



Centre for  
**Society and  
Mental Health**

# Action Towards Inclusion: Keyworker perspectives on employability support for people furthest from employment

## Full Report



**Economic  
and Social  
Research Council**

## **CSMH Report R009**

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<https://betterconnect.org.uk/our-projects/action-towards-inclusion/>

### **ESRC Centre for Society and Mental Health**

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# Introduction

# 1 Introduction

This report presents the findings of a research collaboration between **Better Connect** and the **ESRC Centre for Society and Mental Health**. Better Connect is a non-profit organisation operating in North and East Yorkshire. Better Connect works in partnership with other local organisations to deliver a range of employment and social inclusion projects, aimed at supporting people to thrive in their life and work. The ESRC Centre for Society and Mental Health (CSMH) based at King's College London, aims to improve understanding of the associations between society and mental health and to influence policy change across government and healthcare, through collaborative research with relevant organisations and individuals. One of CSMH's core programmes of research focuses on the interactions between work, welfare and mental health.

The research project reported here was developed and conducted collaboratively by members of Better Connect and CSMH during 2021-2022. The research focused on Better Connect's largest programme, Action Towards Inclusion (ATI), an employability programme which aims to support people who are unemployed or economically inactive into employment, training and jobsearch. The research team included Christine Brass (ATI Participant Experience Manager), Joe McKenzie (ATI Programme Manager), Alex Kelley (Better Connect Head of Programmes) and Annie Irvine (Research Associate, CSMH).

## 1.1 Action Towards Inclusion: programme design

Action Towards Inclusion (ATI) is an employability programme operating across York, North Yorkshire and East Riding, funded by the National Lottery Community Fund and the European Social Fund. The programme is voluntary, free at point of delivery, and is independent of the Department for Work and Pensions<sup>1</sup>. The programme launched in March 2017 and will run until June 2023. ATI is focused on supporting people furthest from employment and facing a variety of (often complex) barriers to work. In order to be eligible for ATI, people must be unemployed (i.e. in receipt of jobseeker benefits) or economically inactive (i.e. in receipt of non-work-related benefits or not claiming any benefits).

Managed by Better Connect, ATI operates via a network of regional **delivery partners** within the voluntary and community sector. The ATI model is based on **keyworker support** in combination with access to a tailored range of interventions focused (as

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<sup>1</sup> Other than DWP's role as 'managing authority' of the European Social Fund.

appropriate) on health, wellbeing, finances, skills, training and jobsearch. People engaged with ATI are known as **participants**. Each ATI participant has a keyworker who is their primary point of regular contact and works with them to identify personalised goals, and to plan and implement the activities and interventions that will assist on the journey towards those goals. The programme is open to people aged 18 and above<sup>2</sup>.

Keyworkers are professionals employed within delivery partner organisations. The keyworker role involves supporting ATI participants to overcome physical, psychological, financial and skills-related barriers and progress towards employment, training, education or jobsearch, whilst at the same time helping to combat a range of social issues including poverty and social exclusion.

Interventions within the ATI programme are delivered from within the network of partners (several of whom also deliver the keyworker element). Keyworkers may also draw on external interventions where appropriate, supported by a small budget that can be used flexibly. An ATI participant may, therefore, receive keyworker support from one organisation alongside a package of interventions with the same or other organisations. Some keyworkers also deliver interventions directly, aligned with their professional specialisms (for example, IT skills training). Whilst there are some standard enrolment processes, every ATI journey is tailored to the individual participant.

As of September 2021 (when this research project commenced) there were 23 ATI delivery partners across the York, North Yorkshire and East Riding region, employing a total of 39 keyworkers (between 1-3 per organisation). Seven of these organisations had a particular focus and specialism around mental health.

## 1.2 Research aims and objectives

The original aim of the research was to contribute to understanding of what makes for effective employability support for people experiencing mental health problems, reflecting the objectives of the CSMH's work, welfare and mental health programme. In practice, the project took a wider focus on the range of personal, social and economic circumstances faced by ATI participants, and the effective features of support for people facing a complex combination of barriers to work, amongst which mental health was a common and interwoven challenge.

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<sup>2</sup> There is no upper age limit, so long as participants express a continuing interest in pursuing employment. Young people aged 16-17 may also be eligible depending on their schooling situation.

It is important to note that this research was not a formal evaluation of ATI<sup>3</sup>. The project arose through informal partnership building between CSMH and Better Connect, and was shaped collaboratively to address the interests of both organisations. The research objectives were developed through a series of conversations between members of the research partnership and covered practice, policy and conceptual issues (see Table 1). Although presented as separate columns in the table below, many of the objectives are shared or overlapping.

Better Connect	CSMH
<p>To access valuable perspective on keyworkers' and participants' mental health and benefits experiences during ATI and how they frame these</p> <p>Via these findings, to inform our work on ATI participant engagement (initial and ongoing)</p> <p>To offer insights to the keyworker organisations about participant experiences (as above), giving them perspective on the lived experience of a sample of participants</p> <p>To have a piece of academic research into ATI conducted and published, as we continue our marketing and begin to assess and evaluate the project</p> <p>To contribute to Better Connect's wider strategic partnership work, by influencing attitudes, policy and practices around mental health and employment (e.g. with LEPs)</p>	<p>To gain understanding of the circumstances and experiences of people seeking support from ATI, with a particular focus on the conceptualisation and influence of mental distress</p> <p>To consider how differing conceptualisations and experiences of mental distress may influence interactions and outcomes in the employment and welfare contexts</p> <p>To contribute to better understanding of effective support to help people with experience of mental distress to move towards and into paid employment</p>

**Table 1. Research Objectives**

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<sup>3</sup> A separate formal evaluation of ATI has been commissioned to take place during early 2023.



### 1.3 Research method

Given the wider context of the Covid-19 pandemic at the time the research was conducted, it was decided that a project involving ATI keyworkers would be an appropriate initial step, with a view to potentially building on this with participant-focused research at a later stage. This report is therefore based on interviews with 13 ATI keyworkers, completed between November 2021 and February 2022.

The research used semi-structured qualitative interviews to explore the views and experiences of ATI keyworkers. Main themes of interviews were: keyworkers' experiences of carrying out their role; their perceptions of the barriers and challenges faced by ATI participants; perceived influences of welfare benefits system on participant experiences; and views on the effective features of the ATI model. The research enabled direct insight into the experiences of keyworkers and indirect insights into the circumstances of ATI participants, including the dimensions and contexts to their difficulties.

Keyworkers were invited to take part in the research on a voluntary basis. Information about the project was circulated to all keyworkers via ATI mailing lists and newsletters. Those who were interested in taking part either contacted the CSMH researcher directly or expressed interest via the ATI Participant Experience Manager at Better Connect. The research interviews were conducted by the CSMH researcher only, to preserve – within the ATI delivery partnership – the anonymity of those particular keyworkers who did go on to take part in an interview.

A total of 13 keyworkers took part, based within seven different delivery partner organisations. Two of these organisations specialised exclusively in supporting people with mental health problems, and a further three incorporated a focus on mental health, though it was not their lead strategy. Interviews were conducted via videocall (n=8) or telephone (n=5) according to keyworker preference<sup>4</sup>. Interviews lasted between one hour and 1¾ hours (average 1¼ hours).

The research was approved by the King's College London Research Ethics Panel. Signed informed consent was obtained from keyworkers before interviews and confirmed verbally on the audio recording prior to beginning the interview. All interviews were audio/video recorded, with permission. Recordings were transcribed by a professional transcription company. The researcher checked all transcripts for

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<sup>4</sup> Face-to-face interviews were not possible, due to Covid-19 social distancing restrictions in place at the time of the research.

accuracy and anonymised them, removing personal names, names of organisations, geographical locations and any other potentially identifying details. All but one of the keyworkers gave their consent for anonymised transcripts to be shared with ATI programme managers, for the purposes of collaborative data analysis<sup>5</sup>.

A qualitative thematic analysis approach was used. This involved reading transcripts in detail to gain familiarity with the content, and then noting recurrent themes and points of interest that arose. We sought to make the analysis process as collaborative as possible, within the time and resource constraints of the different team members. After each member of the team had had time to explore the transcripts independently, the four team members came together for a half-day meeting to discuss impressions of the data and the key themes arising. The CSMH researcher then returned to the full data set to conduct comprehensive in-depth coding of transcripts, building upon the themes identified during the collaborative working session and ensuring that all key topics of the interview were addressed.

Conducting research in this collaborative way was a new experience for all parties, and brought added value both from the academic and non-academic perspective. A very positive working relationship developed between the team members, with a mutual respect for each other's differing skill sets. Members of the ATI management team found that, whilst the themes arising from the keyworker interviews were largely familiar to them (from ongoing procedural and informal feedback and liaison with delivery partners), there was an additional depth and frankness that came from the interviews with an independent researcher. The interests of the academic researcher also introduced questions and perspectives that the ATI management team had not previously considered. For the academic researcher, the operational knowledge of the ATI management team brought valuable contextualisation and explanatory insights as to what had shaped keyworker practices and experiences as the ATI programme had evolved over time. These reflections from ATI programme managers are woven into the reporting and discussion of findings throughout later chapters.

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<sup>5</sup> Whilst all reasonable efforts were made to de-identify transcripts, keyworkers were made aware that - given the relatively small ATI delivery partner network and the very specific activities of some organisations - it may be possible for Better Connect managers to infer certain individual or organisational identities. We are also aware that some keyworkers chose to waive their anonymity and informed Better Connect that they had participated in interviews. Nevertheless, within the research team conversations, we did not discuss the identities of the participants or organisations and honoured the commitment to preserving their anonymity.

## 1.4 Structure and focus of this report

In this report, we focus on themes of programme design and delivery, participant circumstances and keyworker experiences, in order to draw out implications for future service models. In the interests of brevity, we deal only briefly with themes of the welfare benefits system, integrating comments within other report sections where relevant. Data on theoretical conceptualisations of mental health has been reserved for separate publications. The remainder of this report is structured as follows:

- **Chapter 2** details the ATI **delivery partner structures and processes** that shaped keyworkers' experience of delivering the programme. We consider: organisational context; staffing, caseloads and capacity; keyworker backgrounds; and referral routes and recruitment of ATI participants.
- **Chapter 3** focuses on the **circumstances and experiences of ATI participants**. Taken from the keyworker perspective, we describe the different circumstances and starting points of ATI participants, their often multiple and complex barriers to work, and the range of challenges and barriers they faced in moving towards employment.
- **Chapter 4** summarises the range of **interventions and supportive activities** facilitated by ATI keyworkers and their intervention partners, highlighting the individualised nature of support packages and the range of practical, emotional and social support these often comprised.
- **Chapter 5** focuses on **retention, progression and outcomes** within the ATI programme. We explore keyworker perspectives on supporting the continued engagement of participants through the programme, how they approached cases of non-progression or disengagement, the outcomes attained by participants throughout their journey, ongoing support beyond formal exit, and the critical factors in securing employment.
- **Chapter 6** looks in detail at **the keyworker experience**. We consider positives and challenges of the role and describe the various ways in which keyworkers navigated the broad parameters and permeable boundaries of their role.
- **Chapter 7** describes the **key features of effectiveness in the ATI model**, as emerged from keyworkers' descriptions of their work with participants and reflections on the programme model. We particularly highlight the importance of person-centred, tailored and flexible approaches, the centrality of relationships

of trust and support, and the value of open-ended and individually paced timeframes.

- **Chapter 8** briefly considers **the future beyond ATI**, as keyworkers reflected on the achievements of the programme to date, and the ending of its funding period (which was around 18 months ahead at the time the research took place).
- **Chapter 9** offers a **summary of main themes** of the research and a number of **points for reflection**, for future employability programmes and for wider employment support policy.

We make extensive use of quotations from the keyworker interviews throughout the report. Quotes are labelled with a numeric keyworker identifier (e.g. KW01, KW02). In some cases, quotes have been edited for clarity and/or brevity. We have also used gender-neutral pronouns, both in the report text and (edited) within quotations to enhance keyworker anonymity and that of participants where case examples are quite specific.

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# Delivery partner structures and processes

## 2 Delivery partner structures and processes

### 2.1 Delivery partners: organisational context

At the time of the research, ATI was delivered via 23 partners across the York, North Yorkshire and East Riding region. These organisations (all operating within the third sector) covered a diverse range of specialisms and services, some focussing on one type of provision and many offering a wide range of activities and services within their overall operation.

Among the 13 keyworkers who took part in research interviews, some were based in organisations specialising in occupational or vocational support specifically for people with mental health problems, some worked in organisations that provided training and skills for a broader clientele, and some were based within community organisations that delivered and/or hosted a wide variety of activities and services for different groups and individuals within their locality. Sitting within an organisation that delivered several programmes or was physically co-located in a community venue alongside other services could bring a number of advantages in relation to the delivery of ATI. One was the benefit of 'passing trade' whereby members of the community coming in to access other services became aware of ATI or were signposted by other members of staff who felt the person would be well-suited to the ATI programme:

*"Because of the nature of [our organisation], we immediately saw potential clients just literally walking in through the doors, joining other activities. So we quite quickly ramped up and got quite a decent client base ... Some of these walk-ins then potentially you think, 'Actually, I think ATI might be the journey for you' ... I think for us it's been quite easy to get people to sign up just because of the nature of what we do ... We've had a lot of referrals from people that have just had experience of other services that we've offered." (KW04)*

*"If it's somebody that's been into [co-located service] and they think, 'Well actually you could do with a little bit support from ATI.' ... They're happy to say, 'Well, would people like to see what ATI is about,' and they'll come to us." (KW11)*

In contrast, some keyworkers who were based within more narrowly-focused services felt that the lack of 'passing trade' meant it was harder to generate referrals into ATI:

*"Referrals can be quite tough, because we don't have people coming in every day, to us. So, say if we were Mind, you'd have people coming in for a certain reason ... So when they're in that building, staff can say, 'Oh, we've got [ATI] over in that corner. They do this project, go and see*

*them'. So it's a much easier way of getting referrals. Whereas here we don't have that. So we have to find our own ourselves ... It can be hard." (KW02)*

Another advantage of being located within or alongside other services was that ATI keyworkers might come to know something of a person's circumstances prior to their engagement with ATI, e.g. through seeing them visiting other co-located support organisations or by meeting them informally via events and activities hosted by the wider organisation/venue. Familiarity with ATI keyworkers through prior informal contact could support later successful engagement.

A further benefit of co-location with other programmes or community organisations was the ease with which ATI participants could be signposted to additional support services, or could link into other existing groups and activities taking place within the venue. This meant that, alongside 1-1 support from their keyworker, ATI participants could readily access a range of other individual or group activities e.g. benefits and debt advice, counselling, IT support, sports and exercise classes, music, walking groups, gardening or arts classes:

*"There's loads of different things that we do here. Work with young people, families. And it's not all [one type of activity] ... There's such a diverse skillset here. There's people I can pull on their things, other activities that are going on with my colleagues, you know, we can sign post them into those as well." (KW02)*

*"There's a range of different creative activities that people can get involved in, lots of outdoor activities with gardening, walking, outdoor cooking, alongside art, wellbeing, mindfulness. So there are loads of things for people to get involved in and all of the people that come to us at ATI are actively encouraged to become part of the [delivery partner] community, get involved in all of our activities as part of their journey back to wellbeing." (KW06)*

*"We have a prospectus that we do as part of [wider organisation remit]. So we have all sorts of activities on there, so everything from very work-focused things, through to an art group, to an allotment, to all sorts of different things. So people, with their keyworker's support, can look at their own stuff on a one-to-one basis with their keyworker, but also the keyworker can say, 'Look, you say you're very isolated; here's the prospectus - give something a go. What do you want to do, just to get you out?'" (KW09)*

Some delivery partners were also able to offer voluntary work placements within other projects that ran in the wider organisation (e.g. a food bank or repair shop) or ran drop-in groups that participants could access alongside their ATI activities (e.g. IT support sessions or wellbeing groups). Where former ATI participants continued to engage

in other activities offered by the organisation after their formal ATI involvement had ended, this provided a way for keyworkers to keep in touch informally and see how people were getting on. These wider opportunities to become involved in social groups and voluntary activities, via the ATI delivery partner, could also be an important way for socially isolated participants to develop their social networks and begin to feel part of a supportive network of friends or acquaintances:

*“One of the things I've found is that many of the participants, they're actually quite shy or life has thrown them lots of curveballs, and to know that they're part of a team, that there's a team of people helping them, means that it branches out their scope of, let's say, friendship - but also experience. Most of the people that have been on ATI have actually gone to volunteer in the [community pantry] that we have in our building. And I think that, to me, is amazing, to see someone who won't have eye contact, really shy, but then they're able to communicate with people in the public, you know, and help them and you see a smile. It's really good.” (KW05)*

As well as a wider programme of activities and groups, having a range of professional expertise and demographic diversity within the wider organisation was also highlighted as beneficial to the ATI participant experience:

*“[Our organisation] has so many experts in so many different things ... So I can do my little bit, my experience, but there's always somebody to pass somebody onto that has expertise in that specific area. It's a real strength.” (KW07)*

*“For us specifically, it's having the variety of expertise within our organisation. An age range as well. So we've got me – a [former] teacher, but somebody else who's a young person, who's great with the young ones. We've got first aid. We've got nursing. We've got academic. You know, so it's a variety.” (KW12)*

The overall impression from keyworker comments was that more opportunities to meet with other delivery partners to exchange ideas and experiences with would also be valued. The Covid-19 pandemic had inevitably affected the extent and manner in which ATI delivery partners were able to come together as a network over the period immediately preceding the research. Online meetings that had taken place during the pandemic had been appreciated and keyworkers seemed keen to return to more in-person networking. Reflecting on a recent online networking event that Better Connect had hosted, one keyworker commented very positively about the motivation and boost to morale this had provided:

*“Better Connect had a chance for us all to get together and share and meet recently. And actually, that was so useful. To really see the bigger picture and to be part of the whole thing, and meeting other people working with ATI clients, was really valuable. And it did make*



*me understand the bigger picture more ... It was just really useful to share really common experiences of attendance and trying to spur people on and keep them committed to the programme, and also the problems of when to move people on, the problems of time and Internet. And, you know, it was useful to realise that actually, we are all singing from the same hymn sheet, and the problems are across the board.” (KW07)*

Subsequent to the research interviews, and as social distancing measures were relaxed, Better Connect had held a series of in-person events where keyworkers, delivery partners and other local stakeholders were able to come together in person to network and share experiences. These events were well attended and received very positive feedback. The dispersed rural geography of the region and limited public transport links did, however, mean that some keyworkers continued to struggle to access in-person networking opportunities.

A final observation in terms of organisational context, was that the nature of a delivery partner’s physical base also had a bearing on where keyworkers met with participants. Whilst some providers ran the majority of their activities on site, one keyworker described how most of their participant meetings took place at venues around the community, mainly local cafés. This was partly due to the large geographical patch covered by the delivery partner (meaning that travel to their organisational base could be difficult for participants; see also Chapter 3), but meeting in public venues was also seen as a valuable part of the process of encouraging participants to engage more in their local community:

*“[We meet] mostly in community areas. Some people come to our base if they live locally. But mostly in the community ... We occasionally do home visits, but not that often. Because I think a whole part of it is getting people to come out, out of their house, and participate in wider society, isn't it.” (KW08)*

This same keyworker noted that meeting in a community venue could also feel more informal than their office base, which supported the building of trust and rapport with participants.

## **2.2 Staffing, caseloads and capacity**

Delivery partners varied in overall organisational size and in the number of keyworkers they employed within their ATI contract (typically between one and three individuals). In some cases, keyworkers were solely dedicated to ATI, whilst others had remits that included additional roles within their wider organisation. Several keyworkers were part-time in their ATI role and some held jobs with a separate employer for the remainder of their week.

