked at physical health, mental health, sort of the whole package [...] With practical and emotional support; it's holistic. They pushed me out of my comfort zone which was hard at the time. But I'm super grateful" (participant)

One of the most highly regarded features of Aspirations is the way it tailors the support it offers to the individual participant. Few services are able to offer the same level of personal understanding and flexibility.

"One of the nice things about this project is it is flexible and it's whatever fits" (staff)

"We're very hands-on as a company anyway and everything is tailored towards the individual. I think Aspirations is very person-centred. It may be the same outcome when it comes down to it but how they get there is very different" (staff)

Participants appear to appreciate the opportunity to shape their own experience.

"It wasn't a service where they said we do this this and this, you make it up for yourself. Just talk about things that interest me. Things I like, didn't like, in very general terms" (participant)

3. Mental health support

This holistic approach is illustrated by participants articulating how Aspirations staff provided mental health support. This involved providing a listening ear, making themselves available for participants and helping to ease anxieties and fears, as examples.

"He used to come round to talk to me and see how I was and I just knew that I had that support. I knew that if I wasn't feeling that great I had someone to phone. Just generally gave me what I needed at the right time" (participant)

"They was there to support me and answered emails and they was a crutch; someone to talk to" (participant)

"Then we helped kind of overcome this unusual fear of public transport. I think it was the bus or the train and we got to go on a few train journeys" (staff)

4. Physical health

Aspirations staff spoke about the positive effects of improved physical wellbeing, and the reasoning behind using a method of increasing exercise in the pathway to work readiness.

"I am a great believer that your physical – your mental health, they're connected; they're one and the same thing. It doesn't matter who you talk to, if they go to the gym, play football, do yoga, go running, you'll be fitter, you'll be healthier, your heart, but everyone will tell you about the exhilaration, the mental wellbeing, how much better you sleep [...] Mentally you feel a lot stronger and a lot more confident [...] You get that physical life sorted out, you help them to the gym for three months maybe, their confidence will grow, they'll feel stronger physically and then mentally they'll feel in a better

place then they'll fall into work, and that's why the Aspirations project is good, looking at that wellbeing aspect first" (staff)

A participant describes the introduction of a physical activity that has improved their quality of life:

"It wasn't a service where they said we do this this and this, you make it up for yourself. Just talk about things that interest me. Things I like, didn't like, in very general terms" (participant)

"They asked me what I enjoy, what I've enjoyed in the past. That was a really positive actual thing that they put in my life that has helped" (participant)

5. Content of Aspiration offer

Importance of a training offer was a strong theme emerging from participant interviews. Training provides a way for participants to show themselves that they are capable of learning and improving their CV, whilst also spending time in the company of other people. If the participant finds a sense of pleasure or achievement whilst completing the course, they're encouraged to try more new things.

"A mental health website. A free course. I think it was the enjoyment of doing that that made me think I should do the peer mentoring support" (participant)

During training involving group courses, participants spoke of their enjoyment and the connections made. Some were extremely anxious but spoke fondly of the experience and of the people they met.

"The people I met at the courses, I never would have encountered in

my normal life, and wouldn't have thought I could get on with, but they were the loveliest people. But we all got all as we had our mental health in common. It didn't matter what background we came from" (participant)

One particular course, or type of course, that participants spoke frequently about in terms of long term participant success was the Toolkit/ Wellness recovery action plan course(s).

"Really useful, yeah. I came away saying everybody needs to go on that. It highlights to you the things you take for granted that you do every day, like getting out of bed, having a shower, having your breakfast, taking your medication, If you didn't do them you'd notice. It's just the little simple things. A really good course. Really nice people that ran it" (participant)

"They ask you to list things you love, things that make you happy. There are always going to be things in anything that upset you as well. So you put the things that can work both ways in your toolkit, but you'll always find at least one of them is a positive. It helps you look for the positives" (participant)

6. Accessibility
Interviewees from across all groups spoke about how accessible the service is. Aspirations specifically adapts to mental health related obstacles, with staff showing great sensitivity and understanding to individual circumstances.

"When I was seeing [Aspirations worker], I had a blip in mental health where I went under the crisis team and [AW] was really good. I messaged [AW], I didn't really feel like talking, I said I'm not very well, I'll contact you when I'm feeling a bit better and [AW] messaged saying that's fine, just contact me when you're up to it" (participant)

"We arranged to meet down the road in a cafe. They weren't going to make me travel unnecessarily. The whole thing was geared around what would work for me. Bent over backwards" (participant)

Below are examples of how inclusive the service is, considerate of parenting needs, medical conditions, individual learning needs and physical disabilities.

"Yeah, definitely. It was flexible. I could fit it around my daughter. School drop offs" (participant)

"[Aspirations worker] was very supportive and met me there. Spoke with staff and made them aware of my medical condition. They dealt with that very, very well" (participant)

"They went along the process of the dyslexia and how I could get help for that. They found me information for it and helped with paperwork. They were really helpful, a really good thing to have. They would fill paperwork out for you. They'd explain it all

---

"We arranged to meet down the road in a cafe. They weren't going to make me travel unnecessarily. The whole thing was geared around what would work for me. Bent over backwards" (participant)

and go into more detail to help you understand" (participant)

"Yes they were really good with that. They were really understanding with my disabilities and things and were really supportive" (participant)

"We've had people here with physical disabilities. We can adapt. We have had people that have had a stroke, cerebral palsy, partially sighted. If we know about that in advance and people need a bit more 1:1 we get in more volunteers. We can accommodate people who use wheelchairs. I can't think of anyone that there would be no possibility of us having here" (wider stakeholder)

7. Flexible at an organisational level
Aspirations also adapts to meet changing demands. The Covid-19 national lockdown has provided the perfect opportunity for Aspirations to demonstrate its adaptability. Staff were prepared to continue working with their participants within a week of the commencement of lockdown, and were still able to offer participants a choice of modes to interact.

"We were one of those organisations that saw this coming a mile off. Luckily. I thought to myself, OK, if I need to plan for this, I need to lock myself down. All our risk assessments. We got all of our ergonomic assessments for our staff working

from home done pretty much before the official lockdown. So we knew that everyone could work from home when we had the right paperwork in place and the equipment. Within a week of lockdown we had contacted all of our participants and explained what the service was. We had our coaches and coordinators delivering the service from home by phone, by Teams/Zoom etc. etc. So for us actually on Aspirations, we managed to get our house in order pretty quickly" (staff)

Staff remained responsive to participant's individual needs. As soon as lockdown started to lift, staff responded accordingly, continuing to tailor the service. Willing participants were assisted with learning to use video conference technology to remain connected.

"A lot of people are not looking to move forward. A lot of people still don't want to leave. They're not thinking about work. They're thinking about surviving. How they can get food, where they can go shopping. One good thing that's come out of it is helping people to use Zoom" (staff)

8. Staff characteristics
Participants, wider stakeholders and referrers speak very highly of Aspirations staff, and they appear to be key to the efficiency of Aspirations. Particular highlighted characterises are described over page in quotations.

Personable

"Everybody I met, either on the phone or in person, they're all so friendly and kind, and always have the time to listen and talk to you. This person actually cares and wants me to do well" (participant)

"She seemed very calm, her voice was very calm, it felt like she could hypnotise you. That's what I needed the calmness, as I feel like I'm all over the place" (participant)

"The person who I met was always open and always provided advice if I needed any" (participant)

Supportive

"He offered to come and visit me on the first [work day]. Knowing that he could pop down if I needed the support" (participant)

"[Aspirations worker] was going to come along with me to meet the people because I didn't want to go on my own. He'd come along as a bit of support for me" (participant)

Responsive

"I just say the nature of mental health is to expect the unexpected. To be prepared that some that's very might not be a good day for somebody and you might have to call the police or a mental health team" (staff)

Reliable

"They ring you back when you need it. See you when you need. Never ever let me down" (participant)

"I was always able to contact her if I needed to via phone or email. Which I didn't really need to an awful lot as we dealt with things on a weekly basis. It was good" (participant)

"I always knew it was there. If I felt I needed to phone him, I knew that wasn't a problem, and I knew that if I couldn't get hold of him, he'd phone me back" (participant)

To other organisations too:
"The staff are really approachable when you speak to them, they are, their communication is very good. If they say they're going to ring, they ring. If they say they're going to email, they email. They follow things up" (referrer)

Willing to advocate

"The first place he helped me get to was the job centre. He went along and asked some questions of when I could go along. He found out who I needed to ask for" (participant)

"At the time I wasn't very confident to go and ask [employer], so he went and spoke on my behalf and just kind of saw what could potentially happen for me [...] Sometimes it's the anxiety, sometimes you can overthink things. Someone to speak on your behalf and show you that actually it's OK. When you realise that it makes you a lot more confident" (participant)

Recommendations

In light of the findings, the following recommendations are suggested for consideration.