Where there was more than one ATI keyworker within a delivery partner, the collegiality and mutual support this offered was a strength and a positive aspect of the role. Keyworkers could benefit from drawing on a more diverse range of expertise and skillsets, and approach each other if they had concerns about a participant or were unsure what direction to proceed in. Some organisations took a 'case conference' type approach, where all ATI participants would be reviewed on a regular basis:

*"Every month we come together, as a group of ATI support workers, and we go through a list of every participant that we help. So we all collectively would add in, because we are all helping in different ways, and we would say, 'This is what we've done, this is what our goal is,' and then the experience in the room and the team, we would then say, is it going the right way? Do we need to go a different way?" (KW04)*

*"I think that the monthly meetings that we have as a group ... that for me, is so important for the ATI support workers to be able to touch base with each other, and for us to be able to see how that participant is going. I mean, one of the things that we found is if you have an issue or you feel uncomfortable with something or someone really is struggling, you're able to then ask the group, 'How shall we proceed?' ... I love that feeling of teamwork and the way that we can help that person." (KW05)*

Being part of a team of ATI keyworkers could also offer an element of emotional support, which – as will be discussed further in Chapter 6 – was important when carrying out work with participants in complex or traumatic situations:

*"For me personally, it's very hard not to step in [with ATI participants] and, you know, I just want to sort everybody out. I just want everybody to be happy and sorted and comfortable and safe. And so for me, it's a personal challenge sometimes, because I can't always fulfil that. But that's where we've got the team method where I know I can go and speak to somebody and I can offload, and I get my support that way." (KW04)*

In one delivery partner, the number of keyworkers had recently reduced from three to one, due to changes in staff allocations across the wider organisation. The remaining keyworker described how they now found it harder to spend as much time with each participant as they would ideally like, and that participants felt this loss as a gap in their routine:

*"I'm the only keyworker in our partnership and I do feel like the workload is huge at times ... It's hard to tell [participants] that, you know, no longer- we can't see you weekly, we can't see you as often. Because they do need that face-to-face support. To go from seeing somebody weekly to then either fortnightly or once a month, they seem a bit of a loss ... They're not quite sure what to do to fill that time in." (KW11)*

More generally, another keyworker described how they sometimes felt there was not enough time to spend with each participant. This keyworker was employed 25-hours per week with a caseload of 18 participants<sup>6</sup>. Thus, despite emphasising the non time-bound nature of ATI and relatively small caseloads as strengths of the programme (see Chapter 7), keyworkers could still sometimes feel there was insufficient time to provide the intensive support needed by some participants:

*"Perhaps more time per participant [would improve outcomes]. Not everybody needs [that], you know, not everybody. Because some people don't need to hear from me every week. But some - some I sometimes don't feel I give them enough time ... Don't get me wrong, that's not all the time. Just sometimes I feel, gosh I'm not giving that person what they need." (KW02)*

Where there was more than one keyworker within a delivery partner, ATI participants might be allocated depending on their geographical location, current keyworker capacity or particular fit between keyworker skills/attributes and participant needs:

*"People refer directly to us as keyworkers and then myself and [other keyworker] allocate between ourselves according to caseload or where people live, and where is most convenient for us to get to, to make it more efficient really." (KW08)*

*"We have what we call the allocation meeting, so we're able to discuss each new referral in depth and talk about what is it that they're wanting from the programme and whereabouts are they. So there's a number of factors that we explore prior to just allocating. If anybody's got room on their caseload, we really sound it all out and think of what's the best method or what's the best approach for this case specific. So we follow and use the skills, knowledge and experience we've got internally to be able to work with that." (KW13)*

One delivery partner that employed a relatively large number of keyworkers operated a slightly different model whereby, rather than one individual keyworker per participant, different keyworkers with different skillsets might be drawn on in combination, to support an ATI participant with different aspects of their journey:

*"Collectively, different combinations of us come in at different times, or it means two or three of us may work with people on different issues ... Every month we have a case conference about everyone on our ATI programme. But it enables us to both think about what do they need, but also to think about who's the best personality or combination skill sets that we have." (KW01)*

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<sup>6</sup> The number of participants on different keyworkers' caseloads varied, relative to their weekly working hours and corresponding with the targets that had been agreed between Better Connect and each delivery partner.

*"I've got particular people that would come to me in a difficulty. But the good thing is that they know it's an ATI team; it's not just me and it means that there's other people that will help. Because we have to be honest about our deficiencies. There are some things I just don't know, and that's why it's great to be able to know that we can say, 'Right well I'll try and help you with this if I can, or [names of other keyworkers] would be able to support you.' And I think that's the best thing for the participant, not for me to mumble along, you know, but to actually have the best that they can have." (KW05)*

This model of flexibly and collaboratively deploying keyworker resource and skill meant that, should a relationship not be working very well for the participant, it was possible to reassign them with a different keyworker.

*"Because there's a team, we can move people around. If we're not on the same wavelength, we can say right, well let's try somebody else in the mix and see what happens." (KW01)*

The above paragraphs highlight several benefits of having two or more keyworkers within a delivery partner organisation. Larger delivery partners with multiple keyworkers had more scope to allocate participants strategically, in terms of geography and keyworker skills/attributes, as well as being better able to share the practical and emotional load of the work among keyworkers.

## **2.3 Keyworker backgrounds**

Keyworkers brought varied professional backgrounds to their role with ATI. These ranged from IT, teaching, adult education, careers advice, social work, Jobcentre Work Coach, other statutory and non-statutory employability programmes, occupational therapy, NHS mental health services, administration, marketing, various sectors of industry and retail, and experience in other voluntary organisations and community development projects. The prior expertise brought to their ATI role meant that some keyworkers also delivered interventions to ATI participants (e.g. IT training, jobsearch and job application techniques) alongside their overarching keyworker role.

Some keyworkers had joined their delivery partner organisation specifically to take up a role as an ATI keyworker, whilst others had come into the keyworker role having already been involved with the delivery partner in another capacity, e.g. as a volunteer or having held an administrative role within the organisation. At the time of the research interviews, the ATI programme had been active for around four years. The length of time that the interviewed keyworkers had been in post ranged from five months to the full duration of the ATI programme.

Keyworkers felt that they had been recruited for a combination of their professional expertise (e.g. training, education, IT) and their personality, interpersonal skills and life experience. As the following quotes illustrate, these latter attributes could be equally if not more important:

*"Regarding how we approach the job role, how we mould it, I think we use obviously our qualifications, our experience ... [but] you know, we've got five children between us, grown-up children. We do use a lot of that, all the skills we learned. So not academic ones at all!" (KW03)*

*"So there's quite a few of us as keyworkers ... I'm sort of the mumsy figure. So I'm the one, you know, I don't have qualifications in this, that and the other, but I've got a lifelong experience of events. So if it's something practically or emotionally that I cannot support with, I then know who I need to signpost them to ... But yeah, I'm the more practical, pragmatic one, you know, trying to just get an even balance for them to start building the foundations of the rest of their life, basically." (KW04)*

*"I mean some of it was about your ability to be able to talk to people and to read people and to, you know, have that empathy, really, you know. So that was fairly natural. The paperwork side of it, on the other hand, in terms of the assessments, was all very new to me." (KW10)*

The diversity in keyworker backgrounds was a notable feature across the group of interviewees. There did not seem to be one consistent 'type' of person who was drawn to (or appointed into) the keyworker role. Whilst some keyworkers perceived a good fit with their previous professional experience, others noted that their role within ATI was quite a departure from work they had done in the past and several referred to a 'learning curve' as they embarked on the role. Some keyworkers had experienced times where they felt that the severity or complexity of needs encountered among participants was beyond their zone of professional expertise or remit.

## **2.4 Referral routes and recruitment of ATI participants**

Common referral routes to ATI were Jobcentres, GP surgeries, social prescribing link workers, Community Mental Health Teams, and in-house referrals or 'passing trade' where ATI was co-located or embedded within another service. Other referral sources included local councils, youth justice teams, care leavers services, careers services and other charities (e.g. homelessness projects, mental health support organisations, women's support organisations), as well as self-referrals and word of mouth. The strength of word of mouth among young people was particularly noted by one keyworker:

*"It's amazing how many young people know other young people who also need help. So it would come through a different route, you know, 'My mate, my brother, my brother's just got out of prison and he's blah, blah, blah.' 'Yes, send them, come on, bring them down, yeah, we'll have a chat.'" (KW12)*

*"There's a participant that I'm just about to sign up to ATI, and they walked past our premises just before Christmas and heard us singing, because we were practising for the carol concert ... And they went, 'Who are you? I want to be part of it!' So they do come from quite a wide range, you know, people walking past, quite a few word of mouth, but the two big ones would be the Jobcentre and mental health teams." (KW09)*

ATI delivery partners were largely responsible for identifying and recruiting their own participants<sup>7</sup>. Part of the keyworker role could therefore include the promotion of the programme to generate referrals, and this could involve active on-the-ground marketing and network-building to raise the profile of ATI among local organisations, including Jobcentres and non-statutory organisations. At the same time, some keyworkers were able to draw on pre-existing relationships and professional networks to generate ATI referrals. As one keyworker with a background in mental health services noted:

*"A lot of our referrals, historically and still currently, have come from the likes of the Community Mental Health Teams and things. So we've built really strong relationships simply because of [our] background of coming from that environment." (KW13)*

Some keyworkers commented that regular referrals were built on developing positive relationships with particular individuals within services, for example, individual Work Coaches, mental health workers or youth workers. Furthermore, keyworkers noted that evidence of success with one client would then encourage further referrals:

*"You get really good relationships with particular keyworkers in the mental health teams or particular workers in the Jobcentre, and then they find you, and then you get people work and they go, 'Oh, my!' We had one- I had this email and you could hear the tone of the email. It basically went, 'Oh my God, how on earth have you got that man a job? He's been on my caseload for 20 years, and I never thought he'd ever work.' So once you've got that sort of success with one of the more 'difficult' customers – as far as the Jobcentre thinks – they will use you and they will keep referring ... Most of the referrals are because they've tested us with one person, we've done an okay job, they've tested us with a second person, we've done an okay job." (KW09)*

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<sup>7</sup> Better Connect had played a somewhat larger role in marketing and channelling referrals at the initial launch of the ATI programme, but this had reduced over time as delivery partners established their own localised networks, and also affected by the overall drop in referrals during the Covid-19 pandemic.

*"For numbers, we do very well because we have a lot of referral sources, and we get good outcomes and we do a good job, and we have got a good reputation. So people know that if we can help, we will, we will support where we can." (KW12)*

However, keyworkers recognised that overreliance on relationships with particular practitioners meant that the flow of referrals could depend on that individual remaining in role or could fluctuate according to that person's competing priorities and demands, including the introduction of other target-driven programmes vying for the same client group:

*"It kind of ebbs and flows, definitely. It depends on the individual Work Coaches that were available. And they change, and obviously they change participants. So they move their clients on from one Work Coach to another, so I guess keeping track of where they are." (KW08)*

*"We only really have had one active Work Coach who's referred into the service. And now they've sort of got all these other projects running I think, so ATI has taken a bit of a back seat. This is how I read it in my mind. So we haven't had that many referrals from them at all. So it's gone quite quiet." (KW02)*

Reflecting on the above points, ATI programme managers noted that relationships with external organisations were perhaps as important as those with partners within the ATI delivery network, in terms of meeting project recruitment targets. The Covid-19 pandemic had impacted referral rates due to many referring organisations being closed, and the launch of new DWP-led employment programmes in the wake of the pandemic had also impacted referrals to ATI.

One area of tension mentioned by a few keyworkers was where a participant engaged in ATI was subsequently mandated to attend a DWP-subcontracted provider, that provider then perceiving that the participant would therefore need to disengage from ATI. This was not the case, and – in the instances described by keyworkers – these situations had been resolved through conversation with the Jobcentre and other provider. However, ATI programme managers also recognised this as a more widespread issue, where multiple programmes, some mandatory, some voluntary and each with targets to meet, were operating across the same geographical area.

Some keyworkers reflected on the extent to which there was cross-referral between ATI delivery partners. Whilst some organisations were mentioned repeatedly as being particularly valuable and regularly-utilised intervention partners (namely benefits and debt advice and counselling services), there was a sense that cross-referrals between the wider network of delivery partners were fairly infrequent. Although there was

little indication that keyworkers perceived competition or self-interest as a reason for limited cross-referral, there was a sense that the original vision of a wide network of intervention partners that could draw upon each other regularly, had not been fully realised:

*"There certainly hasn't been many partners that we've been able to use, and a lot of them have dropped off as well. So initially when the project first started, it was almost like every area was going to have a hub of interventions that were available to every client within that region. But a lot of partners dropped off and, you know, we were sort of like selling the project to our participants by saying, 'Look, we've pretty much got a red hotline through to Citizens Advice', you know. But the reality was something a little bit different." (KW10)*

Suggested reasons for limited cross-referral were complexities of transferring funding between sub-regions, and practical barriers of geography. Relating to the rurality of the region covered by ATI (discussed further in Chapter 3), some keyworkers noted how different local areas had differing amounts and breadth of provision available and accessible to participants. In essence, it seemed that the rural and dispersed nature of some areas of the region could lead to a degree of disparity in what could feasibly be offered. More remote areas tended to have fewer local providers who had the capacity and resource to enter into cross-referral partnerships in a workable way:

*"I think the difficulty, because we're in [this part of the region], the difficulty is, we haven't got that many partners to refer to, whereas it's been much more successful in [other parts of the region] ... because of the location and just we've got some real pockets of deprivation here ... and the rural isolation. And the organisations are sometimes really tiny and they can't cope with the paperwork ... it's just too much for them." (KW03)*

*"Whilst ATI has got a lot of partners around [the region as a whole], we can't always use them effectively really. I think lockdown has helped us use the other partners a little bit better, because everything's been online. But in [this part of the region], there certainly hasn't been many partners that we've been able to use." (KW10)*

Lastly, whilst there was not a strong sense that ATI partners were in competition for participants, there were some tentative suggestions that this could to some extent be a tension, linked to recruitment and outcome targets:

*"I'd say there is a bit of that. I think there is a bit of competition and trying to get people. One organisation keeps cropping up on my radar, that they're trying to- I wouldn't say they're trying to poach, but people are saying, 'Oh, I've heard from this organisation and I've got to go down there and see them'. And I'm like, 'Well, why?' And then you have to sort of say, 'Well, if you want to work with them, that's fine.' Yeah, a little bit of that going on, I think." (KW02)*



*"I think often there was a sense that once a keyworker got a participant, they just wanted to keep hold of them; they didn't want to share them with any other partner. And maybe that's pressure due to the targets. I don't know." (KW10)*

03

The circumstances  
and experiences of  
ATI participants

### 3 The circumstances and experiences of ATI participants

This chapter describes keyworker perspectives on the range of circumstances, experiences and challenges that ATI participants encountered, and which could present barriers to employment. A diverse range of issues were noted by keyworkers, and the severe hardships and complexity of many participants' lives was highlighted. We begin by summarising some overarching themes relating to the variation and complexity in participants' circumstances, before moving on to describe some of the more and less commonly noted experiences and how they impacted on journeys towards employment.

#### 3.1 Different circumstances and different starting points

Keyworkers described how ATI participants had very varied circumstances and entered the programme at notably different starting points. Whilst a majority of participants were a significant distance from work at the time they joined ATI, there were nevertheless others for whom support needs were relatively straightforward and whose journeys progressed quite quickly:

*"Everybody has got a really different starting point and nobody's journey is quite the same. And I think for some people, you know, we might move two steps forward and then take two steps or three steps or even five steps back ... For some people it's relatively straightforward in that, actually, they just want to get straight back into employment, but they might not have a CV or they might not know where to look, or they might need some interview practice. Whereas for other people, it's being able to develop the confidence to speak to one person and then speak to two people and then join a small group, and so on. So obviously that journey is a bit more- I won't say slower, it's not slower, it's just different." (KW06)*

*"Some might not need you as much as some of the others. So some, they sign on, they want to do a course, they do the course, you work with them, and then they get a job and they go. So there's a group that are, you know, quite easy to work with. And literally, what you're offering them is the training to get work. The others will stay for longer." (KW12)*

*"There is a pathway to it. But how long that path is or how complex that path is will depend on the person." (KW09)*

#### 3.2 Multiple and complex barriers to work

Another common thread running through keyworker reflections was the multifaceted and complex nature of many ATI participants' challenges around employment.

Keyworkers described participants for whom a combination of practical, psychological, social and economic challenges meant that the barriers to work were substantial. In one example, the participant was unable to read or write, did not drive, was living in a rural area with poor transport links, and local employment options were severely limited, meaning that they engaged in a repeated cycle of unskilled seasonal work and benefit reclaims. One keyworker noted that participants' lives could become so complex and so far removed from work being an everyday part of their routine that regular employment could become almost impossible to contemplate:

*"I think they lose track of reality, sometimes, about what it might be like in the real world with a job. Doesn't seem to be something that's accessible." (KW03)*

Some keyworkers highlighted the challenges inherent for an employability programme that was targeting people furthest from the labour market, where severe hardship, trauma and complex mental health issues were commonplace:

*"The challenge we have is that the funders have needed us to help people furthest away from the job market. The further you are away, the higher the chance of severe mental health issues and we're talking severe-severe. And I think this is the challenge. We're an employability programme, and yet we're dealing with some of the most vulnerable people that you're going to meet." (KW01)*

*"There's some drug issues, some alcohol issues, there's unsettled home environments, where it's not necessarily partners, it's the children being disruptive at home that has an impact on people's lives ... [and] financial concerns and just the general wellbeing and mental health of the people that I'm working with - that definitely is something that I have to be mindful of." (KW07)*

Many challenging or traumatic experiences were described, as keyworkers provided examples of ATI participants they had worked with. These included physical, emotional or sexual abuse, unstable or inadequate housing, childhood experience within the care system, issues around gender and sexual identity, and current or past involvement in criminal offending, substance use and addictions.

One keyworker described how, because their service had remained open throughout much of the Covid-19 lockdown period when other services were closed, they became in effect a 'walk-in' provision, providing support for many people who would ordinarily have been using other more specialist services. This meant that the ATI keyworkers found themselves sometimes supporting people with very complex needs, over and above what would generally be seen as a good fit for ATI:

*"It's good that we were open and we've been able to get these people engaging with us. But it was also very difficult because the so-called frontline services were trying to refer people to us, because they knew we were accepting walk-ins, which meant we also then had people that were very far from the employability side of what this programme is supposed to be about." (KW04)*

### 3.3 Challenges and barriers to employment

We now turn to the range of particular challenges and barriers that keyworkers described as affecting ATI participants. We focus first on three areas that were given particular attention during the research interviews: mental health issues, digital exclusion and rural isolation, before turning to other issues that were raised by keyworkers.

#### 3.3.1 Mental health issues

All keyworkers perceived mental health issues as being common to many if not most ATI participants. Two delivery partners specialised in supporting people with moderate to severe mental health problems, hence - as part of their overarching service remit - all participants joining ATI via these organisations would have experience of mental health problems. However, keyworkers within all delivery partners felt that mental health arose frequently in the course of their work with ATI participants:

*"I would say most people [experience mental health problems], in one way or another ... So I guess a lot of people would have issues with confidence and self-esteem, that have a reasonable impact on their mental health and wellbeing ... People who have been unemployed long term or who have got - I think because they've all got significant barriers to new employment and to all of that, they tend to have wellbeing issues and mental health issues." (KW08)*

*"What I didn't realise, when I came for this job, [was] how much mental health would be included in participants, and how often it would crop up, you know. I had no idea, but it really does." (KW02)*

*"I would say 100% of people that you work with have mental health issues ... And some have severe mental health issues, and some have mild. But nevertheless, they've all got mental health issues." (KW12)*

Numerous terms were used to describe mental health difficulties that ATI participants had disclosed or conveyed (see Table 2). Keyworkers used formal clinical diagnostic terms alongside more descriptive language referring to emotional states.

Neurodiversity<sup>8</sup> and addictions or substance use were also mentioned by keyworkers, whilst discussing the theme of mental health.

Addiction (alcohol, drugs)	Bulimia	Psychological distress caused by lockdowns
ADHD	Depression	Psychosis
Agoraphobia	Difficulties coping with life	PTSD
Anger and aggression	Low confidence	Recreational drug use
Anxiety	Low resilience	Self-harm
Aspergers	Low self-belief	Stress
Autism	Low self-esteem (feeling useless, not good enough, feeling judged)	Suicidality
Bipolar disorder		Wellbeing issues
Breakdown	OCD	

**Table 2. Keyworker descriptions of mental health related issues experienced by ATI participants**

*“Certainly we’ve seen a huge number of mental health issues, whether it’s just like depression or anxiety, confidence, resilience, that sort of thing. Or whether it’s something a bit more like bipolar, neurodiversity. We’ve probably seen it all.” (KW11)*

*“There’s many disclosures of things. Suicide and suicide attempts, and agoraphobia seems to be a theme that’s escalating, I think thanks to COVID ... Things that happened in childhood keep running right through to people that we’re dealing with who are 60-plus, just never resolved. I’ve got one participant at the moment ... and they started in childhood with bulimia. And it’s just never, ever been resolved.” (KW03)*

<sup>8</sup> We recognise that differing perspectives currently exist around whether or not neurodiversity is rightly considered a ‘mental health’ issue. We include them here only to indicate that keyworkers themselves raised these terms within broad discussions of ‘mental health’.

Keyworkers recognised the inherent complexity of mental health issues, that participants' personal experiences were varied, and that the fluctuating nature of mental health problems meant their impact on ability to work could vary over time:

*"The common denominator of the people that we work with is that they have a mental health condition of some sort. But that in itself is really different. You know, you've got people with psychosis, you've got people with anxiety, and that comes with different barriers around their mental health condition. So even that barrier is not the same." (KW09)*

*"You don't want to limit what people can do. You want to be able to be really open, and it's not necessarily about what they could do; sometimes it's about what people can do at that moment in their life, and next week they might be able to do a lot more, because they're in a better place, and the following month, actually, you know, if it's not a great month or if their diagnosis is bipolar, it's just being really mindful that, you know, the situation can change." (KW06)*

One delivery partner was working with participants referred via the forensic mental health team. A keyworker from this organisation explained how this brought additional challenges around helping participants to identify appropriate employment opportunities, due to the additional stipulations and limitations on their movements within a community as well as more complex considerations around risk.

### 3.3.2 Digital exclusion

Digital exclusion was explored as a specific question in the keyworker interviews and was perceived to be an issue for many (though not all) ATI participants. Digital exclusion could be in the form of lack of devices, low digital literacy (including people who owned a device but did not know how to use it), or lack of access to internet and mobile data. The majority of ATI participants were on low incomes, and - even if they had devices - could have difficulty affording home WiFi, mobile data or up-to-date digital technology:

*"It's having the device and having the ability to do it, but I think paying for the broadband is really quite significant for people, and that's an extra bill that is really difficult to manage. One of the people I'm supporting at the moment is struggling massively financially and, you know, they're a young person, so their life is online basically. But having that extra bill at the end of the month is really difficult." (KW06)*

*"A lot of the younger people that we help, I've noticed do not have access to broadband or internet at home, so they will just use their phones for internet. But if they're on pay-as-you-go, they maybe don't have a lot of data." (KW05)*

*"All of them do have phones. But they don't always have either money on them, or data." (KW02)*

One keyworker noted that many participants were still using devices with relatively limited functionality. For example, many did not have smartphones, still using keypad 'clamshell' types, and some were using Kindles rather than more multifunctional tablet computers. Another keyworker found that not all participants had computers, so could be reliant on smartphones for their online interactions and transactions. The move to online interactions as the default within the welfare benefit system was highlighted as a challenge for participants with low digital literacy and/or lacking access to the internet. The Covid-19 pandemic had also shed stark light on some participants' lack of digital skills as well as their limited access to devices.