- On entry to Aspirations reiterate the aims of the programme with participants to ensure the objectives set are commensurate with the four to six month period of support that is available. This will provide participants with clear expectations about what can be achieved over this period.

- Linked to the above point, Aspirations staff will build on current practices and discuss exit pathways with participants from an early stage of support. Along with information on expected duration, clear guidance will be offered to explain what will happen once support has ended, with action plans in place for further actions and wider sources of ongoing assistance.

- If scope to provide additional resources, a recommendation would be to focus on two areas of investment. First, provision of an out-of-hours hotline that participants who have left the Aspirations programme could access for one-off appointments to seek advice about specific issues. Second, investment in post-pandemic specific mental health support.

- Focusing on organisational reach, Aspirations referral routes demonstrate good coverage across other services delivered by Porchlight and from partner organisations where established strong links exist. To increase organisational reach it would be beneficial to build and maintain links with community organisations such as parish councils, community cafés, smaller local voluntary sector organisations, children's and leisure centres.

- Looking at individual reach, although survey data suggests individuals accessing Aspirations come from the target population (ie, report low levels of mental health and high levels of loneliness), there was a sense from Aspirations staff that further work needs to be done to reach individuals who have completely dissociated from services, employment, friends and family. These individuals, as a consequence of their situation, are hard to find and engage. Improving organisational reach into services that support and/or have knowledge of this target population will help with widening access. Data suggests that a comprehensive range of organisations are already referring in to the service; however referrals are often in small numbers – indicating there are further opportunities within these organisations to build awareness of the service. One approach may be to identify 'champions' within these organisations who can advocate for Aspirations and the service it can provide.

- Linked with the previous recommendations is the marketing of Aspirations and levels of awareness for the service. Interview feedback suggested that future resources should be targeted on widening the scope; tailoring marketing approaches to specific populations. It may be beneficial to consider how a digital offer can work alongside other methods in an effort to widen reach as lockdown ends.

- Both participants and staff spoke of the need for enhanced levels of support and contact. Individuals recognised the constraints of budgets and were aware that assistance could not be limitless. But for individuals with more in-depth needs it was felt that increasing the length of service would be helpful. To an extent this assertion is reinforced by the outcome data on employment and the finding that just under half of those who leave Aspirations remain

"The staff are really approachable when you speak to them, their communication is very good. If they say they're going to ring, they ring" (referrer)

For the majority of participants, Aspirations is having a positive impact on mental health, wellbeing and loneliness and it is successfully supporting people into work or job seeking

inactive and not looking for employment. This data matches the data for the BBO scheme as a whole, and may well be a reflection of the nature of the targeted cohort. Returning to work after a period of long-term unemployment requires a multifaceted, long-term approach, with incremental changes in behaviour often a result of in-depth work. Data suggests that Aspirations is successful at supporting individuals to feel more positive about life and increases ability to cope with life, thereby providing a solid base from which to build.

- The option of a virtual offer should be further explored, especially in light of ongoing Covid-19 restrictions. This development could potentially ease some of the noted challenges on time spent travelling and wide geographical coverage of the service. However, implementation of a virtual offer should be carefully monitored and adequately supported to ensure existing inequalities are not exacerbated. Sections of the target populations may be at serious risk of digital exclusion and this should be recognised when

developing the virtual service. A 'blended' approach of face-to-face and virtual may provide one route forward.

- The impact of Covid-19 on employment, mental health and wellbeing, loneliness and social isolation will mean services like Aspirations will have a crucial role to play in providing support for those in need. With established networks across Aspirations, partner organisations and highly-trained staff, the service is in an ideal situation to mobilise quickly.

- The need for ongoing support post-Aspirations was identified by both participants and delivery staff. Peer support groups were highlighted as a valuable way of moving forward after Aspirations and it is recommended that the current social group offer is developed to address this.

Conclusion

Overall Aspirations is viewed as a positive service from the perspective of participants, wider stakeholders and staff. Evidence suggests particular strengths are the person-centred approach and how as an employment service it

offered a different, less regimented way of working compared to statutory offers. Findings from quantitative data suggest for the majority, Aspirations is having a positive impact on mental health and wellbeing and loneliness. Alongside, it is also successful at supporting participants into work or to start seeking employment. There remains a number of individuals who at the end of the service are unemployed and inactive; however findings illustrate that individuals within these groups do report positive changes in mental health and wellbeing and decreases in loneliness.

This is important to recognise as both these variables are facilitators to employment and demonstrate how Aspirations is successfully moving participants along the journey to employment. Considering the aims of Aspirations and specifically the holistic nature of the programme which is focused on wider outcomes such as feeling more confident, widening social networks, becoming more engaged in their local community and learning tools to reduce anxiety and depression, the service has broadly achieved against these aims.

Future work could be undertaken to understand what additional support, if any, is required to move people towards employment (or seeking it), training and volunteering.

The impact of endings

Rob Howell from Aspirations highlights the importance of focusing on the end of support as soon as work with a participant begins.

Abstract:
The majority of literature concerning endings comes from the world of therapy and counselling, but there are still aspects which relate to support work. Research shows that it is important to listen to the views of service users when it comes to their support. Participants usually have a more accurate assessment of the time they need in support, and have a more successful and long lasting outcome if they are giving input into the planning of their support, including the ending.

Managing expectations is vital when working with people. Setting realistic and attainable goals, as well as having a concept of timescale allows participants to have a clear view of their support, and makes it easier to have positive achievements and outcomes. It is important for someone to be able to tell themselves a positive narrative of the service they have received, especially the ending.

The regularity of contact and methods used when working with a person can form a kind of ritual. This can be difficult for a participant to break from in the absence of some kind of ritual to mark the end of support, though there are no clear guidelines for this. Be aware of what happens at the end of sessions, as this can give clues as to what is likely at the end of support in general.

The environment a person exits to can have a profound impact, especially if it is the same environment they were in at the start of their support.

A worker has to recognise their own working style when giving support to participants. A basic knowledge of attachment theory is useful to understand how a worker may find supporting a particular person, and how it may affect the kind of ending they have.

In order to achieve a lasting ending, a participant must be resilient. There are ways of helping them with this, but it is also important for the organisation to adopt or develop a tool to assess resilience properly.

Introduction
One of the most important and sometimes overlooked aspects of supporting a participant is managing an effective ending. It is the ending which ties the entire support given to a person together, and determines where they go next. The people we support often face multiple disadvantages, and may have negative experiences from previous areas of their life. As stated in an article in *Psychology Today*:

> '…good termination should be among the treatment goals, especially if the client has a history of bad endings' (Howes 2008)

As an organisation which supports people, we must ensure that we are doing what we can in order to achieve a positive ending with someone and give them the best possible outcome from working with a service. Sher (2014) talks about endings within cognitive analytic therapy, saying:

> 'The structure and focus on 'healthy' endings provides clients with a situation in which they are comforted and focused by knowing what is expected. Planning for the ending involves setting the date for the ending, considering the client's response to ending, and planning for how things will be managed'

This report will highlight the importance of focusing on the ending as soon as you begin working with a participant, as well as exploring several other factors relating to endings, including those discussed above.

Note on literature used

In terms of research around the impact of endings, the majority comes from the world of counselling and therapy. These mostly focus on how to handle endings, and what to expect from them. A large body of the work also focuses on endings within the lives of those receiving therapeutic support, such as dealing with bereavement and the end of relationships. There are several key aspects relating to endings, however. There has been one invaluable article for the basis of this research, which brings together a large body of the research which has been conducted on this subject. This is:

> Woodend, N. J. (2014) The long goodbye: An investigation of how personal, professional and social dimensions influence the creation of endings in psychodynamic counselling. PhD, University of the West of England. Available from: http://eprints.uwe.ac.uk/24339

Several of the sources referenced have been cited from this article. Subsequent research has unveiled a number of other useful sources which are referenced as appropriate.

One source highlights something to always be considered when looking at pre-existing psychological studies however, and states that 'College students are the usual respondents… College students are clearly not representative of the average population' (Meadows et al, 2015, p14). This holds true here that not all studies are directly applicable to the field of support work, but the broad principles are worth considering.

The working alliance

Known as the working alliance in the UK, and the therapeutic alliance in the US, this is the nature of the relationship between the service user and provider. The concept is that both parties will have an input into the support given. This is a concept explored in counselling, but which can be applied to any kind of support work, and should be encouraged in our work with people. This allows for co-design of a person's support.