Lack of digital skills could be a barrier to finding work that fitted with people's health limitations. For example, as one keyworker described, a more sedentary job that accommodated a person's physical health problems was not feasible if it also required IT skills which that person lacked:

*"People with poor digital skills, so they're assessed as being fit for some kind of work. But that kind of work might be that if they've got health issues and they're not able to be very active, that they're assessed as being, 'Well you could sit in an office and do an office job.' But without IT skills, you really can't, can you ..." (KW08)*

### 3.3.3 Rural isolation

A number of connected themes were raised relating to rural isolation. These included: limited and infrequent public transport links, the high cost of public transport, implications of limited/expensive public transport for access to employment, and issues of social isolation. Limited public transport links, coupled with the unaffordability for many participants of running a private car, could restrict the education, training and employment options that were realistically accessible to people living in rural areas:

*"You can get there in a morning but the buses cut off really early in the day. So you can't do a 9-5 job. So again, seaside town: evenings and weekends working there is impossible. It's a no go. Unless you drive, it's really hard." (KW11)*

*"For some people, I mean, the travel for one person to come here is £10. Buses in this area just seem to be so expensive. So that is really prohibitive ... or, you know, you might have one bus a day, and then what do you do?" (KW06)*



*"So this [participant] lives in the middle of nowhere - I mean, they've got a pub, and they've got a fish and chip shop and a library that comes once a week, but that's about it. So they wanted to do English and Maths. No way could they get out to do an English and Maths course ... They're a few miles inland from [the coast]. Nothing. Nothing." (KW09)*

*"We have one participant ... [the Jobcentre] send them to look for work and send them to interviews, and they said, 'Oh, they sent me to this factory, and the shift starts at six o'clock in the morning. I can't get there for six. There's no bus. So why did they send me?' So the Work Coach said, 'Well, can't you ride your bike?' So, I mean, this person is in their sixties, they're 60-something, you know. I think it's a bit much to ask." (KW12)*

Even where transport was available, the cost-benefits of taking up a part-time or split-shift job in distant locations could be minimal or non-existent, when comparing the time and financial costs of travelling from rural areas:

*"Many a time a Jobcentre have said to somebody, 'Well there's a job in [name of town] you can do.' The council jobs are the worst, because they'll say, 'Right, there's two hours on a morning and two hours on a night, in [name of town],' and then you've got to think well, bus there, bus back, bus there again, back again. You'd spend more on buses than you do getting your wages." (KW11)*

*"I look at things that are local to [the participant] that they can easily access, that is financially viable, because if you're sending them to [closest city] to go and clean an office, but it costs £10 a day to get there, and you're only there for three hours, it's virtually pointless, financially, doing that." (KW12)*

For participants with no private transport and reliant on limited and expensive public transport options this meant they could, in practice, be restricted to job opportunities in their immediate locality, which - keyworkers felt - were often very limited. Some keyworkers also noted the lack of basic skills provision readily accessible in more rural parts of the region, thus the difficulty of addressing what was a common need for several participants.

Limited public transport was also a problem for some ATI participants in terms of meeting with their keyworker, but it was noted that delivery partners would reimburse expenses incurred for ATI appointments. One keyworker described how they would try to arrange ATI meetings to coincide with participants' Jobcentre appointments, so that participants could be reimbursed their day's travel under the umbrella of their ATI appointment. In this way, the ATI programme supported participants to meet their other work-related commitments more easily:

*“People have to access the Jobcentres as well, so they can often live quite a long way from the Jobcentres, but have to go in to do their stuff every couple of weeks, which is really expensive. A return journey for one participant ... it was like ten-pounds-something, which is a lot out of your [benefits] isn't it, when you've got nothing already ... So I tried to meet them on the days that they were visiting the Jobcentre, close by, so that we could reimburse them. So that helps people.” (KW08)*

Despite the many challenges of the Covid-19 pandemic, the move to online activity had brought some benefits for participants who were geographically isolated, although keyworkers simultaneously reflected on the mixed-blessing of digital technology. Keyworkers recognised that having access to the internet was now essential to carry out necessary everyday activities including interactions with the welfare benefits administrative system, and could offer a wealth of social activities and interests. At the same time, some keyworkers noted how living too much of one's time via the online environment could also be detrimental to wellbeing if it contributed to social isolation and lack of true social connections.

### **3.3.4 Loneliness and lack of social support**

Keyworkers described how loneliness and social isolation were challenging features of some ATI participants' lives. This could be compounded by living in a rural area with poor public transport links and few local opportunities for positive social interactions. Keyworkers gave examples of participants living in remote areas with few neighbourhood friendships or opportunities for social connection. Cost and infrequency of rural public transport (discussed above) could exacerbate social isolation, preventing people from engaging in both social and work-related activities:

*“There's a lot of people live rurally. I think there's a lot of rural isolation. And access to transport is really poor. So if you haven't got a car, and quite often people are housed in villages where there's no transport or there is one bus a day, and then they're literally kind of stuck in their village, really. They often don't know anybody. They haven't got links to [the area] - it's just where a house became available.” (KW08)*

*“Sometimes people struggle if they haven't got much money, and they have got issues, and they're stuck out in a village somewhere, which is a lovely place to live, but it brings other issues as well. They can't get from A to B very easily. And that's a massive barrier because they think, 'Oh, God, I've got to get into [town] and the time that there isn't a bus, I've got to get a taxi.' It's really expensive for anybody, is a taxi around here ... And they know that there are things on and you can say, 'Oh there's A, B and C and D' and then I feel like I've got to say, 'Well, it's in [name of town] or [name of city].' Alright, well, we can't do that. It's awful, it's awful.” (KW02)*

At the broader level, some keyworkers recounted participants whose lives had lacked the type of fundamental social supports and positive relationships that provide strong psychological foundations and dependable social networks. This could feed into social isolation, mental health problems, or being drawn into 'toxic relationships':

*"You don't realise how many people have not had that generational support. So they've not had the support of parents, through different stages ... They've not had support when they've been younger. So I think they've not been able to learn how to be more resilient about things ... they don't necessarily have those coping mechanisms ... Generally, for a lot of people we see, it is just anxiety, and they've not got the coping mechanisms. And that bit of anxiety could have come from a relationship problem, it could have come from something like they've just got into a tiny bit of debt but they didn't know how to deal with it, they've stuck their head in the sand, it's got bigger, it got bigger, but then they stop opening letters. So it can be a lot of practical things that could have been sorted if the support networks had have been there in the first place." (KW04)*

*"One of the participants that we have, who's been on a little while, but they're a lovely, lovely person ... They have been having a problem with one of their neighbours who is in trouble with the police ... But this neighbour is trying to manipulate the person who comes here, that ATI participant, and trying to get them to do lots of things for them, but they're a really bad influence ... I think lovely people can be manipulated by people. And it was a toxic relationship." (KW05)*

### 3.3.5 Lack of confidence and self-belief

Lack of self-confidence, self-esteem or self-belief was highlighted as a common and significant barrier for many ATI participants:

*"Confidence [is a barrier]. People who have just never really done anything. So we've got some younger people who have left school and just stayed at home, staying in their bedrooms and not really kind of moved on. And then get to a point where they don't really know how to." (KW08)*

*"They will tell you at the initial meeting, 'Oh I got a CV and I'm doing this and that.' And it's all formal talk. And actually, when you dig deeper, it's all about self-belief – no self-belief, no self-esteem and no confidence." (KW02)*

When asked what kinds of issues needed to be addressed in participants' lives, some keyworkers emphasised the critical need for changes to self-attitude and self-belief, over and above the practical support and intervention provided via ATI:

*"It's behavioural changes. We can do the physical things, you know, we can sort out their benefits and their debts ... you know, that's not an issue. So it's the behaviours ... It's just how they think about themselves. And it's usually very negative, and that's what our job is. Sometimes I have to*

*do very little. I just have to be there, and I have to listen. It's the active listening skills that are the really important part." (KW03)*

*"A lot of it is based on confidence, because a lot of them can do more than they realise. So, it's about building their confidence and making them aware of the skills that they actually have and giving the confidence to believe in themselves." (KW07)*

Keyworkers described how ATI participants (particularly those with experience of more severe mental health problems) often had low expectations of their ability. Part of the keyworker's role was to gradually help participants to build self-belief and elevate their goals:

*"What we find a lot, is people have really low expectations about what they can do. So they either don't believe that once they've had a mental health condition that they're able- they write themselves off, 'Oh I'll never get a job.' But then what we often see is that people will then set really low expectations. 'Oh, well I'll get a little job, I'll get a little job, and it will just get me out of the house,' and then you realise that they've actually got a real passion for something, but never thought that they would be able to do that. So you have to coach it out of them, slowly." (KW09)*

*"Usually [mental health problems] create doubt amongst their ability. Whether they've got the qualifications and experience or not, that anxiety or depression will lead you to believe that you're not good enough, never will be good enough, and you've always done a bad job, and that you're not worthy of that position. And even other conditions, like bipolar or whatever, people don't think they're employable, at all." (KW10)*

*"It is their aspirations, their expectations of what they can achieve. Their aspirations are so low because that's what they have always thought. So that's what it will always be: 'I will always be this because I always have been', you know. And I've always said, 'You set your aspirations really high ... Set them way up there, you can achieve whatever you want to achieve' ... I understand small steps and everything, but there's been nobody there to set these aspirations for them or nobody to steer them in the right direction." (KW12)*

### **3.3.6 Work experience, employability skills and the benefits trap**

For some participants, lack of work experience was a barrier. Participants' work histories were varied. Some had relatively solid work histories but circumstances in their lives (e.g. a relationship breakdown or health problem) had led them to fall out of work. However, keyworkers also described younger and older participants who had never worked or had spent most of their adult lives in receipt of welfare benefits.

Beyond work experience itself, keyworkers described how some ATI participants seemed to struggle with fundamental lifeskills of personal organisation and time management, which were essential foundations for successful employment. Keyworkers' role could involve a 'firm but fair' approach to supporting participants to develop their self-management and accountability:

*"Some [participants] will say that they're struggling with their mental health, but it's just they've not got the ability to process things, you know. We've had one come in today that should have had a piece of work done for a course that they've been on. And it was a time sensitive course, and they were like, 'I'm really sorry, I didn't manage to get it done last night. I was so tired, I fell asleep.' [They'd] had two weeks to do this piece of work! ... So it's changing their mentality a bit, you know ... It's making them stronger to believe in themselves that, 'Yeah, actually, I can do that and this.' I think because they've not been working for so long, they lose the concept of time management. And being able to manage their own time and schedules, and stuff. So that is another sort of learning curve that we have to try and get them to do." (KW04)*

*"Some of the ATI participants ... they think they're very busy, but sometimes we have to really guide them into, like, structuring their day to make the most of the day, because they perhaps aren't as busy as they feel they are ... Because they get really bogged down with, 'Oh I've got a doctor's appointment this week. I'm really busy.' And you're like, 'Whuuuh?!' You know? And it's not a competition about who is the busiest, but we have to really make sure that they look after themselves and structure their week so that they are getting out, that they have got time in the week when they're not working. We're keeping them busy [with ATI], but there are times in the week when they can go out and manage their own time." (KW07)*

For some ATI participants, who felt their income from benefits provided them an acceptable standard of living, the perception that they would not be better off in work – known as the 'benefits trap' – was also seen as an obstacle to considering a move into employment:

*"There's some people who will be on benefits, and it will be enough for them to tick on. They'll get enough. There will be some people on benefits that get more, for whatever reason. So one participant I worked with, their monthly benefit income was £1400. And I saw it in black and white ... There was no incentive for them to look for anything. Because why? They'd actually probably earn less than £1400 ... And a young person, an 18-year-old, who's getting £340 universal credit, who's living at home; that's a lot of money, for doing nothing. But for also not having to pay anything out unless they had to give the parents something out of that, it's a lot of money to have in your pocket." (KW12)*

One keyworker described how their role sometimes involved encouraging participants to alter their mindset towards employment, and to recognise the benefits of work that went beyond the financial:

*"[Some] people are going, 'Well with all my money and stuff why would I want to work? I can buy everything I want to, go on holidays abroad. All is well. Why do I want to work? No offence.' [So] what I try and break is that association that work is for money ... I try and say to people, if you're in the right role with the right ambience, atmosphere, environment for you, there is nothing better. And you get paid!" (KW01)*

One problem for participants could be understanding the way that the Universal Credit taper worked, when moving into employment:

*"For some people, it's not understanding what they're entitled to and understanding how that works. I think particularly Universal Credit. So when people start to work, it's really difficult to be able to manage that transition from Universal Credit into work, and knowing what they're actually going to be entitled to and what they're going to get, and that kind of sliding scale of things. It's hard to understand." (KW06)*

Misconceptions about what kinds of voluntary or part-time work is permitted whilst claiming Universal Credit was another area of confusion for some participants:

*"They're all obsessed with 16 hours. A lot of them have this idea in their head. Because what we tend to do is, if they're not ready for work but they are ready to do something else ... I might look at some volunteering for them just to get them back out there, and to sort of socialise, and be with people, and a little of how work works. But a lot of them are convinced that doing voluntary work will affect their benefits. No it won't! But that's a myth that they've got in their heads. And sometimes you can't get past that. 'No, no, my friend told me that if I work there, it'll affect my benefits.'" (KW02)*

A further challenge stemming from the welfare system arose in relation to health-related benefits assessments, and the potential for tension to arise around conflicting accounts of work ability. A condition of participation in ATI is that the person express a desire and willingness to move towards employment. However, the health-related benefits assessment process requires people to evidence their limited capacity for work and the severity of their health impairment, in order to safeguard their benefit status. Whilst not mutually exclusive in principle, this could place participants in the position of having to give rather different accounts in the two situations, simultaneously aligning and not aligning with ATI's ethos of focusing on strengths, capabilities and aspiration to work. As one keyworker explained:

*"A lot of people have said that they have to present in a certain way to the Jobcentre ... They present in a way that's going to not force or heavily encourage the Jobcentre perhaps to [deem them fit for work] ... A lot of people are trying to - or have been historically - have tried to convince the Jobcentre that they're not quite ready or fit or able to work. And then, as a result, then they would naturally find ATI, and then they would have to, hang on a second, almost*

*present like they are genuinely looking. So it becomes a mindset, where people will just present on this automatic kind of front that they're just not able to work." (KW13)*

ATI programme managers recognised this tension between emphasising both capacity and incapacity as one of the big challenges the programme had had to address, and one that keyworkers had – over time – become more skilled at reconciling. They appreciated participants' concerns about the risk of losing benefits if they presented themselves as able to work, and had sought to make this conflict easier for participants to navigate by phrasing project declarations in terms of wanting to work at some time in the future, though not necessarily in the immediate term.

Keyworkers also noted some 'demand side' factors that could contribute to participants' difficulties in finding employment. These included employer attitudes and (as noted above) constrained labour markets in some rural areas:

*"It is a very rural town, high deprivation, the jobs here are far and few. Many are seasonal, because we've got a number of caravan and holiday parks ... and mainly they seem to be aimed at the younger people. And then you've got lots of people applying for just a handful of jobs. People just get sick of being turned down for things. Even the shops - like we've got Aldi, Heron, Tesco's as well - it only seems to be seasonal again with them. Once the tourists have gone home, they start making cutbacks with jobs ... So it's a bit of a rollercoaster ride for those that even can get into work, even if briefly, because you're not guaranteed next year that the caravan parks will take you back again." (KW11)*

The need for flexible employment, particularly when in challenging social circumstances or experiencing fluctuating health problems, was noted. A few keyworkers mentioned how supporting participants with autism and Asperger's could be particularly challenging, due to difficulties in finding suitable roles where the person's attributes and strengths could be fitted with the demands of the role. Although the ATI partnership involved one organisation specialising in autism, expertise and support around helping people with autism in employment was highlighted as an area where more local resource and capacity would be beneficial.

### **3.3.7 Other challenges, barriers and support needs**

A wide range of other challenges, barriers and support needs were noted by keyworkers, in the course of discussing ATI participant experiences. These included:

- advice and support with benefits, debts and financial capability

- caring responsibilities, including access to suitable childcare, caring for a child with additional needs, or informal care for family members
- managing and accommodating physical health issues or impairments
- unstable, unsafe or inadequate housing<sup>9</sup>
- low literacy, basic skills and lack of formal qualifications
- neurodivergence

Notably, several of the above issues might be considered fundamental securities, i.e. stable finances, safe and suitable housing, adequate childcare, support for physical health needs. As will be discussed in the next chapter, keyworkers recognised the need to ensure these fundamental securities were in place before people could focus their attention on steps towards employment.

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<sup>9</sup> The quality of housing in some areas of the region was also mentioned, with keyworkers noting that there was often hidden deprivation and socioeconomic inequalities within rural areas that had a reputation as being quite affluent.



04

# Interventions and supportive activities

## 4 Interventions and supportive activities

This chapter describes the types of interventions and activities that ATI participants engaged with through their journey within the programme. We begin with some overarching themes regarding the individualised and variable packages of interventions and support accessed by different participants, according to their circumstances, before detailing some of the specific interventions described by keyworkers.

### 4.1 An individualised package of interventions and support

Keyworkers all emphasised that ATI is a personalised programme, and that the range of interventions accessed by any given participant would vary. Whilst some interventions were mentioned as being used regularly – in particular, benefits and debt advice and counselling services – all participant journeys were tailored to their specific circumstances, comprising different elements and moving at an individualised pace.

The initial stages of ATI engagement involved the exploration of participants' needs, challenges and goals, through a mix of formal needs assessment questionnaires and the gradual building up of knowledge through more informal conversations, assisted by a growing relationship of trust and rapport. Placing the participant in the driving seat of setting personal goals was also felt to help develop a sense of ownership and accountability for progression:

*"We pick up some goals at the beginning, and start creating basically what we need to do referral-wise with our partners ... And then we sort of just gradually build up a professional working relationship and a trust base with the participants. It can be quite a slow burn." (KW03)*

*"We try and do the journey, getting those foundations down in the first place so that they are emotionally stable, safe, practical stuff. Then that's when we'll start sort of looking into what interests them. Is there anything that you really regret not doing? Or if there was one wish that you could have that was going to change the rest of your life, what would it be? And I start to then unpick those conversations to make suggestions ... So it's all in small stages, you know. Some do some small courses initially, it might be digital skills, things like that, which is going to help them, before we start looking at that bigger picture. But I think you just have to listen to what they are asking of you, or the information they're feeding you, and then just unpick it." (KW04)*

*"They set the scene and, after some coaching, they set the priority of the actions that we've identified, and as a result, there's that sort of accountable process." (KW13)*

The need to review and adapt goals over time was emphasised by keyworkers:

*"[Goals] change, don't they. And I wouldn't want to set big, audacious goals at the beginning that are too scary either. So you've got to set goals that feel manageable and then build up. And it's also an exploration, so sometimes there might be a goal in there [that changes] ... because that's what we're like as humans, when we're exploring ideas, and it shouldn't be that the goal you set at the beginning is what you work to. You've got to be able to adapt that, change that." (KW09)*

*"It's about working with that person right from the very beginning, about setting those goals and aspirations ... But making sure that you keep that dialogue open, realising that the goals might change at any point." (KW06)*

Keyworkers would make use of internal and external resources, to build a package of interventions tailored to the individual participant:

*"It's massively varied. So for some people it's about finding a sense of community, it's about being part of a group, it's helping developing social skills. And for some people, it might be learning how to use a computer, learning how to create a CV, how to use sites such as Indeed and understand how to log into those. For some people, it's about supporting them with referrals to housing or Citizens Advice or debt finance, you know, all the financial things. Some people it's about finding the right group in the right place. So it might be looking at an internal referral do a specific creative activity that's going to support their wellbeing. Some people it's been around diet, healthy eating, budgeting, how to budget ... Lots, obviously, around employment type things, practice mock interviews, what to expect, how to present yourself ... Sometimes it's about having conversations about addiction and how to access the right kind of support. Working with one young person at the moment, and actually for them, it's just been about getting them out of their house - and that's taken a lot." (KW06)*

The schedule of meetings with participants was also tailored to the individual, according to their needs and preferences, which could also include consideration of their emotional capacity to engage in social contact at that time:

*"The frequency of the meeting depends on who they are, what they are wanting, what else is going on in their lives, but it- traditionally it's sort of once a week at the beginning and then tapers off when more things are happening in their lives ... Sometimes it tapers off and sometimes it doesn't!" (KW09)*

*"I see most people once a fortnight, but I see some people every week. And then, in between times, you know, usually I'd speak to them- if it's not a face-to-face every week then I speak to them in between times, once a week, and regular text communication and things ... [With one participant] we have monthly meetings at the moment, because any more than that is just too much. They have to kind of really prepare and then recover from a meeting." (KW06)*

As noted in Chapter 2, keyworker caseloads could also be a factor in determining how often they could meet with participants, which sometimes led to keyworkers feeling they were not able to offer as much input as they would ideally like.

## 4.2 A range of practical, emotional and social supports

Keyworkers described multi-layered packages of support that they had put together for different participants. For example, one case involved support to find appropriate housing, enrolling the participant in education, supporting at family court hearings, and arranging mentoring support for the participant's non-dependent child. The focus could vary, from the more emotional support and confidence building, to the more practical. Reflecting the holistic approach of ATI, packages of intervention sometimes included elements focused on supporting participants' children, e.g. seeking information on the participant's behalf about school liaison, or shopping for essential items for a young child.