The most important thing which emerges in research related to therapy is that the higher the input of the service user in this alliance, the more successful the ending usually is. Woodend (2014, p26) writes:

> 'Another aspect of the working alliance is the expectation that both client and counsellor bring of how many sessions will be required. Barrett et al (2008, pg 248) noted that 'research has also shown that therapists expect treatment to last significantly longer than do clients (Garfield, 1994; Pekarik and Finney-Owen, 1987), and client estimates of treatment duration are those most consistent with what happens (Pekarik, 1985).' Owen et al (2009, pg 129) suggest that 'simply asking clients at the start of their treatment their expectations for treatment length may assist clinicians and therapists to clarify the frame of therapy and therefore, increase the ability for therapy to meet the needs'

One of the key aspects highlighted here is the timeframe of support, which emerges as a key theme in all studies. As Howes highlights in his article:

> 'most clients and therapists don't talk about termination until it's staring them in the face. This denial sets them up for an awkward, abrupt or destructive end to their work' (Howes 2008)

This approach also fails to take into account the phenomenon of the 'last minute bomb,' when a participant uses either the end of a session, or the end of their support in general to reveal a new piece of information, which could entirely change the outcome of the intervention. These types of disclosures require more time to support, and can often come as a surprise to the worker. Thus, starting the ending process with someone while knowing you still have a period of time before the agreed end date can allow a worker to be able to help a participant without needing to keep working with them for longer than expected.

Another factor in this vein is stated by Sher (2014, citing Bourque 2008):

> '…the client might not be as 'attuned' as the therapist to the fact that the session was coming to an end, and thus cannot consciously prepare themselves. This would suggested the necessity to have some period of 'de-acceleration' and containment at the end of a session'

Some studies suggest having up to one third, if not more of the time agreed to work with someone, being focused on the ending, in order to fully prepare the participant and leave time to deal with any 'last minute bombs.' Making sure the participant knows when the process is beginning, and giving them input into when and how it happens, is a strong approach for achieving a mutual and successful ending.

Other parts of Woodend's research also demonstrate the importance of having the service user involved in making decisions around the ending of support. Woodend (2014, p23) comments:

> 'Renk and Dinger (2002, pg1179) found that clients who experienced their therapist as initiating the end of therapy, had stayed in therapy significantly longer than other clients…'

While our participants cannot always stay working with us for as long as they would like, there is a clear message here that support is more successful when participants have input into the ending of their service. This is undoubtedly because they finish on their terms, instead of being told that they have come to the end of their support. While time-limited services may find this a challenge, they also have an expected end date, which can make the ending simpler and more positive. Woodend also talks of unplanned endings (2014, p5):

> 'An unplanned ending suggests an unsatisfactory outcome for the client – the counselling has not produced the positive results they hoped for, or there has been a rupture to the working alliance that they have felt was not repairable'

I would argue that by not involving service users in the end of their support it is likely that they will interpret it as an unplanned ending. While Woodend is referring to endings where the client stops attending, or similar, the same messages are applicable.

The most negative feedback relating to the Aspirations service so far is from endings where the participant was not involved in the end of their support, with comments such as "I was just told that he wouldn't be coming anymore" and "It was not clear that it was the final form… I didn't realise filling in the form was the end of the whole thing. I left… an answerphone message and didn't hear back."

These are clearly negative experiences for the participants, and they both are participants who will likely continue to use support services, instead of becoming more independent. In the case of the first commenter, it has been acknowledged that they were not a wholly appropriate sign up for the Aspirations service, but it still should be possible to plan an ending with the participant, making their transition to another service easier, rather than giving them a negative experience. It has been highlighted in some studies (Frank 1961, Spence 1982, cited in Woodend 2014, pp34-35) that service users need to be able to tell themselves a positive narrative of their time in support in order for the effects of it to be long lasting, and a lot of this final impression will come down to the ending. This narrative is effectively the foundation of their next steps, and therefore is vital.

Managing expectations

One of the most important things to consider when trying to have positive endings within support work is to effectively manage expectations. This ties into several of the other aspects explored here, especially the working alliance.

The two most important expectations to manage are time and achievement. These have both become clear through the delivery of the Aspirations service. When the service began delivery, participants being signed up were told that there was no firm limit on their time with Aspirations. The workers aim to have participants with them for three to six months, yet there are participants who have been working with Aspirations in excess of a year. While being told that there was no time limit was met positively by participants who had previously felt abandoned by short-term services, it meant that it was harder to find opportunities to exit them. More recently, participants are being told that the service is from three to six months, and generally these participants are easier to exit, because of the acknowledgement that ending is part of the process, and because it makes their objectives more time-bound and therefore achievable. Murdin (1994, pp355-356) states, from their own experiences of delivering counselling services:

'I have been amazed at the relief that seems to be experienced when a time of ending is established and seen as unavoidable. The possibility of a new beginning can be set alongside the loss'

The aspect of a new beginning is very important, as over reliance on a service can also lead to negative experience of endings, because it is harder to effectively plan an ending with a participant who does not want the service to end. It also highlights the need to focus on moving towards independence or a less intensive service. Early participants also have had additional goals added, increasing their dependence and reliance on the service, while making it less time-specific. The clearer the nature of the relationship between service user and service provider, the easier it will be to have a positive ending with a participant. If a worker continually does more for a participant, this will build an increased reliance and not be a productive working relationship.

Goal setting is also key to ensuring a timely ending. Again, Aspirations has found greater success with effectively exiting participants when they have clear goals from the beginning of service. Earlier participants had very 'soft' objectives, such as increasing confidence, etc, while later participants have been setting more specific goals. This helps to give a definition to the support, with the notion clear that support will end once those goals have been achieved.

The ending ritual

There is discussion in Woodend's thesis about the need for an ending ritual, in order to mark a full closure of work with a service user. She finds this difficult to quantify in counselling, due to the need for professional boundaries and a professional relationship, but considers the importance of having something in place to help clarify closure. She makes the comment: (2014, p116)

'My point here is not to argue for or against the inclusion of 'how to end' techniques, but to notice the absence of ritual in a profession which is strongly bound by rituals'

This is a very astute observation of counselling and therapy, and can be applied to support work. There is a lot of regularity and 'ritual' in delivering support work. This includes the regular signing of paperwork, the frequent methods of contact (which often stay very uniform for a service user and provider) and even the structure of conversations and meetings. If there is no different ritual to mark the ending of support, there could be a feeling of loss from the end of these rituals. Woodend also comments on this in relation to the end of support in general (pp15-16):

'I associate an ending of therapy with both losses and gains. The gains might be: an extra fifty minutes a week to oneself; the money saved in fees; the hard-won understanding of one's internal world; the resolution of difficult emotional issues and so on. Yet against all possible gains there remain potential losses: the loss of the face-to-face engagement with the therapist or counsellor; the loss of containment offered by the reliable regularity and ritual of the therapeutic encounter; the loss of new 'a-ha!' moments and so forth'

This is important to consider when ending support with a participant. Finlay (2016) describes how a part of the process of ending '…includes trying to prepare for life without therapy (eg, by shifting the focus of the work from the clients' inner worlds towards their life world of work/relationships)'. This is definitely a technique that can be used when supporting participants. The focus on what is next and the transition to a different phase of life must be acknowledged, and helping a participant think about this transition and how it will look can make the ending easier and more successful.

In addition to the above, the fact that each session with a participant has ritualised aspects (making next appointment, etc) can be good preparation for the end of support, as each session will have its own smaller endings. Sher (2014) highlights that these smaller endings can be used as indicators of how the main ending could happen or be received, because a worker can observe the reaction and behaviours of their participant. Sher also highlights a study (Gutheil and Simon 1995, cited in Sher 2014) looking at the transition zone 'between the chair and the door', noting that these times at the end of sessions is where boundaries are at most risk of being crossed because the formal session has ended. This can also be a time to observe for behaviours not seen during the main session. These times can be of benefit to a worker to try to find some of the ways a participant may respond to ending support, and therefore to prepare accordingly. For example, if someone seems either nervous or reluctant to leave the worker at the end of an individual session, this could be a behaviour they will exhibit to a greater extent at the overall ending, and can thus be prepared for.

The impact of environment

If a participant at the end of support is in the same environment that they were in at the start, they could feel the types of losses outlined above more acutely. A study by Todd, Deane and Bragdon (2003, p134) found that therapists were likely to record improvements in the presentation and feelings of their clients as the reasons for ending, while their clients more often attributed this to a change in their environments. If the clients in these instances believe their environment to be the most important factor in deciding their successes and reasons for ending, we must consider this when exiting our service users.