Some keyworkers emphasised the importance of helping participants to get their fundamental needs in place – a secure home and their basic human needs for food, warmth and safety – before moving on to look at more directly employment-related activities:

*"I think for most people, they need to feel secure. So that could be secure within their own home, secure within their own body, secure within their own feelings, security financially. I mean, fuel poverty at the moment is going to be a massive thing. And if you've got children, and you're trying to make sure they're fed, watered and kept warm, but yet you're struggling with other [things]. You might have had some debt or you've got an abusive partner in the background, you know, it's just more and more pressures ... So that's where I sort of come in. It's just securities in all those areas. For me, that's your foundation. If somebody's feeling secure in that way, that, 'Ok my kids have gone to school. They've had breakfast. They've got clean clothes on. They weren't cold during the night. I've got money on the meter to make sure that I can cook a meal for them when they come back, I've got food in the cupboard.' To me, that's the basics that anybody should have. And from that I think then, like the pebble in the pond situation with the ripples, you can then start to expand on that." (KW04)*

A number of keyworkers spoke about having a somewhat maternal approach to their interactions with participants, offering a kind of quasi-parenting to participants who had perhaps lacked this in their early life:

*"They'll come in and, 'I didn't realise I had this bill to pay and I've done this and I've done that and now I've no money on the meter'. It's not a problem. We know somebody who can put an emergency top up for them. It's just keeping them in that safe environment. From there then, I start to think just general wellbeing. What is going to make this person get some confidence*

*going forward? ... And then it's building up their resilience and then something that they initially might have freaked over, that was very tiny, they can start to deal with it. It's like letting go of the reins a bit, you know, and saying, 'Ok, so this has happened, that's happened. What do you need to do about it? ... Ok, then. Do you need me to sit in with you while you do it? Or are you going to have a go yourself?' So to me, it's just basic parenting skills, you know, but we're dealing with adults." (KW04)*

*"The young ones, it's almost easy to take on- there's me as a sort of- not a mother role, because they've all got mothers. But they see you as, you know, the young ones will come in and I'll say, 'Shut the door behind you. Have you not been taught?' and that sort of thing. 'Oh, yes, sorry miss, sorry!' You know, 'Shut the door and wipe your feet and sanitise your hands.' And they like all of that, you know, they like that." (KW12)*

*"I was letting [this participant] have a tantrum when they had to phone up the Jobcentre because something had happened. You know, letting them actually have their emotions out, but within a safe place. Sort of a bit of a mummy role, I think." (KW03)*

In a related vein, keyworkers could also provide more of a fraternal or peer-to-peer relationship of support:

*"We've got another colleague, he's a lot younger [than me], but he's like a brother role. And so he has the banter with them. So we've got that going on. So the young ones, the young lads like coming, and we get good outcomes out of them, really good outcomes." (KW12)*

*"We like to be friends with them. If you do anything outside of work, we go out for the day or so on, we haven't got a staff badge on that says, 'We're staff these are our-' We're a group of people that are friends, that are going out, and we're supporting them, you know." (KW05)*

However, as will be discussed in later chapters, establishing and maintaining role boundaries that were comfortable for both participant and keyworker was an aspect of the role that all keyworkers navigated, and which they approached in different ways.

### 4.3 Types of intervention

We now describe the variety of specific interventions and activities that keyworkers delivered or facilitated access to for ATI participants. The formal list of intervention categories used by the ATI programme is: debt advice, crisis resolution, digital skills to manage online accounts, maths, English, ICT, volunteering, vocational skills, work experience, therapy, counselling, wellbeing, and 'other'. This list was closely reflected in the types of intervention mentioned by keyworkers as they provided examples during the interviews<sup>10</sup>.

### 4.3.1 Mental health and wellbeing

Interventions focused on mental health included keyworkers initiating referrals to counselling providers, signposting participants to NHS or third sector psychological therapy services, and offering more informal coaching themselves through their keyworker interactions. Some keyworkers had professional qualifications in counselling or therapy, and others drew on their life experiences to provide coaching and emotional support as clients worked through difficulties.

A few delivery partners had in-house counsellors, whilst others would refer to therapy providers within or outside of the ATI network. The involvement of a well-known mental health charity within the ATI partnership was highlighted as an advantage. Keyworkers could make a direct referral and personal introduction between the participant and counsellor, which was felt to help ease any apprehension. One keyworker noted that participants sometimes preferred to use a voluntary sector provider for talking therapies as this felt less 'scary':

*"With some people, they might want to have a talking therapy. Sometimes they don't want to go down a specific route of a [statutory] agency. They don't want the NHS. Sometimes they feel more comfortable working with the voluntary sector. I think that's a thing because they don't see us as- we're not scary. So within ATI, we can then go to another partner ... They will do counselling for anybody, so I can sign post them there." (KW02)*

When asked what types of provision or support were missing or difficult to access within the locality, several keyworkers highlighted the challenges of insufficient access to mental health services. Difficulties included limited capacity and long waiting lists, an overall scarcity of services in the region, and gaps in services for young people. In rural areas, mental health support could be particularly difficult to access. One keyworker observed more broadly that the threshold of access to social services was getting ever higher, meaning people had to be in very extreme levels of need before they could obtain support. In relation to mental health services, they commented:

*"It's just a real worry about, you know, how damaged or hurt people have to get before the help. And I think actually, in mental health services, a lot of people would say the same, wouldn't they, you know. I know from the child and mental services, the CAMHS side of things, that's really frustrating. Haven't had so much experience of adults with mental health services, but there's probably a massive waiting list, I'm thinking. And that's really frustrating when people need help and more than just a six-week block of CBT." (KW07)*

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<sup>10</sup> Programme managers noted that, overall, some interventions were drawn upon much more commonly than others, for example, markedly more use of counselling than work experience.

One keyworker described how, where it appeared that a participant needed a more intensive form of therapy, they had on occasion used the discretionary budget available to ATI keyworkers to fund a course of private psychotherapy. However, the keyworker went on to note that these private interventions were expensive (at £55 per session) and so could not be funded indefinitely.

Referring to a gap in their awareness of mental health services, rather than lack of access per se, one keyworker suggested that it could be useful to have a directory listing the full range of mental health services available locally, to support keyworkers in making referrals and signposting:

*"It's dealing with all the different scenarios of people. And you want to do more for them if you can ... I feel that I need to have the knowledge of where to place these people, and although you find out as you're going along - you know, you realise that there's a place that you can actually send them to, or call - I suppose a directory of: 'If this happens, then there's this to call. If this happens, then there's this to call,' rather than everybody finding the information out for themselves, would be useful." (KW12)*

The above comment points to a wider theme across the study, regarding the very diverse backgrounds of keyworkers, some of whom had extensive knowledge of statutory mental health services and local providers, and others for whom this was a relatively unfamiliar area.

Interventions around a broader notion of wellbeing included signposting and support to use wellbeing apps, mindfulness techniques and grounding techniques, engaging participants in facilitated wellbeing courses (e.g. those based around creative arts or gardening) and courses focused on understanding healthy habits around sleep, nutrition and exercise. Some of these activities took place in groups, thus simultaneously addressing social isolation and social confidence building. Notably, whilst some delivery partners were able to facilitate a wide range of creative and wellbeing-focused activities from within their organisation, others were less well-resourced in this respect and some keyworkers perceived an unmet demand among their participants for opportunities to take part in creative pursuits.

Interventions focused on physical wellbeing included keyworkers initiating referrals to participants' GPs for exercise on prescription or making referrals to NHS Health Trainers, as well as exercise classes and walking groups. These physical activities had overlapping benefits with wellbeing outcomes, as one keyworker explained:

*"I think one of the good things that we do is we do fitness courses ... Through the fitness courses, because we know you gain lots of - you feel better about yourself, endorphins and so on, working*

*in a team, and giving commendation. So that's good. So [participants] who are involved in that, we've seen a big hike in their happiness - hopefully! They say they are! - but also their fitness."* (KW05)

Another intervention that might broadly be considered as wellbeing-related was providing information and support to use the public library to access free reading and audio materials, including via tablet devices.

Some keyworkers emphasised the importance of helping ATI participants to build personal resilience and to take care of their overall wellbeing in order to be 'the best version of themselves'. To some extent, these keyworkers positioned themselves as exemplars and role models for participants, in demonstrating how attending to one's wellbeing provided a strong foundation and bolster against times of adversity:

*"We do focus heavily on wellbeing. So really trying to allow people to be and work towards being a better version of themselves, because essentially, that's going to put them in a much different position when trying to apply, access, secure, maintain employment again as part of their recovery ... I try and be an example, or try and lead by example really, in many ways, you know, improving the oxytocin levels, and dopamine and serotonin, just doing all the things that I feel I can do, certainly makes me perhaps a role model ... I often think about control and what I can control and what decisions that I can make that'll influence positivity on me. You know, self-help. I'm a big advocate of that."* (KW13)

*"You meet people who feel they have no control whatsoever over how they feel each day, and it's like it's almost done to them ... And what we try and do is give them the tools. Now that's not me saying you can fix your own mental health problems all the time, but you can change attitude. So some of it's like going, actually, if I wanted to give you a doom and gloom about my [own] life, I could give you a whole list of things going on at the moment. But my choice every morning is to be as positive as I can be, be the best version of myself ... So what we try and do on ATI is equip people in those day-to-day things as well as also handling some of those extremities as well ... I'm offering courses in confidence, managing relationships, managing emotions, how to cope with challenges. They can give you those building blocks that help you maintain, or a resilience that enables you to bounce back."* (KW01)

### **4.3.2 Confidence building and social engagement**

Supporting ATI participants to increase their self-confidence was emphasised as a major part of the keyworker role, underpinning other more concrete or practical aspects. Confidence building could variously be nurtured through coaching-type conversations with the keyworker, participating in team-based sporting activities, and through completing certified courses:



*"Because we're a training organisation, I can do online training ... and it gives them a certificate, which a lot of them have never received a certificate or recognition for anything ... So they get certificates for this and they can then put it onto their CV. So it's sort of like building up confidence, really." (KW12)*

Confidence also came through the keyworker initially providing very close and intensive support with practical activities, appointments, etc. and then gradually easing back as participants built confidence over time to undertake things more independently:

*"If they've got confidence, they'll then take the risk of trying new challenges and new experiences. In turn, doing those new challenges and experiences will give them more confidence. And then it's building up their resilience and then something that they initially might have freaked over, that was very tiny, they can start to deal with it." (KW04)*

Sometimes it was the combination of support and encouragement alongside practical intervention that contributed to positive outcomes for participants, as in the following example:

*"[A participant] who sadly suffers from depression, used to have their own business but they needed just that little bit of help maybe with Excel. And, well, encouragement, that's the other thing, just that encouragement. But then just that little bit of a gentle holding hands, as it were, where we were able to assist them and give them the support and the time. And then they've now started on their own as a sole trader now, so they're able to go back into that work." (KW05)*

For one keyworker, an important part of their employability work with participants was to encourage them to develop self-worth, through which the positive qualities of their personality could then come to the fore:

*"A lot of the time I'm saying to people, 'The more you are you, and the more you are the authentic you, the more you will achieve. The more you liberate yourself of all the inner voices that are saying, 'You're crap, you're worthless, nobody likes you, you're ugly, blah blah blah...' The more you can liberate that to say, 'I am a good person and I do my very my very best every day,' that's attractive qualities. So we focus on personality. We focus on resilience. We focus on people being able to quantify what they can bring ... It's like, I just need you to be authentic you." (KW01)*

Supporting incremental increases in self-confidence, ATI was able to facilitate very person-centred social activities, tailoring the scale and intensity of social engagement to participants at whatever level they felt able to manage. The types of activities were shaped to the individual's interests in order to gradually build their confidence and

interactional skills. Examples included taking an older and socially isolated participant to the coast to enjoy a favourite childhood meal of fish and chips, and accompanying a very socially withdrawn participant to the cinema:

*"One of the participants that we have loves cinemas, so they love going to the cinema to see films. But one of the things is that they hardly ever talk to people, they can't have eye contact. But I said, 'Well why don't we go to the cinema together,' you know, to go see a film, a film that they would like. So we took them ... [And] the change from doing the thing that they enjoy the most, from how they were before, to afterwards - obviously it's a process - but they now feel that we are friends, you know, in that professional way, as well, and they're able to now have eye contact, to communicate and so on." (KW05)*

This same keyworker described how, within their organisation, ATI participants were encouraged to participate in a regular programme of group activities and, through this, had built up an almost family-like bond:

*"We do a [wellbeing session] in the morning, which is exercise and we'll discuss something maybe about their past, in a fun way, to try and draw people out. And there's usually about six to ten that will come that. And then we spend a couple of hours together. Everybody is encouraged to stay in the building, there's food here that they can have, and tea and coffee all the time and everything's free. And then we have another meeting in the afternoon, where it's a group, and that's usually a little bit smaller, about maybe six? And then we will discuss something else. But what I can't believe ... is the way that everybody is like family. And I don't use that word wrongly. We were having a discussion yesterday and how we were speaking, it was talking like we all know each other really well now." (KW05)*

### 4.3.3 Education, training and qualifications

Interventions around basic skills of literacy, numeracy and digital literacy were mentioned by a number of keyworkers. Some delivery partners were able to provide these in-house, whilst others would refer participants to organisations within the ATI network or external education/training providers. Keyworkers noted how some ATI participants could feel unwelcome or intimidated in formal educational settings. Hence, education providers that offered outreach, along with non-judgemental approaches, were particularly valuable:

*"I work with a couple of external partners who are really good for ATI participants. There's the local college and they come out and do outreach work, and they're brilliant. They understand people and they're completely non-judgmental, which is excellent, because some of these participants lead quite chaotic and complex lives." (KW02)*

*"We found a lot of people didn't want to go to the college. They found that too intimidating, they felt too old. They didn't want to be thinking kids would be there, looking at them and what have you. So we've actually managed to work with our local college, and they got some funding, so they send a tutor here once a week now. And we've got some people doing their entry level English. So it's a small group session. So I think it's other organisations just being a bit more adaptable and thinking outside the box." (KW04)*

Another comment was that courses with more flexible scheduling (i.e. not tied to the traditional September start) would benefit participants who were seeking to take up courses throughout the year. One keyworker suggested that it would be useful for ATI to have better links with schools and colleges, to support young people (including those with mental health problems) at the school-to-work transition stage:

*"I think it's difficult for us to support young people. Particularly those that are in and amongst education. I think where you can build networks with schools and colleges, I think it would be worthwhile with a project like ATI, so that you are getting your 15/16-year-olds that are going to get ready to look for work, because there's lots of young adults that do have mental health conditions, and so letting them know that support is available." (KW10)*

Reflecting the prominence of digital literacy as a barrier to work, many keyworkers highlighted the interventions they directly facilitated around use of technology:

*"I did an intervention in tablet training. I had six participants ... all of them complete novices, complete technophobes, and didn't want to even touch them [tablets] without thinking they were going to explode. In the end, they were all at least all able to read emails, play a game like solitaire on them, or do crosswords as well. So they were able to do basic things. 'Indeed' [jobsearch site] you could save as a bookmark on the main screen as well; if they click that it went straight to 'Indeed'. So that was for those that were jobseekers." (KW11)*

*"One of the groups we run is an IT support group, and that really helps people. So they can come in and it runs as a bit of a kind of surgery, if you like. Some people come in with a problem and somebody will help sort them out or teach them how to, you know, either get online or use Zoom or Teams, or whatever it is that they need to be able to do, which is really beneficial." (KW06)*

Drawing on the discretionary budget that was available to keyworkers, some had enabled ATI participants to gain licences and certificates to enhance their employment prospects, for example, construction site safety or driving licences. Some delivery partners were facilitating practical access to computer equipment for those who did not have this at home, either through using equipment at the organisation's premises, or (particularly during the pandemic) loaning or purchasing tablet computers for participants.

#### 4.3.4 Employability skills and work experience

A range of interventions and keyworker activities relating to employability skills were noted. These included structured one-to-one employability courses - supporting participants to identify their goals and aspirations - as well as skills development around CV writing, interview techniques and mock interviews, small business start-up support and support to identify appropriate job vacancies.

Some delivery partners were able to offer opportunities for voluntary work within their organisation, which provided ATI participants with a safe and supported space for first steps into a work role, and could lead to the delivery partner being able to provide a reference as they moved into employment:

*"We've been working with them for a certain amount of time, and if they've been doing voluntary or getting a bit of work experience, we're willing to provide them with a reference. Many don't have references, referees, because they've not had the work experience" (KW11)*

*"Most of the people that have been on ATI, which I think is amazing, have actually gone to volunteer in the [community pantry] that we have in our building." (KW05)*

One keyworker noted that their role involved networking with employers to identify and maximise job opportunities for participants:

*"We try and keep up networks, networking with local employers, and you'd say to them, 'Well, if you've got a job role coming up, ask us first, see if we've got somebody suitable.'" (KW11)*

#### 4.3.5 Benefits, debts and financial advice

The involvement of Citizens Advice as an intervention partner within the ATI network was highlighted by numerous keyworkers as a particularly valuable element of the programme, since many participants required support in understanding and accessing benefits for which they were eligible or in stabilising finances:

*"I think understanding the benefits system is massive. Knowing what people are entitled to ... So knowing how to navigate the system, and understanding what people might potentially be entitled to and how they claim for it, and having the support to make sure that their claim is as detailed as it possibly can be. So I think being able to refer to places like Citizens Advice is just so important, because obviously they've got the right level of expertise to be able to help people navigate through ... We refer in to them a lot, and having that expertise on hand is just so important." (KW06)*

The extent to which keyworkers were directly involved in people's benefits claims varied, in part linked to their professional backgrounds. Some keyworkers had considerable experience in this domain and so were able to provide direct assistance, for example in deciphering communications from DWP, completing application forms, setting up new claims on the online applications interface, maintaining an online Claimant Journal or helping with checking entitlements or changes in circumstances. Others felt they weren't qualified to offer direct advice or assistance on financial or benefits issues, so would instead signpost or support the participant to make an appointment with Citizens Advice.

Benefit sanctions (which could leave people with extremely low amounts to live on), administrative errors or delays to housing benefits payments, and the recent removal of the £20 uplift to Universal Credit during the height of the Covid-19 pandemic, were noted as challenges for participants who were involved in the welfare system. Another issue was where participants chose not to claim benefits that they may have been entitled to, because of negative perceptions of taking government 'handouts'. Hence some people were living on lower incomes than they might otherwise be able to obtain:

*"You know, when we know that they're entitled to claim for benefits, but they don't want to, because they just don't want to be relying on any handouts or it's seen as something really negative. So some people are really struggling financially, but really won't look for any financial support from the government because they think it's the wrong thing to do ... People who have struggled on with very little money for their adult life, but don't see them as being- you know, benefits 'aren't for people like them' because they've worked or they're okay. But actually they're in a situation where they're fully entitled to some Housing Benefit or a reduction in Council Tax, or whatever it happens to be, but don't want to." (KW06)*

Some keyworkers had written letters providing evidence to support a benefit claim, and/or had accompanied a participant to their assessment, in the role of a trusted companion and emotional support:

*"We will go with people, if they want us to, if they've got a medical assessment. And I've written letters, and supporting letters for claims, and so we'll support in all sorts of different ways, because it's very stressful .... It's just really stressful." (KW09)*

*"I've attended PIP tribunals with people and just basically supporting them with forms ... I've actually been to the assessments with people, and I think they are horrendous. They are tricky. It's almost like being in a law court, to my mind ... And it's very nerve wracking, for the participant." (KW03)*

*"I have gone to appointments with people as well, not to sort of jump in and, you know, do the work for them, but literally just to hand-hold." (KW04)*

Keyworkers were sometimes involved in helping participants to obtain necessary personal identity documentation, such as birth certificates and driving licences, in order to make benefit claims or to open bank accounts. One keyworker noted that they sometimes supported participants to apply for the Blue Badge parking scheme. The discretionary budget available to keyworkers had also, on occasion, been used to fund administrative fees, e.g. for a replacement birth certificate.

#### **4.3.6 Liaison with other services**

Some keyworkers liaised with other professionals who were involved with the participant, for example, mental health practitioners, probation officers, social workers or homelessness prevention workers. This kind of contact was generally felt to be useful and helped to work collaboratively in the interests of participants:

*"I had a phone call from somebody the other day who just wanted to make sure that somebody on ATI - they were closing their caseload, and this particular service user was moving on from their service, so they just wanted to make sure that there was something in place, and they were going to get some more support moving forward. So things like that or, you know, you've got to be able to talk to a social worker to make sure that you're all kind of singing from the same hymn sheet, as it were, and making sure that all the dots are joined up and it's a coherent package of support for the person that you're supporting." (KW06)*

*"We'll talk to Youth Justice workers. We've actually been on meetings with their caseworkers, so we've attended meetings. And it's good to be included in that, so you know what you're dealing with. Although I think it's totally out of your remit for job description, it's good to know what you're actually dealing with. Because we had two young lads from Youth Justice who were known to each other, not in the right way at all. So we had to make sure that they weren't together." (KW12)*

Keyworkers supporting participants who were in contact with secondary mental health services upon joining the ATI programme noted that establishing contact with mental health practitioners could sometimes be difficult, for example, due to staff turnover. Earlier sharing of information regarding prospective referrals to ATI, and more open and responsive channels of communication between mental health practitioners and keyworkers, were noted as ways in which the coordination of support for ATI participants could be improved.

Overall, keyworkers did not mention a great deal of communication with participants' Jobcentre Work Coaches once they were enrolled on the ATI Programme. One keyworker commented that it would be rare to be directly involved with a participant's Work Coach unless the participant specifically requested it.

05

# Retention, progression and outcomes



## 5 Retention, progression and outcomes

This chapter explores keyworker perspectives on supporting the continued engagement of ATI participants through their time with the programme, how they approached cases of non-progression or disengagement, the outcomes attained by participants throughout their journey, ongoing support beyond formal exit, and the critical factors in securing employment.