Environment is a difficult factor when working with people. A support service can rarely change a participant's physical environment completely, especially when working in the community where people are in long-term homes. Physical environment can be affected by facilitating the improvement of a living space. One Aspirations participant had a large upswing in mood when a lot of junk and debris was removed from their garden. Assisting participants with improving their home environment in similar ways can be very beneficial.

A participant's environment also extends beyond their home. This will include their social network and how they occupy their time. Helping a participant to increase their social circle and range of activities available to them, can cause a large change in environment. It is important to make sure that these changes are sustainable, as this will keep the lasting positive impact of an improved environment.

Your own relationship with a service user

It is also important to understand your own working style when looking at exiting participants from a service. As everyone works in different ways, there is no 'one size fits all' approach to working with people. Some workers have a very empathetic and emotional style, while others focus more on structured goals and progress. Both are equally valid approaches, but have an impact on how you may view the end of support with a participant.

Understanding your own approach, and assessing what kind of attachment your participant has to your relationship, can assist you in looking at when you should end. Woodend writes (p34)

'Thus for a client who has an ambivalent attachment, a therapist who over-emphasises empathy but is weaker on structure is likely to avoid the ending, with an eventual end emerging 'too late'. A client with an avoidant attachment working with a therapist whose orientation is more structurally orientated is likely to have the work ended prematurely by one or other of the dyad'

For clarification of terms: ambivalent attachment is when the participant feels some form of separation anxiety when not being directly supported, but also doesn't feel reassured when the worker returns to them; avoidant attachment is when a participant avoids meeting with the worker or carrying out tasks as agreed. However, a support worker who is very empathetic can often time an ending right with an avoidant participant, as can a structurally orientated worker with an ambivalent one, because their skills allow them to subvert the obstacles presented by a particular form of attachment.

It is important to consider this when working with someone to make sure you look to end a participant's support at an appropriate time. Working with someone for too long can have as negative an impact as working with someone for not long enough.

In addition, in Porchlight we aim to work within the person-centred approach. This means building a relationship with a participant in order to achieve the best results, and working only in ways agreed by the participants. There are two highlighted pitfalls with person centred theory, however, which one must be aware of when relationship building with a participant. The first is that with person-centred theory's emphasis on relationship building, some practitioners continually focus on that one aspect and fail to press forward to do any meaningful work (Murphy et al, 2013, p710). Therefore it is vital to ensure that there is a focus on what ending you are trying to achieve, rather than simply viewing the successful relationship as an ending in itself. The relationship is the place to work from, rather than the most important part of the work being done.

The other potential difficulty lies in the fact that the worker has an objective when working with a participant, which introduces an instrumental aspect to the relationship. This means that it is near impossible for a worker to practise true person-centred theory (Murphy et al, 2013, p715). For example, the duty of a worker to report safeguarding issues may defy the wishes of the participant, and thus goes against the principles of relationship building and against the decisions of the participant. This does not mean that person-centred theory does not have immense value when working with participants, but a worker must be sure to understand the limitations of the approach in order to achieve the outcomes and objectives a participant has set with them.

Resilience

One of the commonly stated objectives of support projects is to help those we work with to build resilience, in order to make work with them sustainable. Without resilience, it is presumed that no matter how successful an

intervention with a participant is, if they are not able to deal with future events in a more 'resilient' way then there will not be a lasting impact. In addition, someone who is more resilient is better equipped to deal with endings during their life, including ending support with an organisation such as Porchlight. As such, it would be beneficial for the organisation to adopt or develop a tool to measure resilience. For base of what to measure, Langeland et al (2016, p6) state that:

'Resilience is measured by the likelihood of mission assurance during and following a threat event and can be influenced by a variety of factors... Shared indicators for resilience include adequacy of resources, level of knowledge and skills; level of diversity, information sharing and number of leaders'

While they are writing primarily about institutions, these principles can also be applied to individuals. While number of leaders is related to an institution or project, I believe you can look at this as number of ways of support open to an individual. This means either developing or adopting a tool which can highlight how well a participant has progressed in relation to each of those factors. It is almost certainly easier to measure areas such as adequacy of resources than it is to accurately assess how a person will respond to a threat event. They also describe the different types of resilience (Langeland et al, 2016, p8):

'Specific resilience refers to the capability to maintain mission function during and following a specific threat or other event. General resilience is a measure of the ability to maintain operations over a range of unanticipated threats and events'

as well as the ways resilience can manifest:

'...they may resist impact, adapt during an impact, or regain functionality after an impact. Resilience can then be categorized by these approaches: impact mitigation, real-time adaptation or response, and recovery efforts' (Langeland et al, 2016, p9)

In our work, it is easier to prepare a participant for specific resilience, as an intervention can be based on helping them around an identified threat. General resilience is more important for a participant long-term, as different threats can and will arise throughout a person's life. Both types of resilience can thus be increased by ensuring that the factors listed above are considered and in place for a participant.