### 5.1 Retention and continued engagement in ATI

At the time of writing, ATI had engaged 3,511 participants over approximately 5 years of operation. For the most part, keyworkers did not describe any significant problems with keeping participants engaged once they had enrolled on ATI; dropout or disengagement did not arise as a major theme in the research interviews<sup>11</sup>. However, situations were described where participants did not seem, over time, to be making active progress (even with recognition of the need for a tailored pace) or in some cases did not seem genuinely motivated towards employment.

The complexity and unpredictability of participants' lives was one factor that could affect sustained engagement and progression. As one keyworker described, initial enthusiasm might wane over time, either as participants found that they weren't currently in the right "headspace" for the programme or if other factors such as ill health presented an obstacle:

*"Some people feel that they might have been- you know, this is offered to them as an option. So they come along and they're really enthusiastic, and then their enthusiasm wanes when actually, we say, you know, 'This is a really targeted support programme. It's about working with you on that long term goal.' And if they're not in a great headspace to be able to commit to that then... Or other people might commit really well to begin with, and then might experience a period of ill health and then it kind of drops off, and then sometimes they come back and sometimes they don't." (KW06)*

*"Sometimes the journey gets thwarted by physical health issues coming back again. So if your body is physically wrecked, and then it gets further set back, it usually means mentally they have a further setback. That's quite a hard one to deal with." (KW01)*

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<sup>11</sup> As this study was not a formal evaluation of the ATI programme, we did not conduct an analysis of quantitative programme data on referrals, signups, completions and withdrawals. A separately commissioned summative evaluation of ATI will take place during 2023.

Keyworkers recognised that some participants had very complex lives, and so would exercise patience and understanding if appointments were missed, if engagement fluctuated or had to be terminated for reasons outside of participants' control. Where participants went through challenging periods in their lives where they were less able to engage, the frequency of appointments could be scaled back or contact become more light-touch for a time:

*"I think [our] premise is that, you know, we get it, we understand what your barriers that you're facing are, we get that you will cancel an appointment because you're not on a good day, you know, we get that. There's absolutely no pressure." (KW10)*

*"I have a couple that are quite complex to get to sort of understand. So I've got one, they drift in and drift out, and then apologise like mad for not keeping in touch. And then they'll drift off again. Then I have another one who will ring you probably three times a day for like three days and then disappear. So I think it's just what's going on in their lives, and what they're worrying about." (KW02)*

*"Sometimes people might ask for a pause. I've had it where people have said, 'Look, you know, not in a good place,' or, 'I'm in a very good place and I don't want you right now, because I'm doing something more fun,' for whatever reason! So I've said 'Right, can I come back to you when this episode is over.' And then that's just a quick email every now and again, 'How's it going?' Just to remind them that I'm here. And then they've always come back." (KW09)*

If participants experienced setbacks due to the emergence of mental ill health or other challenges in their wider life, keyworkers might respond by revisiting and adjusting goals, focusing on less demanding activities for a period of time, or engagement with the programme could be temporarily put on hold:

*"So it might be, right, let's look at some really therapeutic activities or let's look at some outdoor activities. Let's reduce the emphasis on a jobsearch, or the English course or whatever it is that they might be engaged in, and concentrate on something that's going to be really good for their wellbeing, and then come back to it when they're feeling in a better place." (KW06)*

*"I had one [participant] just before Christmas, that I had every excuse under the sun for them cancelling appointments ... In the end, I said, 'Look, you really need to be committed, and I totally get the fact that you need to do X, Y and Z, instead of coming to us, but this is really important.' So I just said, 'Take the Christmas off, see how you feel. We'll just sign you off from the programme right now, and if you want to come back, we'll just do a reassessment and see where you're at, because it might not be the right time for you.' ... We just had to have that difficult conversation with them really, but I think they'll come back to us, you know. We've left the door open." (KW10)*

The Covid-19 pandemic had had mixed impacts on participant engagement. For some people living in very rural areas, moving to remote delivery had enabled them to get more involved than they ever had been in the past. However, some keyworkers had experienced participant disengagement during the period where meeting in person was not possible. Some had re-engaged as soon as face-to-face contact was possible, but there was a sense that some participants had been lost as a result, despite keyworker efforts to re-engage them.

Interestingly, another impact of the pandemic noted by keyworkers was that the relaxing of DWP-enforced conditionality around work-related activity had in turn resulted in reduced enthusiasm from some participants to engage with their ATI programme activities. Once social distancing rules were lifted, keyworkers found that some participants had little motivation to re-engage with ATI, when they had become accustomed to staying home and were doubtful of the economic benefits of moving into work. Despite ATI having been non-mandatory throughout, as mandatory engagement with Jobcentre activity was put on hold, so some participants took this as a reason to also pause their engagement with ATI. As one keyworker put it:

*"They need a new incentive, a new motivation, to come back in. And when a lot of them are already economically inactive, coming off ESA - that's a scary thing. It's their safety net at the moment. And even if they want to work, it's that, 'Well, will I be better off?' A lot of them think, 'Well, I'm comfortable. I'm alright just being on ESA.' And that's it." (KW11)*

Keyworkers spoke about the various ways they would approach situations where participants seemed to be distancing from the programme, and differing approaches were evident. One keyworker described how they would be gently persistent over a prolonged period of time, before deregistering a participant from their caseload:

*"We ring them, try to contact them, email them. I don't just do it once, twice, I'll do it and then I'll carry on. And then eventually, it might be even six months later, I will withdraw them if we haven't heard from them." (KW12)*

On the other hand, another keyworker described a participant whose engagement had waned due to other social influences, but where they felt that "chasing after them" might risk further disengagement at this point. As such, the keyworker was giving the participant space and hoping they would return of their own volition in due course:

*"We've had somebody on ATI for an awful long time and they've had an awful lot of support and we'd literally just got them signed up to do their English entry level, so getting them on that step of education. But outer influences have basically sort of taken them away, you know ... So I*

*haven't withdrawn them at the moment, they're just floating around somewhere, because I think for me to sort of go chasing after them, that would push them further away. So at the moment, I'm just letting them ruminate about things and think about things." (KW04)*

Another keyworker spoke about how the approach to re-engaging participants really needed to be personalised to the individual. For some this meant a very softly, softly approach whilst for others a more direct approach might be appreciated:

*"I think one of the things is maybe cater to what will bring them round. So everything's kindness and I would just say being friendly and nice to somebody and seeing how it goes ... But not one size fits all. Whatever would be right for them. Another one it might be that you need to have a frank discussion, you know, there might be somebody that that's what they want. They want to be honest. So I think it does just depend upon the individual." (KW05)*

The same keyworker went on to explain their perception that the worst response to apparent disengagement would be to do nothing, as it may leave the participant feeling abandoned or unvalued:

*"I think the worst thing you could do is not do anything. You know, if they've not been in contact, which sometimes happens, especially if they've got maybe a mental illness or something, they might think that they're worthless and they might think that we really don't care because we're not communicating with them. So it's saying that little voice in their head isn't real; we do care, and you're missed. So yeah, that communication, I think, is key." (KW05)*

Speaking more generally about how they supported participants to maintain regular attendance at appointments, two keyworkers described how gentle nudges and reminders, and keeping a focus on concrete and structured actions was a useful way to keep participants engaged:

*"I use a lot of nudging. I always text before their appointment, the day before ... I tend to keep it general and not specific, but just try and persuade them to just stay on board ... And find something physical to latch on to, like, 'Let's update your CV this week.' Or I do a lot of self-awareness, careersy-type things that are easy for me to do, and they enjoy ... I don't tend to go into any meeting without having some thing in mind that I want to achieve." (KW03)*

*"In the week, if I know that people struggle with attendance, then I'll ping them a text or an email ... 'Don't forget tomorrow at 1:30.' And during the session, I'll be like, 'Have you written down our next session? Do you have a diary? When is it again? I'll see you again next week,' you know, there's quite a lot of reassurance - 'Yeah, I'll definitely see you next week at the same time. Make sure you've got that in your diary.' So it's about supporting them in their time management and planning." (KW07)*

Notably, one keyworker perceived that the point of starting to actually apply for jobs could be a challenging time for participants, with risk of disengagement at this juncture:

*"I think for some people, when you come to those crunch points of, 'Right, we're going to apply for a job now, we're going to apply for a course now,' that can be really difficult to kind of make that jump psychologically. So there might be a little less engagement or a bit of stalling, because, you know, it's really terrifying to do that." (KW06)*

When asked how they would approach this situation with the participant, the keyworker referred to the supportive approach of staying alongside the participant while they made this transition, whilst reminding them of their overall objectives and how close they were to now reaching their goal:

*"I think it's about being honest with them and actually, you know, the whole point of this was that your goal was to get you to this point and we're now ready. But we're here with you and we'll take you through every step of the way, whether that's sitting down whilst they do the application, or doing a mock interview, or if it doesn't go particularly well, then we'll be able to support them and help them to kind of get back on the horse, as it were, and have another go." (KW06)*

## 5.2 Addressing cases of non-progression

Although ATI is a highly personalised programme through which participants can progress at an individualised pace without time limits, keyworkers sometimes encountered participants who seemed unable or unwilling to move forward in their journey towards an employment outcome. Keyworkers talked about striking the right balance between providing open-ended support but not letting participants become so "comfortable" that they stopped working towards their employment goals or their progression beyond ATI:

*"People get a little bit- not comfortable, because it's nice that they get comfortable with you. Sometimes people can get a little bit too comfortable, and they just enjoy meeting up for a cuppa and a chat. Which is great for initial engagement, but then at some point, you need to move a bit further than that. Some people, I think just get very comfortable with just meeting up for a cuppa and a chat, and they don't really have to think about anything else. So managing that from quite early on, that you don't get into the groove of just, you know, we're just meeting for a chat and we don't have to [progress] ... Just reminding them. But I think also reminding yourself that it's, you know, you're not just there for a nice flat white." (KW08)*

*"[It can be challenging] when we're starting to put a bit of pressure on to say, 'Come on. You know, ATI isn't a gift forever. ATI does have a limit. You can't be on it for years and years and years. We need to progress you.' For some people, they would love to just keep coming every single week, because they have a lovely time. It's like, 'But that's unfair to other people then. And you are ready now for your next step and we've taken you to that point.'" (KW01)*

Similarly, another keyworker noted the need to accept an individualised pace of progress but at the same time be continually working to overcome whatever issues were halting the person's forward movement:

*"There's a difficulty behind that [individualised pace], because if people want to go incredibly slow, then that's fine depending on what is making them need to go at a much slower pace and that we're working with them to try and, you know, overcome that challenge or that barrier or whatever that may be." (KW13)*

In a similar vein, some keyworkers spoke about the need to maintain an overall focus on employment-related goals during ATI engagement. Whilst they fully recognised that some participants also needed mental health counselling as part of their journey, and there was scope for the keyworker role to include some elements of emotional support, the overall focus needed to remain geared towards employability. As we will discuss in Chapter 6, navigating this balance could be an area of challenge or tension in the keyworker role.

In some cases, keyworkers perceived that a participant was not really committed to their goals of moving towards employment, perhaps being more driven by external approval than intrinsic motivation. In such scenarios, keyworkers needed to tactfully broach the fact that engagement could not be indefinite if there was no real motivation on the participant's part:

*"Obviously, you know, it's open ended, it can go on for ages as long it's needed. But I try and reach an endpoint. And also it's that difficult thing, isn't it? Sometimes you're not gonna get somewhere with everybody. Some people do coast, and some people, let's face it, have absolutely no intention of working. They might tell you they have, they'll tell you all the things that they think you want to hear, but they've actually got no intention of going back to education or working. And you've just got to- you just come to a sort of mutual, you know, I'll say a few things, I'll maybe say, 'Oh, see how we go, see how we get to the end of January,' or whatever and try and come to a natural sort of parting of ways." (KW02)*

*"Some of them are playing a game, you know, they play this game of, 'I'll go and I'll do it because I have to,' because it looks good, either for probation - they're up in court - or their claim, or the Work Coach ... it [becomes apparent] quite quickly because if they are, they'll just keep fobbing you off with, you know, 'Well, I can't do my CV; well, I can't apply for that job; well, because,*

*because, because.' There's always a reason. And then you say, 'Well, we have to apply for this job. We've got to do this because otherwise, you know, you're not doing what you said you would do.' I think with experience, I've got quite used to seeing that now." (KW12)*

*"Sometimes there will be some people where they'll just continue doing multiple applications because they've joined us, perhaps from the Jobcentre, and the Jobcentre have said, 'You must go to [ATI] and work with them.' And then if that's the case, you know, they're not always 100% committed to the journey" (KW10)*

*"I had a participant recently who engaged really well, but then they didn't really want to do anything that was to do with anything even mildly like, you know, the tiniest steps that would help them to move towards employment. They didn't really want to do any of that. And I kind of put it to them in lots of different ways, that we didn't have to- I wasn't expecting them to be in a job next week or anything like that, but still we need to show that we're moving towards it." (KW08)*

Some keyworkers perceived that for some participants, their mental health difficulties and wider life circumstances were so very complex and challenging that it could be beyond the capability of the ATI programme to support them to an employment outcome:

*"On paper, it's a great project. And it works for a lot of people. Don't get me wrong. I've had a lot of people that it works for. But there's a lot of people who are way down the line that, dear me, I don't know what they need. More than I can give them ... I was expecting a lot of mental health issues, but the project was for those people that are unemployed or economically inactive, to get them into work. There's no way some of these people are ever going to work. Absolutely no way. So whether we're the right project for them, I don't know." (KW12)*

*"Even with professional help, I've seen people that have had therapists ... and certainly I can look back on a few people and think, 'You're not actually getting the right therapy.' And it doesn't matter how many CBTs people throw at you: nothing. They're just not going to change. They are stuck, and it's those that are the hardest for us because it's like we want them to move forward, but I suppose it's that thing with like addiction ... unless that person wants to move forward in their journey, there is nothing we can do. We can support if they're having a crisis or anything like that, we can support them best we can, but it's how long do they stay on the ATI journey when, after a year, you've already discovered that actually they're not going to produce an outcome at all. After all that work ... Yeah, it's quite sad really, is that." (KW11)*

However, a contrasting view was given by some keyworkers based within in organisations specialising in mental health, which were guided by more formalised principles of occupational and vocational support (e.g the Recovery Model). These

keyworkers emphasised that anybody could be supported into employment, if they so wished:

*"There's never ever been a time when somebody has been sat in front of me that I believe this person can't do anything ... I've always believed that people, if it's right for them, can do anything they want to do ... It might be a little bit tougher. It might take a little bit longer. But I think if you can engage somebody in your provision, that has real teeth and meaning, that has a genuineness about them ... We'll adapt and pivot in order to try and deliver the best possible service for anybody in their particular situation. And as a result, we see really positive outcomes of people going into work. So I get to the point where I believe everybody is- everybody can." (KW13)*

These differing viewpoints about the ability of ATI to support people in the most challenging circumstances likely reflect differences the organisational capacities and professional specialisms of different delivery partners and their keyworkers, a theme which we return to in later chapters.

### 5.3 Outcomes and exits from the ATI programme

The objectives of the ATI programme are to support participants to enter employment, to engage in training/education or to move from economically inactive to jobseeking status; these are the three formal outcomes which delivery partners can claim as results for participants exiting the programme according to the funders' metrics. As of November 2022, of the 3,511 participants engaged in the programme, ATI keyworkers had supported 840 participants (24%) into employment or self-employment, 716 participants (20%) into training/education, and 367 participants (10%) from economic inactivity to jobsearch.

Whilst all keyworkers who took part in research interviews referenced the formal outcome metrics, and for some these were prominent in the way they spoke about the goals of ATI, many keyworkers also emphasised additional outcomes of the programme that were broader than training or employment and encompassed holistic personal development:

*"In my mind, employment is the ultimate. And I've got good links with the colleges, so I tend to use training, as well, as a really good result. The least result we want is a really good CV and some jobsearch techniques." (KW03)*

*"We don't always like to let somebody go on just a jobsearch because, whilst it is an outcome under the ATI project, it's not one of our desired outcomes. Our desired outcomes is that they've increased their confidence, they've got a job or they've gone into education, and they are a better version of themselves than when they first started. That's the outcome for us." (KW10)*



*"For us, it's not about someone getting a job. That's almost proxy data. Because the number of times we've heard, 'As soon as I got a job, I got enough money to take my kids places and have a real life. I could go back to the pub, because then I was able to buy a round, because when I was on benefits I could never join in. So my social circle improved, my relationship with my kids improved, my self-esteem improved, I felt like I was a valuable member of whoever.' So the job is not about getting them off the unemployment statistics for us; it's about helping people use that, so that they can understand how far they've come, get that sense of self-worth, get that sense of pride and change their lives ... It's about recovering the life that's meaningful to them. And so for us, talking about work is a vehicle for that change. Even if they don't get into work, it's irrelevant. It's nice, but it's irrelevant. It's about: do they feel that they're making a positive journey?"*  
(KW09)

Keyworkers recognised a spectrum of positive outcomes beyond employment itself. Whilst examples were described of participants who had entered paid employment, set up their own business, enrolled in training and education or taken up voluntary work, other positive outcomes highlighted by keyworkers included increases in self-confidence and social interaction, securing more appropriate accommodation, positive impacts on wider family members, and attaining a greater sense of hope for the future:

*"You kind of see their self-confidence, their happiness level going up. Really rewarding. And that's reflected in the wellbeing survey we do at the end, you know, with the exit papers as well. So it's evidenced." (KW03)*

*"One [participant] has had so many difficulties in their life, and to get to the point where they can talk just a little bit about how they're feeling and how they're managing is huge, because they've had to bury so much to be able to deal with their life, to move on. But to sort of begin to be able to talk a little bit about how they're feeling and be able to build on our sessions each week is- is really positive. It's so special, and it's a really big thing when somebody can share how they're really feeling and how they're coping with things, when it's not been good in the past." (KW07)*

*"It sounds really trivial, but sometimes it could even be somebody going out for a walk. Because, you know, some people just don't go out or are frightened of this, that and the other. I have one participant who had a psychotic episode, and they wouldn't look at me. They just look down ... They think they're really ugly and they can't look in the mirror. But now they will talk to me, and they'll look at me. They'll look into my eyes. And I mean that, for me, is a result. Do you know what I mean? Because we've worked such a long time. And now they can actually look at me." (KW02)*

*"Sometimes we can't get them all the way to full paid employment, but they have gone on to further education, which in itself has been a phenomenal step forward. And they're gaining a qualification, which for some is quite life changing." (KW01)*

*“That person that I went to the cinema with, that was a really big thing for them, you know. But now they are volunteering at a local, small cinema, an independent cinema, which is just- it is amazing. You know, just one day a month, but it's amazing because they love films but they're able to go and just do one day. It's not 'just' one day is it; it's amazing being able to do that day.”*  
(KW05)

Reflecting on these study findings, ATI programme managers echoed that an important recurring theme in their conversations with delivery partners was how every ATI participant starts in a unique place, and that progress meant something different to everyone and was much more than just getting a job or enrolling on a course.

Although the small study sample does not allow for generalisation, there was some suggestion that keyworkers with a more mainstream training/employability background tended towards a narrower conceptualisation of outcomes within ATI, whilst keyworkers with a background in mental health vocational services described a broader concept, reflecting more of a 'recovery model' type perspective. This is not to say that all keyworkers did not perceive the value of intermediate steps of confidence, self-esteem and social connection or that others did not see employment as a valued outcome, but that in speaking about goals and outcomes, different keyworkers emphasised somewhat different aspects of the overall journey. This again echoed the experience of ATI programme managers in their informal interactions with delivery partners; influenced by professional background or philosophy, some seemed more driven by 'hard' outcomes, whilst others put more emphasis on the 'soft' outcomes, but all partners certainly saw the value in both.

Reflecting the tailored and open-ended approach of ATI, decisions on when to formally exit a participant from ATI were negotiated on a case-by-case basis. Keyworkers did not let go of participants readily and would not necessarily exit a participant at the first opportunity. Rather, their approach was to stay with that participant until they had reached their ultimate goal or for as long as the participant felt they were benefiting from the support of the keyworker in moving closer towards that goal:

*“For example, I was working with one participant, I knew I could get them out [i.e. record an exit outcome] on training, because they'd done a training course. But what they wanted was actually to get the job. And so if I was playing it for the points and the money, I would be saying, 'Sorry. You've got your exit. You've got your training. Crack on, bye.' But actually, they stayed with me while they were doing that training. They wanted to be a teaching assistant in a special school. So they got the training. But it took a year to do the training, and then they needed to get the job. So I worked with them - maybe light touch while they were training, just, 'How's it going?' - but I was working with them for a lot longer than I needed to because what they wanted to do was to*

*get the job, and I knew they would need help around that, and there's no guarantee that there's anyone else that could help them." (KW09)*

*"I've got a participant who is seeking work, they're really good at job applications, really good at getting interviews. But they're terrible at getting through the interviews, they've not been successful in getting through interviews. So we've done lots of stuff to support them with interview skills and technique. So recently I had a conversation with them. I think I've had them on the books for maybe 18 months ... But they said they still feel that it's really useful to have the support. So I think if people still want the support, it's just having conversations with them about whether it's still useful for them and what we can do to help them move forward." (KW08)*

It was felt that participants could sometimes be reluctant to end their involvement with ATI, as they had come to value the personalised support and the relationship with their keyworker, and to leave this behind could feel daunting:

*"I do wonder, for some people, is it that fear of losing that connection? So once ATI officially finishes, and they haven't got that support. Because for a lot of people, the support isn't just about getting into jobs or getting back into education, you know, it's really holistic. So to then have that really broad, holistic support suddenly come to an end, I think for some people that's quite scary, because you've been there as the keyworker for, you know, the best part of a year or 18 months or however long, and not to have you as part of their lives, I think for some people is really scary." (KW06)*

Whilst keyworkers hoped for the positive end goal of employment or training, circumstantial or pragmatic decisions were sometimes made to exit a participant sooner. A few examples were given in which participants who had joined ATI as economically inactive were nearing or had reached retirement age before finding employment. In such cases, the keyworker explained how they had recorded the participant as having exited into jobsearch or seeking voluntary work, although it was felt unlikely that they would return to the labour market at this stage. As noted above, keyworkers sometimes also took the decision to negotiate the ending of a participant's engagement with the programme if it was evident that they showed little sign of commitment:

*"If you can see that they are either not turning up or it's all just a little bit of lip service, then we would tend to say, 'Look, maybe this programme is not the right programme for you, at this moment in time of your life. And that's fine. We're here, we're going to stay here, and should you want to come back to us then please do that.' ... We'll probably either exit them on a jobsearch or withdraw them." (KW10)*

However, keyworkers alluded to a sense of personal disappointment when they were unable to support an ATI participant to move forward over time:

*"It is difficult. You might have a participant that's been with you for a year, and then all of a sudden you look back at their journey and you think, "They're not progressing," and you can see from the evidence that they've not actually given anything back ... It's like they're there - they're with you in the sessions - but they're not partaking fully. And I've seen that quite a few times where you're just not progressing forward, and it doesn't matter what advice that you give, or how. I think there's some people where we're just not going to be able to break them barriers down ... Not all participants want to go forward in their journey. That's hard. And then you have to cut down the time that you are supporting them." (KW11)*

*"I think you do find it quite difficult if there is somebody that you see, you're thinking that they're going to change their lives, and sadly they go down a different route. But that is the whole point of this, isn't it, that it's their choice. And all that we can do is try and facilitate a more positive outlook, whether it be work life, health, mental wellbeing. You can't help but take that home a little bit. I try not to do, but you know, you want what's best for people ... And there's some people it works out with and others it doesn't" (KW05)*

## 5.4 Support beyond ATI exit

The ATI programme model does not extend to in-work support, and there was no formal mechanism for keyworkers keeping in touch with former participants or offering ongoing support after their exit from ATI<sup>12</sup>. However, keyworkers might schedule a few additional sessions during the first weeks of a participant's employment or training, to provide some transitional support as they settled in:

*"We've got a few that have started doing a college course, so we've been able to move those ones on. But there's quite a bit of hand-holding and I will liaise with them during that transition ... Because they're really quite vulnerable, and they've built up such a trusting relationship with us, to sort of say, 'Well, you're finished and it's done,' is a bit too cut and dry ... I always make sure that, even though they are going to be signed off, we will always make sure that they understand that I've got a few more sessions with them while they're going through that transition, so that we can talk, and they can let me know how they're feeling about things." (KW07)*

*"For some people, it's a really clear cut - they've got a job, it's a full-time job, so that's it, they're going to go and do their 37 hours, so we're not going to have those same meetings. And it might just be a case of, you know, we'll text and keep in touch like that. And that's a definite clear ending. For other people it's kind of, you know, they might have started- it might be a part-time job, and we just need to kind of see how things go and make sure it's okay before we end that ATI process. Because although officially they're employed, it's just making sure that if anything happens, then they don't drop off without that person to come back to and still have that keyworker." (KW06)*

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<sup>12</sup> As such, the programme also did not include monitoring of job retention statistics for those who had entered employment.

Some keyworkers mentioned that they might stay in touch with participants informally as they made the transition into education or employment, providing some continuity of moral support. Where their organisation provided a wider range of support and activities (e.g. voluntary work, creative groups, small business support), keyworkers might continue to have contact with former ATI participants via these routes. This could again be beneficial in facilitating some ongoing informal support for participants as they made the transition into work or further learning.

## 5.5 What makes the critical difference for moves into work?

Keyworkers were asked what they felt it was that made the critical difference for ATI participants who achieved the move into employment. Two themes emerged: the importance of confidence and self-belief and the need for participant intrinsic motivation alongside keyworker support. Notably, although keyworkers did recognise the role of practical and financial support (e.g. for licenses, training courses and transport costs), it was the crucial role of self-confidence that was most prominent in their reflections on what supported moves into employment:

*"I think that comes down to them gaining self-belief from being on this project ... I just think it's that [confidence] and self-belief, and then they think, 'Actually, I can do this.' Especially if they've gone to do a bit of voluntary work beforehand. And then when they get a job, my goodness me, I don't know who is more elated, me or them." (KW02)*

*"I think the confidence. Their confidence in themselves is the biggest thing, their confidence in the abilities that they have, that we've had to just support and nurture a little bit. But they have got those skills. And so it's confidence in themselves." (KW07)*

*"I guess because the project is quite practical in terms of we can provide people with driving lessons or bikes or transport, it can be just being able to get somewhere. But it can be having the confidence to apply for a job that they hadn't thought of before, considered or thought they couldn't do." (KW08)*

*"I think it's just giving them some self-belief in themselves, a sense of self-worth. You know, they are part of society, they do have a say, they do have a voice. There will be challenges along the way, but with the right sort of support, they can overcome those challenges. But I think they've got to believe in their own voice." (KW04)*

As will be discussed in Chapter 7, this growth in confidence was fostered through the person-centred approach of ATI and the consistent relationships of trust and support developed with keyworkers.

Several keyworkers highlighted that effective outcomes required both the investment of the keyworker and the motivation and commitment of the participant. Participants needed to feel willing and able to engage fully and – with support from their keyworker – to tackle difficult obstacles and persevere:

*"I think it's only effective if we've got the time to put in and that we also get that commitment from the participant as well" (KW11)*

*"I think one of the things is, there has to be that desire in the individual, so that desire. With ATI, there is absolutely no doubt that the support is there, it's there financially for us to be able to support ... But one of the things is that they have to respond to that. So it can't just be a sense of we're going to give everything and you're just going to get a job. All the people that we've had that have got a job, they still have issues and still will have issues ... but they've learned coping mechanisms, they've put effort in." (KW05)*

*"It's like, I can't do it for you. That's not what we're here for. If you wish to do it, we're here to support you, give you every opportunity under the sun and those who grab it are achieving and soaring. If you don't want to grab it, I can't make you grab it ... [Those who succeed] have succeeded because they chose to go down the harder path, which was actually being positive. Chose to go down that path of doing the very things they didn't want to do, they knew they had to do, because it actually was for their own good." (KW01)*

06

# The keyworker experience

## 6 The keyworker experience

This chapter considers keyworkers' reflections on the experience of carrying out the ATI keyworker role. We begin by describing the positive and challenging aspects of the role, as expressed by keyworkers. We then take a detailed look at a theme that emerged across many aspects of the keyworker experience: establishing and maintaining parameters and boundaries of the role.

### 6.1 Positives aspects of the keyworker role

Overall, the majority of keyworkers emphasised the positives when asked to describe their experience of working within the ATI programme. Keyworkers found their role enjoyable and rewarding, and (as will be discussed further in Chapter 7) highlighted the strengths of the ATI model, which made the programme a pleasure to be a part of:

*"I've really enjoyed working on this project, and I still enjoy working on it. It's really diverse, like no two days are the same. It's really good to be able to support people who would really struggle to get that support anywhere else." (KW08)*

*"It's joyful, actually. I would definitely say that it's a good way to end my career, in terms of job satisfaction ... Really rewarding." (KW03)*

*"It's been amazing. It's been absolutely amazing. I've really, really enjoyed it. Really enjoyed it ... I think it's just about knowing and seeing and being able to make that difference to people. I mean, you see that impact of what you're doing in the support that they're getting from ATI, you see the support that they're getting from engaging in [delivery partner] or doing things in the local community, and building that confidence and hopefully either meeting their goal or moving towards their goal. When you sit down with somebody and you review where they are, six months down the line, twelve months down the line, and seeing that progress and that journey they've been on, it's really significant. And I think to have the privilege to have been a part of that, it's really special." (KW06)*

Helping participants to achieve their goals, and more broadly seeing a positive change in participants' lives, were highlighted as particularly positive elements of the role. Keyworkers used words including "privilege" and "humbling", in relation to their experience of supporting ATI participants:

*"What's good is that you feel you're helping people ... and people who maybe wouldn't have gone anywhere else for help - although they didn't realise that they maybe needed that help. That's what I like about it ... It could be somebody being in a really unhappy situation and then moving to a different area of town and getting a flat. Or it could be somebody going back to university. Or somebody securing work, and they never believed that they could do that." (KW02)*



*"I feel privileged to have been able to do that ... The difference I've seen for people has been so humbling, so overwhelming at times, but so phenomenal to see what people can achieve with the right combination of support." (KW01)*

*"It's challenging, for many, many reasons. But do you know, it is just so, so rewarding, knowing that you're making a difference to people's lives. And not necessarily just that client. Their sort of outer circle, so potentially other members of the family, or knowing that they go away and they might speak to a friend who's struggling. It's like, 'Do you know what, I was on this ATI programme. This, this and this happened. I really think you should contact them and, you know, sort of self-refer.' ... I love it, I absolutely love it. I'm really passionate about it." (KW04)*

*"I'd say the positives of being a keyworker are, you know, it can be incredibly empowering and incredibly humbling to take somebody through a journey and get them a positive outcome, get them to somewhere that they need to be. It really can." (KW10)*

Some keyworkers noted that the positivity and job satisfaction that came from being a part of ATI also had beneficial effects on their own wellbeing:

*"It's been so positive ... and I get so much out of the sessions myself. It's never hard work because I know they're going to be looking forward to seeing me, on the whole, the sessions are really positive, and we both get a lot out of that time together. So it's really positive. It's really a two-way thing." (KW07)*

*"Not only has it helped people I see on a day-to-day basis, but I can see it's helped me ... And I think all the people I work with, the other keyworkers, all feel similar for different reasons, that it's an amazing programme that assists people ... It really is an amazing programme. It's amazing for people that participate, but obviously us as well, because we really enjoyed it too ... So it's helped me as a staff member as well." (KW05)*

For some keyworkers, being part of ATI had offered a beneficial opportunity to broaden their professional experience and understanding:

*"From my point of view, I've met people that I would not have come across in, sort of, day-to-day life, and it's given me the opportunity to understand a lot more about the diversity of people's lives and their backgrounds and experiences." (KW08)*

*"That's the beauty of it, in a way, for me, is that people are so individual, that you're learning every day ... Every day is learning, and that what makes it quite exciting." (KW09)*

*"I've done lots of different jobs, and I've learned skills in the five months I've been here, that I didn't know that I had, but the skills have been expanded as well, by being able to help people with these different problems." (KW05)*

The degree of autonomy, flexibility and creativity that the ATI programme model gave to keyworkers regarding how to use financial budgets to support participants, was also appreciated. This further enabled the tailoring of support to individual participants' circumstances. Keyworkers described how the ATI programme managers were helpful in allowing them to "step outside the box" or "slightly bend the boundaries" when making discretionary use of funding, and were not afraid to authorise the use of funds in ways that had not been considered before.

## 6.2 Challenging aspects of the keyworker role

A recurring theme in all interviews was the volume of administration required around the ATI processes of enrolment, record keeping and reporting. The majority of keyworkers described this as fairly burdensome, but there was an appreciation of its necessity, as an audit mechanism for the programme funders. Keyworkers highlighted the importance of scheduling time for paperwork in addition to their client-facing activity, both in terms of personal time management and in terms of their line managers recognising and allowing (paid) time for this:

*"It's not just about supporting the client, but it's about making sure we have evidence to support what we've done and where we're going, because that is so important for future schemes, for future funding ... So factor in, you may have an hour with the client [but] to get the most out of the whole process, you have to put in almost the same amount of time in prep and admin and following up, so to give yourself time to do that properly." (KW07)*

*"We do spend a lot of time with people, and it's a very people-focused role but it's also very paperwork heavy as well. So it's kind of, you know, if you're not good on the paperwork side, it's probably not for you ... You've got the kind of balance between the two bits." (KW08)*

Some keyworkers felt that the detailed paperwork processes were in fact a strength of the ATI model, as they promoted accuracy and transparency of record-keeping and consistency in processes within and between delivery partner organisations. On the other hand, some keyworkers perceived that the volume of paperwork could be daunting to participants, particularly at the point of enrolment, and were wary that too much focus on form-filling could hinder the establishment of initial rapport:

*"We have loads of paperwork that we have to go through with the participant and it's reams of stuff. So I try and break it down, not to overwhelm people, because, you know, some people literally run away if they think they're going to have to fill out forms. I do the form filling, but I ask them lots of questions." (KW02)*

Some keyworkers experienced a tension between their person-centred approach and the system-focused administrative requirements. There was a view that the paperwork should not detract from relationship-building with participants, nor overshadow the human beings behind the paperwork:

*"Particularly if somebody is vulnerable, the minute that you ask anybody, "Are you okay?" - that is when often the tears come. And so, you know, at that point you sort of put your pen down and you close the file, and you just sit there and you listen, you know? Because it's more important that you do that ... The first thing I would ever say to a keyworker about Action Towards Inclusion would be just forget about the paperwork side, initially. Just build up a relationship and some confidence, for yourself, with the participant, because the paperwork side of things will fall into place ... So it's more about sort of making it a little bit less daunting, to be honest." (KW10)*

*"The first time I have a conversation with them, we probably don't even look at that handbook, to be fair. We look at building that relationship and just kind of figuring out where they are, and at what point in their life and what they need to be able to move that step forward. And then once you've built that connection, then it's a case of, "Right, well, you know, the ATI journey will really help you get to where you want to be." And I try and not have lots of paperwork. We try and do it as quite an informal conversation. Obviously, some of it we can't. Some of it we do just have to sit down and kind of work through it." (KW06)*

On the other hand, some keyworkers found that the initial needs assessment questions could provide a useful route into conversation with participants, enabling them to open up about their circumstances:

*"It's great because how the paperwork is sort of laid out, it gets the conversations going. So you're immediately starting to get a little bit more information about that client." (KW04)*

*"I do get quite a bit of information at the beginning, because we have a needs analysis, with the paperwork. And then that can open up questions as well ... And then we do a wellbeing survey as well, which is quite revealing. So sometimes I linger on that. 'Are you feeling loved? Have you got things to look forward to?' And that's quite revealing." (KW03)*

Lastly, regarding administration, the fact that much of the paperwork was still required to be completed in handwritten hardcopy (which was then scanned or duplicated into an electronic dashboard) was perceived as both inefficient and not a sustainable use

of resources. There was a common view that it would be valuable to implement more streamlined digital systems for data entry and records management.

A few keyworkers felt that one challenge of their role was the fairly limited amount of training they had received. Possibly due to the disruptive effects of the pandemic, some of the more recently appointed keyworkers felt they had not received much training in the core processes and paperwork requirements, and had needed to proactively seek information from ATI programme managers at various points. Reflecting on these findings, ATI programme managers explained that a centralised induction programme was now in place, but acknowledged that certain keyworkers may have missed this, depending on when they took up post. These experiences signal the importance of comprehensive induction that reaches all delivery partners, particularly where there are fairly complex and extensive administrative requirements built into programmes.

Keyworker experiences of local line management and support infrastructures were mixed, this possibly reflective of the range of organisational size and prior experience in delivering such projects. Some keyworkers felt very well supported in terms of facilities and equipment, but others felt that the resources and management support available to them within their employing organisation could be better. One keyworker mentioned that the poor IT infrastructure at their delivery partner premises was a hindrance to efficient working, which could make them appear unprofessional to ATI participants.

Moving away from administrative or operational challenges, another theme emerged around the emotional aspects of the keyworker role. Some keyworkers described how they had been quite personally affected by the level of distress and suffering endured by many ATI participants. A particular interest of this research project was keyworkers' experience of supporting ATI participants who have mental health issues. There was much variation in the extent to which keyworkers had previous training or experience in working in this domain. Some had professional backgrounds in mental health services and qualifications in psychology or counselling. Others had previous experience working with client groups where mental health difficulties were often present, for example via voluntary and community sector projects focused on unpaid carers or social isolation. But there were also keyworkers with little experience of working with people with mental health difficulties prior to taking up the keyworker role. Whilst the small study sample does not allow us to generalise, it seemed that keyworkers who did not have a professional background in mental health could be particularly affected by the levels of distress and suffering they encountered among many ATI participants. Some could at times feel out of their depth with the severity or complexity of needs that they encountered in their participant caseload:

*"It is such a mixed bag. The range of topics that come in, you know. And sometimes- I mean, I'm only human, and sometimes I sit there and they're telling me stuff, and I'm thinking, What? You do what? You know, it's like, blimey. And it's the way people live their lives and yeah, there's a lot of chaos and unhappiness out there, I think." (KW02)*

In one delivery partner organisation that specialised in mental health, the senior members of the organisation both had substantial professional experience within mental health services and were able to take on the ATI participants who had more severe or complex mental health circumstances, including those involved in forensic mental health settings. In contrast, a keyworker based in a training-focused organisation reflected on their relatively limited knowledge of mental health services at the point they took up the ATI keyworker role, and how they had quickly realised their need to acquire relevant knowledge. As they explained:

*"It is the extreme mental health [issues] ... It's dealing with all the different scenarios of people. And you want to do more for them if you can ... I feel that I need to have the knowledge of where to place these people, and although you find out as you're going along - you know, you realise that there's a place that you can actually send them to, or call - I'd not heard of IAPT, but I've heard of IAPT now. So I now know that I can contact them. You know, it's things like that." (KW12)*

This keyworker spoke powerfully about how, as they became more enmeshed in complex cases, the emotional weight of the role had become quite overwhelming:

*"Initially it was sort of like something different, something new ... But then, as the job got more involved, then I was seeing people who were referred from different areas ... [and] it got to a point where I thought, this is - I'm taking - and perhaps it was my fault - I'm taking this too- not personally, but you're human, and it's affecting me, these poor people's situations. Because, for some of them, you thought, they're never going to get out of this; this is just a cycle. This is a very sad situation to be in, you know. And I found it very sad ... [Speaking about a particular participant's circumstances] I just thought, this is just awful. This is awful. And I didn't know how to deal with that. So I was going home, telling my partner this awful story, in floods of tears, going to work in floods of tears because it was so awful. And I just didn't feel equipped to deal with it ... I don't know whether it was Better Connect's responsibility to look after me, or my responsibility because I should have known what was coming, or whether nobody knew what the issues might be, or whether it was me being too oversensitive that I should have known that this would have been the case, or- And it hit me very quickly, how there's awful situations for an awful lot of people. And you don't realise it's out there." (KW12)*

Some keyworkers described situations where participants had disclosed that they were having thoughts or plans of harming themselves or ending their lives. These situations were distressing for keyworkers and, as one keyworker described, one of the worries that could play on their mind:

*"I've been on a few suicide awareness courses now as well, because that's always my main fear, is that if I don't pick up on something that could be quite relevant further down the line." (KW04)*

The interviews indicated that there was a need for emotional support for keyworkers themselves, to process the troubling and distressing situations that they were hearing about and supporting participants through:

*"At times it can be hard. So if you're working with somebody who is really, really struggling, it's making sure that you've got somebody that you're going to be able to talk to. Somebody either the ATI team or somebody in your host organisation, that you can talk to." (KW06)*

*"I think some of the probably more negatives [of the keyworker role] would be that you have to be in a good place yourself, as a keyworker, to be able to support somebody else. Because we all know that when you're in a supporting role, it's like: who supports you? You know? Because you might hear and see an awful lot of things that you wouldn't normally, if you were in a different kind of job. I think that clinical supervision for keyworkers is quite important, you know, to sort of share." (KW10)*

*"[You have to] try not to take things home with you, because it can be tough. It can be really, really tough. And like I said, sometimes you are like a social worker, and I mean, my goodness ... I've come in to a suicide note. I've had- you know, it's a real learning curve for me ... I think once there was three weeks, and I had a phone call a week. Somebody sat on a park bench going to finish themselves off, somebody else had [details self-harm] and they were going to kill themselves. And then I had one morning, I came into work and there was a [message] 'Don't do anything, but by the time you read this, I'll have ended it.' Oh God. So yeah, it's tried every bit of my, whatever it is that I have!" (KW02)*

Some keyworkers seemed uncertain as to whether there had (at any point) been emotional support built into the programme for keyworkers themselves, and whether this responsibility sat with Better Connect and/or their delivery partner managers. Where provided, emotional support currently seemed to come from within delivery partner organisations and could be rather informal, rather than regular and structured. Conversations with the ATI programme managers clarified that – whilst programme managers offered emotional support where they could – Better Connect had never formally offered counselling support for keyworkers, not being specialists themselves. Programme managers noted that a number of delivery partners had clinical supervision for keyworkers built into their organisation, either pre-existing or introduced in light of the challenges experienced once the ATI programme was under way. However, it was unclear how many partners had kept this provision running in the longer term. There was a sense from some keyworkers that a more explicit route to emotional/wellbeing support facilitated at the overarching programme level might be

beneficial. Reflecting on these findings, ATI programme managers agreed that having support for keyworkers' emotional and mental health built more formally into any future programme, be that through specialist input or more structured peer support, was a useful takeaway message from this research.