It is also important to consider the different responses a participant can exhibit. Some participants may mitigate impacts, as stated above, while others may show an aptitude to recover swiftly. Both responses are perfectly viable, and as such one should not be thought superior to the other when measuring resilience.

As such, our approach to helping increase resilience in participants should look to focus on playing to an individual's particular strengths. For example, if they are generally flexible then real-time adaptation is their most likely form of resilience, adjusting with an event. On the other hand, if they exhibit quick reactions to something happening, it is more likely they will be able to recover swiftly. Helping a participant recognise these skills, and ensuring that the factors above are considered will likely help them increase their resilience. These same factors and skills should also be taken into account when selecting a resilience measuring tool.

Conclusion

The most important theme when considering endings is mutuality. This has multiple facets, but all of them rely on mutual decisions and understanding.

The beginning a worker has with a participant is key to the ending. The participant must understand the purpose and scope of what is to be achieved by your working alliance. This alliance must be established, and the participant should be able to have a high level of input into their support, including discussions of timescale expected. Unless you are convinced your participant is being totally unrealistic, be prepared to use their own assessments of what support they may need.

When approaching the end, as agreed by worker and participant at the beginning of the working alliance, ensure that there is enough build up on the ending to mean that it isn't a shock or a surprise. This should feel like a mutual decision to end, when you both feel the goals set have been achieved. Also, if a participant feels ready to end support before you think they are, let them make the decision. If they are feeling positive at the end this can ensure the lasting success of your work.

Remember to think about how your own style affects your working relationship, and ensure that you adapt to meet the needs of a participant, even if their style of attachment is harder for you to work with. Be prepared to suspend your own professional judgement if the participant is asking for something in their support or making strong decisions, as therapies and interventions have shown higher levels of lasting success when the participant makes their own decisions.

Working with participants in a cooperative way, where mutual decisions are made, should ensure that you are able to end working with that person in a successful and timely manner.

To ensure lasting success with a participant, one should also help them to develop or recognise their own resilience. This should also be something we assess, in order to see progress in this area.

References

- Finlay, L., 'Ending', in *Relational Integrative Psychotherapy: Engaging Process and Theory in Practice, 2016*, accessed at relational-integrative-psychotherapy.uk/chapters/ending/ on 10/06/19
- Howes, R., *Terminating Therapy, Part IV: How to Terminate*, psychologytoday.com/gb/blog/in-therapy/200810/terminating-therapy-part-iv-how-terminate, 30/10/2008 (accessed 06/06/19)
- Langeland, K.S., Manheim, D., McLeod, G., and Nacouzi, G., '2. Definitions, Characteristics, and Assessments of Resilience', *How Civil Institutions Build Resilience: Organizational Practices Derived from Academic Literature and Case Studies*, RAND Corporation, 2016, pp. 5-10
- Meadows, S. O., Miller, L. L., and Robson, S., '2. Understanding Resilience', *Airman and Family Resilience: Lessons from the Scientific Literature*, RAND Corporation 2015, pp. 9-22
- Murphy, D., Duggan, M., and Joseph, S., 'Relationship-Based Social Work and its Compatibility with the Person-Centred Approach', *British Journal of Social Work*, Vol. 43, Issue 4, June 2013, pp. 703-719
- Sher., M, 'Words and Rituals: The Significance of 'Smaller' Endings', Reformulation, Winter, 2014, pp.33-36. Accessed online at *www.acat.me.uk/reformulation.php?issue_id=48&article_id=463 on 24/05/19*
- Woodend, N. J. (2014) *The long goodbye: An investigation of how personal, professional and social dimensions influence the creation of endings in psychodynamic counselling*. PhD, University of the West of England. Available from: *http://eprints.uwe.ac.uk/24339*

COMMUNITY
FUND

European Union
European
Social Fund

Porchlight

Employability

mind North Kent
for better mental health

RUNWAY
TRAINING
educating & inspiring