### 6.3 Parameters and boundaries of the keyworker role

Several aspects of keyworkers' reflections came together to indicate a core theme around establishing and maintaining the parameters and boundaries of the keyworker role. A first sense in which keyworkers navigated boundaries was in terms of defining the scope and remit of their role. There was a sense that the role was initially quite undefined when ATI first launched:

*"If I'm perfectly candid, when we were interviewed and got the job in 2016, we were like given a sentence of what our job role was. So we've sort of created [the role], and I should imagine that's very much the same with other partners as well." (KW03)*

*"It's been a massive learning curve, I have to say. I think we sort of jumped in with loads of enthusiasm, but initially just because of staffing issues, we were a little bit sort of blind leading the blind." (KW04)*

Given the diverse challenges and complex circumstances of many participants, what could look like a fairly straightforward service model on paper frequently transformed into something much less predictable in practice, and the keyworker role incorporated numerous facets. As one keyworker described:

*"To try and get people either closer to the workplace or into work by whichever means possible and whichever intervention we felt was most appropriate for them, that's the purpose of us. [But] it turns into something else completely because of the type of participant you are working with ... In actual fact, when you start working with the participants, it all sort of merges into one, and you become mentor, you become coach, you become social worker, you become housing officer, you start doing all sorts of different things." (KW12)*

A second aspect of the role which required the navigation of boundaries was in establishing and maintaining an appropriate balance between work-focused support vs. more holistic support. As already alluded to in Chapter 5, there could be tensions in maintaining a focus on the end goal of employment or training, whilst also addressing participants' broader wellbeing needs and accommodating fluctuations in engagement:

*"We do very much work together with participants in what's important to them. But I think then some people can sort of lose focus that it's a work-focused project really. I think that we do need to remind people that we need to be moving in some way towards employment ... I think we also need to remind yourself that it's a work-focused project, because we're kind of 'people people' and it's a very holistic project and we can do a lot to support people in many different ways, but we have to remember that there needs to be some movement towards that end goal." (KW08)*

*"Don't get me wrong, some people do want to talk about their troubles to the keyworker, and don't get me wrong, we do listen. But we do still try and have to keep it focused. And often, you know, if it gets to a sticking point within the programme where they do keep veering off and going in different directions that are not employment-related then we'll just do a review, and we'll go back to the goals, we'll go back to what they wanted to achieve, and we'll just try and bring them back in the room and refocus." (KW10)*

However, adopting an approach that could encompass both the focused work-related activity and a broader attention to wellbeing was a core strength of the ATI model. A keyworker who primarily specialised in literacy and numeracy explained how their ATI line manager had actively encouraged them to embrace broader emotional support as part of their role with participants:

*"[My manager] has been very like, 'But it is more than just learning to read, and you can have those conversations with participants. It is really important that you're building confidence and seeing their journey as well as just the literacy side of things.' So there's quite a few people that I've worked with from the mental health side of things. I'm not there to primarily support them with that, but it does come out in our sessions, because I'm working with the whole person." (KW07)*

A third boundary to be navigated was the grey area between empathetic listening, problem solving and coaching, and more formal mental health counselling. A number of keyworkers commented that they were 'not a counsellor' – referring both to the parameters of their role and also their self-professed limits to their own professional skills:

*"They will just open up and they'll just say, 'I've got this, I can't-' or they'll ring me, 'I can't do this. I'm really worried about it' ... Sometimes that's good. And it is good [but] sometimes I do feel a bit like a social worker, or a counsellor myself, which, you know, I've got some skillset for that, but I'm not paid to do that; it's not my title ... So they'll come here, they'll come to the office and they'll sit in a room and just pour their heart out." (KW02)*

*"Something that I do express to my participants is that I'm not a counsellor. So people have got you one-to-one in a room and they feel that they can tell you things about themselves that they'd perhaps not have told anyone else, and they're kind of happy with that. And then when we*



*offer [referral to] counselling support, they think, 'Well, I don't really need it, because I can just tell you.' And I think telling them that I'm not a counsellor and I can't offer any support and we need to look at the wider picture, in my role, is important." (KW08)*

As already noted, some delivery partners had extensive specialist expertise in mental health, whilst others were less experienced in supporting people with complex or severe mental health problems. The broad and inclusive eligibility criteria for the ATI programme meant that the characteristics of participants was difficult to predict in advance. Some keyworkers described how they occasionally found themselves with participants who they – quickly or over time – came to realise needed support beyond what they and the programme itself could facilitate:

*"It depends where the referral route has come from, it depends how much information we're given. So sometimes we don't know half of the stuff before it starts tumbling out ... [So] it's about recognising when, hang on, this seems this very serious and we need to call in other specialists ... It's about listening. It's about the background information we have. Sometimes we don't have enough information unfortunately. And sometimes it's like, 'Hang on, if we'd known that the start, you wouldn't have been appropriate for ATI at the moment,' a lot of other things going on." (KW01)*

*"Right at the very beginning, I don't think [Better Connect] realised the severity of the mental health issues of the people that we were dealing with. I think they just thought, 'Mental health, oh yes, it's just mental health.' And yet the people that we were working with were beyond my expertise. That's what I felt, that I was not equipped enough to deal with the issues that we were dealing with ... We have schizophrenia and bipolar. We have people that self-harm ... It's like, crikey, am I experienced enough to deal with this?" (KW12)*

Speaking about a participant who had escaped domestic violence, one keyworker reflected on how their professional background equipped them well for providing more straightforward careers advice and support, but that they did not feel qualified to offer support on these more complex and highly sensitive mental wellbeing issues:

*"I know in my mind there's only so much I'm going to be able to do [for her] on the project. It's still going to be a lot. But I have to leave it to the true professionals, the people with the real qualifications with the mental health issues; that is not my remit, and I've got to take care I don't try and do that. Whereas with some people, you know, I'm fine. I can use the careers advice theories that I've learnt, and they work really well." (KW03)*

Whilst recognising that they were not intended or (in most cases) qualified to be professional counsellors, keyworkers did sometimes nonetheless take on an informal coaching role, drawing on their life experience and more generalist strategies around lifeskills:

*"As a [former] teacher, you've done all these sorts of things, but with children really, or sixth formers - eating disorders, divorce, mental health issues, identity crisis, that sort of thing. And I'm quite good at it. So you do find yourself in a counselling role or a mentoring role or a coaching role, all the time, with people." (KW12)*

*"I'm not a mental health counsellor or anything, but, you know, I can only use my own life experience to sort of say, 'Right okay, so this has happened, that's happened. Let's try and prioritise. Let's make a list, see if we can box some things off ... maybe we can just push them to one side until we've dealt with this?' You know, and just try and slow them down a little bit, because they just get 'whuuuh whuuuhh', you know, just really cannot think clearly at all." (KW04)*

One keyworker described how they had managed to establish their role, in the eyes of ATI participants, as being one of a more practical supporter. In this keyworker's experience, participants did not tend to bring up details of any mental health problems or diagnoses during their ATI interactions, as they had likewise taken up a perspective of this keyworker as the "practical person" who could help them with such things as interview clothes or healthy eating advice. This focus on practical steps and fostering positive and proactive action was a boundary that the keyworker sought to preserve in their role:

*"They don't see me as that sort of [counselling] person, I think ... They like to do practical- I'm much more a practical person. They don't want to go all sort of, 'Let's talk about my psychosis or my schizophrenia', and they wouldn't use those words with me ... I do take care that it doesn't turn into a therapy session ... I know my limitations as a professional and I know these people are extremely vulnerable, and I know that I've got to come home and I think that, yeah I've done a good job, but there's limits. And not to overstep that ... They've got to feel that they're safe with me; a safe pair of hands, I suppose, is the right way of putting it ... And the last thing I want to do is step in as some sort of clinical person, because I'm not. It would feel wrong of me to do that." (KW03)*

In contrast, however, another keyworker described a participant to whom they had offered a listening ear regarding more significant mental health issues, despite being conscious that this was not their specialist area, because the participant did not want to re-engage with mental health services:

*"They don't want to go back into the psychiatric mental health system. They're desperate not to do that because they see it as they did that, and they recovered, and they see it as going backwards. So they didn't want to do that. So I said, 'Well, why don't you come to see me then and we'll talk about things?' Not that I'm an expert. I don't profess to be an expert. But what else do you do?" (KW12)*

A fourth type of boundary to navigate concerned striking a balance between providing consistent and dependable support whilst avoiding the risk of overdependency. As one keyworker put it:

*"You don't want to become their crutch, it's got to be quite careful ... Not relying on you." (KW02).*

One keyworker recounted a particular case that had become slightly concerning, where the participant seemed to have developed a personal dependency on that keyworker. In this instance, a decision was made to end the engagement with that participant, as it was evident that it could be difficult to maintain the professional boundary:

*"They wanted me to listen to them. They didn't want anybody else. And I think it crossed over that line, and then I had to step back ... [A third party] contacted us and asked if the participant could come back to us, but we didn't feel that it was the really right step for them, because of issues that perhaps had arisen. And we thought they would just be wanting to come back, not to do anything with us, but to have that contact with me. It's, again, a difficult one ... they start to see you as something different, perhaps." (KW12)*

Placing boundaries around work and non-work time was a further challenge for some keyworkers, which linked to the emotional and person-centred nature of their role:

*"I found myself a few times supporting people outside of my normal work hours because they have needed it, and because it just- you don't want to say no. But again, it's to do with hours, where they really could do with more than just one session a month." (KW11)*

*"You can't sort of think, 'So and so's ringing me, it's one minute past five, I'm not answering the call.' That is not ATI." (KW04)*

*"Even outside of work, if someone's struggling they can message us or ring us, you know, and that, to me, is powerful because it just gives them the ability to be able to discuss things, and so on ... You have to have boundaries, but I think if people know that if they're really struggling - so if they're ringing then they must really need to. It's trying to get the boundary between ... You have to be able to say, 'This is my time,' [but] normally, people would always only ring or text if they were really struggling. And then I would know that that is something that clearly, if I can help, I will." (KW05)*

One keyworker described how the role demanded a degree of responsiveness and willingness to "drop everything" at short notice to respond to a participant in distress. This could mean working outside of hours or reprioritising tasks on an ongoing basis. This keyworker went on to describe how they became very personally invested in

participants' welfare, and could find it difficult to draw a line around their involvement, which could increase the pressure of the role:

*"A lot of it is time sensitive. So as an example, this morning, there was a bit of a crisis with one of my clients, and obviously, I weigh things up as to whether I have to drop everything and deal with that there and then ... So it does put added pressure on sometimes, because with the best will in the world, there's only so many hours in the day, and we're not a 24/7 service ... It's a personal thing for me, that that person has got to be ok, you know? ... [So] for me personally, it's very hard not to step in and, you know, I just want to sort everybody out. I just want everybody to be happy and sorted and comfortable and safe." (KW04)*

Relating to personal-professional role boundaries, keyworkers also noted the importance of recognising and respecting the finite nature of their own practical and emotional capacity, and being confident to honour their own needs and limits as a person:

*"[There's] a lot of sadness out there. And that makes you sad, because people are sad and you want to try and help them, but obviously you can't fix them. But you want to try and help them if they want the help ... You learn that quite quickly, actually, you definitely need those [boundaries] in place. It's really enjoyable, the actual working with humans, that interaction. And I love it. I love it. But it's challenging." (KW02)*

*"Just this week I've taken a day's holiday tomorrow, and I was just talking to my colleague, and she's about to do the same. We know when we have to put the brakes on. Which is good ... So lots of experience, but also, we know that sometimes we've just got to take a break from it." (KW03)*

As well as setting temporal boundaries around the hands-on elements of work, some keyworkers also reflected on the difficulties of placing the emotional aspects of work to one side during their own personal time:

*"[The challenge is] just not taking work home, you know, when it's been a really tough day. I'll go back to the participant with the [domestic abuse] court case, knowing how I had to support them and keep them going to be able to go in that witness box. It was so hard not to sort of go home and dwell on that. But it's the boundaries again, you know. In my little world I just want to save everybody and make sure that everybody can have the best life that they can, you know." (KW04)*

Lastly in terms of role parameters, there were evident differences – across the group of keyworkers interviewed – regarding the extent to which relationships with participants that had been built originally around employability support bordered into friendships that outlasted formal engagement in ATI. For example, some keyworkers mentioned

that they had exchanged phone numbers with certain participants and kept in informal contact. Referring back to Chapter 2, larger delivery partners that facilitated a range of community activities might continue to see and interact with former ATI participants on a more social basis in the longer term. Organisational infrastructures were therefore one factor shaping the extent to which relationships with ATI participants could become more fluid or informal. However, differences were also apparent in the degree to which individual keyworkers chose, or felt able, to expand the boundaries of their role-relationships from professional to personal friendships.

Overall, there appeared to be a potentially tricky line to tread for keyworkers in terms of offering a safe space for participants to open up about their difficulties, a responsive and holistic approach and an ethos of friendship and support, whilst at the same time maintaining appropriate role boundaries and not outstepping their own professional competencies, work-life balance, or emotional capacities. Shaped by their varied personal and professional backgrounds, different keyworkers took different approaches to demarcating the practical, temporal and emotional boundaries of their role.

07

The key features of effectiveness in the ATI model

## 7 The key features of effectiveness in the ATI model

This chapter describes what, from keyworkers' perspectives, were the key features of the ATI programme that made it an effective model of employability support. The most prominent themes can be summarised as its combination of **person-centred, tailored and flexible intervention**, based on a **consistent relationship of trust and support** that was **not time limited**. Whilst we discuss each of these elements separately below, it is worth emphasising that they all operated in a complementary and mutually reinforcing way. ATI's holistic approach, the voluntary nature of engagement, the availability of a discretionary budget, and individualised and intensive support for work-focused activity were also highlighted.

### 7.1 A person-centred, tailored and flexible approach

The person-centred approach of ATI, wherein every participant's journey was unique and designed to fit their individual circumstances, was one of the most prominent themes among keyworker descriptions of what made ATI an effective model for support:

*"It's really person-centred. So you can really get to know the people that you're working with, you can make sure that what you're doing is really, really targeted to meet their needs and to help them on that next bit of their journey. There's no kind of external pressures." (KW06)*

*"It allows you the time to be able to let it be client-driven. So in the sense of, there is a definite structure from our end, but client-wise, we can go however the conversation- however they want to go ... The time, and all the ways that we're able to do that, we're able to go in the direction of what the client would like to go ... It's people-centred. And if you know that you're able to help that person, however it would be, wherever it would be, I think that to me is so powerful." (KW05)*

*"It really is really bespoke. Everything is very niche and tailored to support that individual. So there's no definite route to progress people through, you know, we can provide whatever that person needs and whatever support they need. I think that really makes it really special, and knowing that, if we can't, there'll be somebody that we can access that will, within the network." (KW07)*

Flexibility and adaptability in tailoring interpersonal communication style and (where possible) a more deliberate matching of keyworker to participant were also highlighted as contributing to the personalised approach:

*"When [you] meet a new participant, it's to just let them lead conversations and then nudge how you then communicate with them, because you do change your communication styles with each participant as well" (KW11)*

*"Some people want to go far faster. Some people want to go a lot slower. Some people will want a male to work with them, some will want a female. Some want strict people, some will want disciplinarian, other people will want you to just be kind and friendly, really. And other people will go, 'Challenge me, please challenge me.'" (KW01)*

One keyworker noted their contrasting experience with some Jobcentre programmes, which could lack this sense of personalisation:

*"What we've naturally seen [from Jobcentres] is a bit of a one size fits all. Even if they have specific programmes to work with specific thematic groups, they still have this- it feels like a one size fits all process. Or that's certainly the feedback that we've had from the people that we work with ... The kind of one style fits all, one size fits all approach, it's not ideal for the client group we work with in particular." (KW13)*

Describing recent successful engagement of participants referred by forensic mental health services, this same keyworker reflected on how the ATI model of flexible and in-depth support allowed them to work successfully with participants in the most challenging of circumstances:

*"Irrespective of the challenges that people have experienced, if they are genuine or have a desire to explore their options, then often we will find solutions to be able to spur people on, encourage people, hand-hold people. And that's what the ATI model allows us to do. Perhaps often [in other programmes] you're sent off with a card or a piece of paper and say, 'Go and explore that.' Well, the difference is that we'll help you explore it, we'll come with you if you want to, and we're able to do that. And what you'll find is, yes, that takes a bit more time. But the outcome for that individual is far greater, because they feel we've got their back and we'll continue to really help." (KW13)*

On a more practical level, but again linked to flexibility and tailoring, a number of keyworkers highlighted the value of being able to work in a mobile way. For a combination of reasons, including lack of rural public transport or private vehicles, and participant apprehension, it was important for that keyworkers were able to travel to meet participants in their own neighbourhoods and homes:

*"Because of the rural isolation, we have used our cars and gone out to the villages and met with people ... Not driving is a common theme; certainly not being able to own a car. So we've gone out and met them, which is which is great [because] it's really hard work to get somebody actually through the door, in front of you, so we meet them." (KW03)*



*"We can do house calls as well. So I will go to people's homes. People that are agoraphobic, can't get out for whatever reason, you know, we can do home calls, as do other partners as well." (KW12)*

## 7.2 A consistent relationship of trust and support

The ability to build rapport and a relationship of trust and support – through continuity of keyworker and the benefit of time and an individualised pace – was a second key feature of ATI highlighted by keyworkers:

*"I think that really targeted support, people knowing that you are there as their named keyworker, you're not going anywhere, you've absolutely got this, is so important. So important. I think that building the trusting relationship with people, that luxury that ATI gives you, to be able to do that." (KW06)*

*"I think it's just building up a rapport, building a relationship with them, a relationship of trust. And invariably what happens is that automatically you see their confidence improve. And that's just by having a relationship, somebody to talk to, somebody that can hold their hand and go, 'Well, that's alright. We've got that. We've got that job to apply for, let's do that then. Let's do that today.' And so it's just providing that hand-holding and that encouragement that normally they wouldn't get, you know, had they had to be on their own." (KW10)*

Keyworkers could become a kind of champion for the participant, a person who was their consistent and dependable supporter (which had been lacking in the lives of some participants):

*"I think people find that having one person who they can talk to more openly about their situation, and without judgement, and feeling that they've got somebody who thinks that they can do things. And somebody who's a bit of a scaffolding on the side that they can sort of build them up a little bit." (KW08)*

*"Having that attention given to them by somebody that is walking side by side with them, who is not a figure of authority, is the best way of summing it up. And that gives them the confidence to be able to ask difficult questions or reveal difficult information. And once that's pushed out of the way, then they can go forward a little bit. You kind of see their self-confidence, their happiness level going up ... It's having a personality there that they can rely on, that is like a family member or a friend." (KW03)*

*"Ultimately, it's them knowing they've got that keyworker that they can contact to say, 'Right, this has happened, that's happened.' I do feel we are the emotional prop for them, and without that emotional prop, a lot of other things are just, you know..." (KW04)*

*"With a lot of people, I think it's recognising that somebody is actually bothered. They actually care about what's going to happen." (KW12)*

Keyworkers highlighted the importance of a non-judgmental approach within ATI, where participants could be accepted for who they are, free from prejudice or presumptions, and be listened to with respect and patience:

*"I think being non-judgmental, non-assuming, treating everybody the same is something I think that [participants] find useful." (KW10)*

*"Just offering my experience and just being a completely non-judgmental ear, really. That's what I try to do ... Always making sure they know that they can talk to myself or [another keyworker] ... They can come here, rather than sitting at home dwelling and getting worse, feeling worse, they can talk to us ... Just somebody to listen to them. Just like a sounding board. And I think that helps people. Because they've got nobody else to talk to." (KW02)*

Trust and rapport were the foundation for participants beginning to open up to keyworkers and disclose the range of (often complex) circumstances that were presenting barriers to work. This deeper relationship of trust, built up over time, enabled participants to be open about the extent of challenges they might be facing – hence laying the ground for more effective holistic support:

*"It's to do with your relationship you build with them, I find. It's to do with trust, isn't it? None of us are meant to get on with everybody. I fully understand that. But usually when you have that rapport, and that relationship, and you're moving on ... and they will just open up ... Some people will tell you straight away, but often it's just after a few weeks; they get to know you, they trust you, you build up that relationship. And then the floodgates open." (KW02)*

*"It's about identifying, for some people, really deep-rooted issues and being able to help solve them. And I think they feel like you're on that journey together. So it's not about somebody doing something to them. It's not about you dictating. It's about you doing it together and you helping to enable them." (KW06)*

*"It is about that relationship building, it is about that trust. It is about people believing that they're in a safe, conducive environment where they're able to bare all, and talk about what's really hindering. So I think the ATI programme does allow us to be very person-centred and be quite sort of personal with what's happening, whilst remaining and keeping those professional boundaries in place." (KW13)*

Humour was one strategy that some keyworkers used to set participants at ease and help them to open up. Another keyworker described how mutual trust was built through adopting a non-hierarchical approach in their interactions with ATI participants, rather than an “us and them” positioning. This peer-to-peer approach was also modelled during training sessions and group activities, the keyworker positioning themselves alongside participants on their learning journey as an equal:

*“Whenever I've done any IT work, if I didn't know what to do, I would say, 'Let's do it together.' So we'd look on Google, let's say, or we'd look at this ... It's not a case of playing dumb, but we're not higher than the participants. We're equal. They're not lower, we're not higher, we're equal. And if you view it that way, then you're able to help them.” (KW05)*

ATI programme managers agreed that this non-hierarchical approach had been very important to the success of ATI, allowing participants to feel they were equally important members of society again.

Some keyworkers shared their own personal experiences of mental health difficulties or service use with their participants, as a way to build trust and openness. Whilst keeping personal-professional boundaries in place and not necessarily disclosing full details, there was a view that this could help to bring further empathy to interactions and offer a sense of hope:

*“I've been there. I've had my own issues over the years, and I'm not afraid to let them know. Because if they know a bit more about me, then they open up a bit more about themselves.” (KW11)*

*“I've been where some of these people have been, you know, many years ago. But that to me, it's great because I can help them, as much as I possibly can, to say that you can get out of this. I got out of it. Your pain is your pain, you know, we're all different, but these are some of the coping mechanisms that I had, and these helped me and other people, so let's do this together ... It helps you to be able to say, 'You can,' to the participants. 'You can change.' It isn't a pipe dream. It's not us just reading from a book ... You can do it, you know.” (KW05)*

A number of keyworkers described how they strove to make their venue somewhere that was welcoming to participants and made them feel at home and comfortable, including the offer of hot drinks and refreshments during appointments and activities. One keyworker recounted an occasion where an ATI participant had sought support and refuge at the delivery partner venue when they were at a particularly low emotional ebb. The delivery provider was evidently perceived by the participant as a safe space when they had few alternative places to turn:

*"They came into the building, at their lowest point ... I think because they didn't have anywhere else to go. And they just came in to talk to us, you know, and we were able to help them, we were able to calm them down. We dropped them off back home in the car, made sure they had a coffee ... But the powerful thing to me was the fact that their point of call was coming here, you know ... To me that tells you the story of what we do here, that it's an open-door policy where: come in, if you need food, if you need support, if you need emotional [support], if you need a laugh, anything." (KW05)*

Building up the trust relationship was not always easy and could take time and a gradual approach, particularly where events in a participant's life had led them to be wary of placing trust in others:

*"For some people, it all comes out right at the very beginning and it's a real kind of like sit down and everything pours out. And then for other people, it might take weeks or months before you kind of really have a deep understanding of what's been going on or what life feels like for them." (KW06)*

*"Building up the trust relationship, many times that's hard ... You might get a year down the line and you find other things out about somebody that, well, why didn't they let me know this, you know, even six months ago? They've not opened up." (KW11)*

*"We've got people who have been abused physically or sexually in their past. An awful lot of that permeates through and some of those people are far quicker at telling us, other times it's we uncover things that happened as they build their trust with us. And that's all understandable. And that's before we even get to looking at the world of work and what learning you might like to do." (KW01)*

### **7.3 A lack of time constraint**

A third feature of the ATI model strongly emphasised by keyworkers was the lack of time limitations on participant engagement. This supported the above elements of personalisation, flexibility and the building of trust and support over time:

*"You have the luxury of having the time to spend with people ... I think it's the fact that it's not specifically time limited, and it's really person-centred ... Having the time for people to kind of build that relationship with you ... I think it's time, that flexibility of the programme, and the time, that's really key." (KW06)*

*"The time that we have to give them is the longest I've ever had with any clients. So that's a real gift." (KW01)*

*"I think it's time, having the time to listen and respond, and to not have your own set agenda. To really follow the participants, what they really need, what they're really saying, and sometimes reading between the lines of what we're seeing in front of us and sort of getting into the nitty gritty of things and giving people the time to really open up and trust ... There's always an end in sight, but actually we're not really focused on that. It's not about that at all. It's about taking the time to improve somebody's situation, to improve the way they look at their prospects and to realise that there are stepping-stones that they can obtain, but it takes time. It really takes time." (KW07)*

ATI's lack of time-limitation gave it an advantage over some other local programmes which were seen as valuable, but constrained by fixed timeframes. Having links to these more time-bound providers could generate referrals into the ATI programme:

*"We have a social prescribing link worker who works across all the GP surgeries locally, and I think they have six sessions with people who present to their GP ... So we have really good links with the social prescribing link worker. We get a lot of referrals, because I think their frustration is that they can see people for so long, and then they have to sort of refer them on, and they know that we can spend a little bit longer, a little bit deeper into what's going on." (KW08)*

*"It's not like [local authority wellbeing team] or social prescribers, where they've got 12 weeks to kind of make a difference and then move on. You've got that time to really invest in somebody. And I think they welcome that, as well, because they realise that you're in this for the longer term. It's not a quick fix. It's about identifying, for some people, really deep-rooted issues and being able to help solve them." (KW06)*

*"I think for the economically inactive ones, for the ones that are way off the job market, I think it's time, because if you work with the [local authority wellbeing team], they have a 12-week window that they can work with you. So it's, 'Oh, it's started and I've got 12 weeks.' With us, it's not indefinite, but it's a longer period of time and they can build up the confidence, build up their rapport, build up the relationship with you, and that then gives them confidence in themselves to be able to move forwards." (KW12)*

Connected to the open-ended timeframe of ATI, the programme's personalised pace was also noted, with the model being able to accommodate setbacks and hiatuses in participants' journeys, if they encountered health-related obstacles or other challenges (see also Chapter 5).

The advantage of longer timeframes within ATI related both to longer overall engagement in the programme and less pressure of time per appointment, which keyworkers contrasted with the very time-constrained circumstances of Jobcentre Work Coaches. Although keyworkers conveyed the difficulties that ATI participants experienced relating to their benefits and interactions with statutory welfare services,

they simultaneously appreciated the different constraints that Jobcentre staff were subject to:

*"They don't have time, do they. The work coaches don't have time to delve into people's history and all of that. And their targets are obviously really different." (KW08)*

*"It's a tough ask, you know, and our numbers are low, we appreciate that. And, you know, we're not under a huge pressure as some jobs definitely are." (KW03)*

*"We've got time. They haven't ... They've got 20 minutes, 15 minutes, whatever it is. We've got an hour, three times a week if necessary." (KW12)*

*"The Jobcentre, they do a brilliant job trying to get people into work. But the problem is, they're extremely structured ... and it's not their fault, but they can't work outside that box. And as a Work Coach, that they can only help with certain things. Whereas because this is so fluid, it's so pliable, we really can have that time; time is one of the most precious things that you can give someone, you know." (KW05)*

## 7.4 Voluntary participation

Keyworkers felt that the voluntary nature of ATI was one of its strengths. Non-mandatory engagement supported the building of trusting and cooperative relationships with participants, and in some cases set ATI in a more positive light than other statutory provision that participants may have experienced:

*"It's not done to people, it's done with people ... It's not compulsory and they don't have to take part in it. Whereas I think some other things that people are referred to from the Jobcentre, they have to participate in. People feel that [ATI] is less formal, and that sort of sets it apart." (KW08)*

*"We're very careful to get our message across that it is voluntary, we're not part of the structure of the DWP, as such. We're working for a charity and that seems to make the difference." (KW03)*

*"We work with Youth Justice because we can offer their participants something that schools won't and colleges won't. They won't go to school, they've been excluded from school, they won't go to college, but they come to us because we work differently and they like coming to us." (KW12)*

*"I think people feel very, very comfortable at the fact that we're genuine and we want what's best for them. That's the objective of us. It's not pushing anybody into something they don't want to do." (KW13)*

Jobcentres being a major referral route to ATI could sometimes lead to misunderstandings of its independence, which in turn could engender some reluctance or scepticism from participants:

*"I think the only real challenge are the ones that have been told to self-refer by the Jobcentre, or we've got a referral from the Jobcentre, because the Work Coaches will be there just offering, 'I think you need to do this, this or this or this.' And [the participant] will just say, 'Yes, yes,' you know, just to finish the appointment ... So often we will get people where it's almost as if they're mandated to come to us, and they don't really want to, you know." (KW10)*

Clarification of the independence and non-mandatory nature of ATI was addressed by keyworkers during early conversations with potential participants, some of whom overcame their hesitancy and others of whom opted not to enrol in ATI if they did not feel ready to engage in work-related activity at this time.

Despite its expressly voluntary nature, confusion had sometimes arisen where participants, Jobcentre Work Coaches or occasionally even ATI keyworkers perceived that engagement with ATI formed part of a participant's mandatory Claimant Commitment. Failure to attend ATI appointments had then been queried by Jobcentre Work Coaches and sometimes led to the threat of a benefit sanction. However, keyworkers were able to address any misconceptions through conversations with Work Coaches, and ATI activities were generally seen as supporting people's Jobcentre commitments to seek work rather than being a mandatory element:

*"We have had people who have come to us thinking that it's mandated, and I think that causes a problem. But you need to just let them know that actually we're here for them, not for the Jobcentre. But, you know, if it does show the Jobcentre that you are doing what you can, when you can, then great, if it gets them off your back!" (KW09)*

*"I think if we've had referrals from the Jobcentre, then generally the work coaches are happy for us to be working with people and that's [seen as] work-related activity ... So generally they seem to be happy." (KW08)*

## 7.5 A discretionary budget to support participants' needs

The budget available for keyworkers to use on a discretionary basis, to support participants in a range of ways, was highlighted as a positive by several keyworkers. Various costs could be covered, including travel, course fees, administrative costs for personal documentation, private counselling/therapy and IT equipment. This list was not exhaustive, and keyworkers noted how ATI programme managers gave them a welcome level of autonomy and flexibility in how budgets were used:

*"I think it's massively, massively important, because for a lot of people, not being financially secure, for some people when they come onto the programme, means that things are out of their reach. For example, somebody I'm working with doesn't have the finance to be able to pay for the bus fare to come in and access activities. So being able to say to them, 'You don't need to worry about travel costs. We will subsidise travel costs,' or somebody was desperate to- in a previous job, had been learning how to use Excel and really wanted to get an office-based job using Excel. And then we were able to use ATI funding to pay for a course, which would have been out of their remit otherwise. So having that flexibility to be able to say, you know, finance doesn't have to be the be all and end all ... It just makes things more accessible for people." (KW06)*

*"I love it when one of the people I'm working with is on ATI, because it does mean I do have a little bit access of money to do things. So through ATI we have bought laptops. We have bought dongles for WiFi. We've bought kit so that people can get connected ... [Digital exclusion] has been a big issue. But thanks to ATI, those people that are on the ATI programme have had a much better experience than some of the other people where we've not been able to give that support." (KW09)*

Speaking about the ability to meet participants in coffee shops and cover the cost of refreshments during their meetings out of the ATI budget, one keyworker alluded to the wider benefits this could have for participants' inclusion in the more social aspects of their community:

*"It's a really nice project for that, you know, I think it's really nice that we have access to- we can meet people in community settings that they might not access otherwise." (KW08)*

For some keyworkers, the availability of a budget to use flexibly to support participants was among the most distinctive and positive features of ATI, in comparison to other employability programmes they had worked on. Discretionary funding had been extremely beneficial both in responding to the transport challenges of rural areas, and also in maintaining participant support and engagement during the Covid-19 pandemic:



*"[When] you've got all the rural issues that we have, we can pay for people to have that travel, whatever that travel is. We can pay for the workers to go out to a community venue near to them and hire a room. I can't do that with any other programme that I work with. Because when they set it up, the fund was done in such a way that it had this expenses thing built into it, was genius ... So to get that slush fund in there, so that come a pandemic, I can still work with all of the people that I worked with, in a meaningful way. I couldn't have asked for better." (KW09)*

*"It has the advantages that it can help subsidise and pay for travel. It has a discretionary element to it, to be able to, if somebody has not got the tech available to participate in some way, then we can put a business case together, and that's often agreed because it's the person's interest ... So it just offers a whole range, and in my opinion, probably one of the best, or if not the best, employability model that I've had the privilege of working on really." (KW13)*

## **7.6 A holistic approach supported by network of intervention partners**

The holistic approach of ATI was another key strength emphasised by keyworkers. The programme was able to address and support participants' broader practical and social needs, beyond a very narrow focus on directly employment-related intervention. As one keyworker put it, "that holistic approach, so it's not just about the job" (KW06). Some keyworkers referred to the concept of a hierarchy of support needs, whereby people's fundamental needs for safety, physical security, food and warmth needed to be in place before they could begin to think about employment:

*"Something we say at school, if a child comes in and they're hungry, tired, cold, their basic care needs aren't met, they can't learn. And actually, that's something that we have to remember with our participants. If they've had a really stressful week, they've not slept, they're feeling ill, they haven't got a very good diet, they haven't exercised, then they're not going to get the most out of that situation because they're not in the right place. And so I think the ATI package is really good for that, because we are looking at all of those things ... It is really looking at the whole person. And I think that is so important." (KW07)*

ATI programme managers confirmed that, in their conversations with delivery partners, keyworkers frequently stressed the importance of addressing these foundational issues before starting to look at work, depending on each participant's individual needs and starting point. The ATI model allowed keyworkers to take this holistic and incremental approach to support, which one keyworker described metaphorically as building up a house from foundations to roof:

*"If you were building a house, you wouldn't start with the roof and try and build something underneath it. Because you're going to end up with an awful headache, because it's going to come crashing down. You need to get a foundation there and then gradually, block by block, get*

*there. The roof is the last thing that we actually do put on a house ... Foundations of the house, the walls are that prop, the roof is the end of the journey, you know. And it all has to be done in sequence.” (KW04)*

Supporting this holistic approach, the keyworker-plus-intervention model that is at the heart of the ATI design was highlighted by some keyworkers as core to its effectiveness. The ability to access a range of interventions via the delivery partner network, covering practical, financial, health and social needs was seen as valuable:

*“We're specialists around mental health and employment, but in order to help someone get back to work, you've got to use other agencies to support you with that and having that on tap, everyone having a benefits check, or everyone being able to just get some support around energy bills, right now, is great. And it's not something that we should be doing either, you know. We shouldn't be everything to everyone ... What I love is that you've got that combination of that keyworker role and the intervention roles ... Because there's something really nice about saying, 'Alright, you're struggling with debt right now. Okay, let me get on the phone, talk to my friend in Citizens Advice and let's see if we can get you some benefit debt advice.' You know, and being able to make those interventions right then, rather than going on a waiting list and just leave [them].” (KW09)*

*“Other partners are really good. If I'm working with somebody with Asperger's or autism, I will contact [specialist delivery partner] and say, 'Look, I've got this person...' ... So I might ring them and say, 'Look, I've got this case, what's the best way to [proceed], have you got anything?' ... I can ask their advice about things. So other partners are really good.” (KW12)*

*“The recognition that there are several interventions that a client typically would need, ranging from your counselling to your art therapy or digital skills. I think that's good that [the ATI programme] recognises that those types of interventions are going to be useful, most useful to the participants.” (KW10)*

## **7.7 Individualised and intensive support for work-related activity**

In describing the key effective elements of ATI, some keyworkers placed emphasis on the more directly employment-focused support for participants. One keyworker explained how they could support ATI participants with key tasks such as CVs and covering letters, and assist with fulfilling Jobcentre requirements to engage in a certain number of hours of work-related activity per week by facilitating access to courses and work experience:

*“Those that are on Jobseeker's Allowance or on Universal Credit, they've been given tasks to do from their Work Coaches, so us taking a bit of the stress off of that, has helped a lot of them ...*

*They all struggle with how do you find 35 hours' worth of job looking in a town like [this]? And that's where you're encouraging them to say, 'Well, if you did maybe an hour's volunteering,' or 'We'll get you on a mini bite-sized course,' or something. So helping them out that side of things." (KW11)*

Keyworkers also highlighted how ATI was able to give participants more hands-on support than other programmes might be able to facilitate, for example accompanying them to appointments if the participant needed an extra confidence boost.

One keyworker described a case where they had supported a homeless participant to obtain a birth certificate and provisional driving licence (despite that they were not going to be able to take up driving lessons), so that they could then open a bank account and could, in turn, apply for paid employment. The keyworker described this as a "success story". Although the person was still living in temporary accommodation, they were now sustaining employment and earning a relatively good income which could be paid directly into their own bank account. The support of the keyworker had been critical in giving the participant the practical assistance and psychological confidence to take these steps:

*"If you haven't got the equipment to be able to do this, or the perseverance, you know - they wouldn't have gone into the Halifax and knocked on the door and said, 'Excuse me, I'd like to...' They wouldn't have done that. They wouldn't, because they were a nobody; that's what they tell themselves. They didn't have the confidence. They've got the confidence to go to work. And they're a lovely person. But they wouldn't have the knowledge, the ability, the words. They said, 'I can't put words into sentences like you can.' And it's just having that somebody who's got your back, who can do it for you, who can persevere and sit on a phone for three hours. I just put it on loudspeaker and it just rings and rings until somebody answers. They can't- they haven't got credit to do that." (KW12)*

08

The future beyond  
ATI

## 8 The future beyond ATI

At the time of the research interviews, ATI had confirmed funding until June 2023 and it was anticipated that the programme in its current guise would end at that point. However, programme managers hoped that the UK Shared Prosperity Fund would, in due course, enable the establishment of a similar programme, building on the effective features of ATI and incorporating learning from its first iteration.

Keyworkers were asked their thoughts on the impact of ATI ending. In many ways, their reflections were an echo of the key features of ATI's effectiveness described in the previous chapter. Keyworkers reiterated the person-centred, multi-faceted and holistic nature of support that was available via ATI. People could come to the programme with a complex set of barriers, and keyworkers could coordinate a bespoke package of support from across a range of providers. Although ATI programme managers and delivery partners had tapered off recruitment to minimise the effects of a 'hard stop' to participants' journey with ATI, it was still felt that significant personal relationships of support might be lost when the programme ended.

The flexible element of financial support that came with ATI was a further aspect that would be missed by providers who continued to work with unemployed and economically inactive client groups. Another focus was the loss of access to the body of expertise that was held within individual delivery partners and across the ATI network as a whole. The likelihood of pre-emptive job moves or redundancies among keyworkers was noted, delivery partners therefore losing the talents and expertise that these colleagues had brought to their organisation.

Overall, there was agreement that the ending of ATI would be a significant loss of employability support within the region, which would be felt not only by participants, but also other statutory and community services that regularly referred participants to the ATI programme. In more rural parts of the region, accessible sources of employability and jobsearch support could be few and far between:

*"I don't think there is another programme out there that helps people in the way that this does. And we work with lots of different programmes from different funding streams. But the combination of the keyworker-intervention. Plus then you've got all the rural issues that we have - we can pay for people to have that travel, whatever that travel is. We can pay for the workers to go out to a community venue near to them and hire a room. I can't do that with any other programme that I work with." (KW09)*

Looking to the future, keyworkers hoped that there would be some kind of similar project that could follow on from ATI, retaining and building on the core effective features of its design, and hence continuing the positive impacts that keyworkers perceived among their participants. ATI was seen to have been a unique programme which brought life-changing (sometimes life-saving) benefits to people, and there was a strong message from keyworkers that a way to maintain the model should be found:

*"If we don't have an ATI ... it would mean I'd be back to very bitty offers of, 'You can have six weeks on a course here. You can come to two meetings.' It would mean I would not be able to bring such a team of excellence together ever again at that level, just to support a relatively small number of people who really need this ... I believe ATI has prevented some people killing themselves. I don't think you get anything more serious than that. If ATI has saved one life, it's been worth every single bit of the money." (KW01)*

*"The need is never going to go away; it's just going to get worse. And if something is working and pick the bits that are working and do them again, again and again." (KW03)*

*"I hope going forward funding will be available to continue doing something similar, because I think it's really needed ... Of course, I'm not stupid - its money, its resources, isn't it, you know ... It ultimately comes down to money. So please, please keep funding." (KW04)*

09

Summary and  
points for reflection

## 9 Summary and points for reflection

In this final chapter, we summarise the main findings of the research and link these to a number of points for learning and reflection. These are divided into reflection points for (i) the design of future employability programmes and (ii) employment support policy more broadly.

### 9.1 Summary of main themes

This research project gathered the views and experiences of 13 keyworkers within the ATI employability programme. Overall, keyworkers were extremely positive about the design of ATI and the quality of support it had provided to participants over its five years of operation. Key features of effectiveness that were consistently noted included: personalised, tailored and flexible approaches, a consistent relationship of trust and support, and a lack of time-constraint. Other highlighted strengths included: voluntary participation, a discretionary budget for individualised support, a holistic approach supported by a network of specialist partners, and individualised job preparation support. A wide range of interventions were drawn upon to create bespoke packages of support, with benefits and debt advice and counselling highlighted as among the most frequently utilised.

The ATI programme operates across a region that encompasses several rural and remote areas. Aspects of rurality, including poorly served and expensive public transport links and limited local labour market opportunities, impacted ATI participants' employment prospect and, in some cases, their broader opportunities for social inclusion. It was advantageous for keyworkers to be able to work in a mobile way, and to be able to reimburse transport costs, alleviating some of the practical and financial constraints on participant travel. The rural and dispersed nature of some areas of the region resulted in some disparity in the work-related and social support opportunities that were available for different participants to access. Rurality placed some practical constraints on the extent to which ATI delivery partners could cross-refer and make full use of the intervention opportunities available across the partnership, as well as impacting some keyworkers' opportunities to network with peers from other organisations.

At the time of writing, over half of ATI participants had obtained a positive outcome in terms of the formal exit metrics of the programme: a quarter of participants had moved into employment, one-fifth into education/training and one-tenth from economic inactivity into active jobsearch. Keyworkers perceived a more extensive range of positive outcomes for participants beyond these formal measures, including improved



self-confidence and self-esteem, widening of social networks and community engagement, greater economic and material stability, and improved hope for the future. Regarding the critical components of success for participants who had obtained paid employment through their time with ATI, many keyworkers emphasised growth in confidence and self-belief, intrinsic motivation and perseverance, over and above the more technical aspects of employability.

The ATI programme is delivered by a network of partner organisations of varying sizes and specialisms, each of whom recruit and appoint their own keyworkers. The research interviews shed light on the wide range of personal and professional backgrounds of keyworkers, their diverse skillsets and approaches, and differences in the infrastructures of the organisations they were based in. This resulted in differences across keyworker experiences both in terms of the practical and operational aspects of their role, managerial and peer support, and in the emotional impact of doing the work. All keyworkers were united in a commitment to person-centred support, and their approach encompassed a combination of trusted friend, champion and advocate, coach, mentor, needs-assessor, signposter and (in some cases) direct trainer/educator. However, the complexity of participant situations that keyworkers felt equipped to deal with varied, as did the organisational resources and capacities of different partners.

Larger delivery partners with multiple keyworkers had more scope to allocate participants strategically, both in terms of geography and keyworker skills/attributes, as well as greater ability to share the practical and emotional load of the work among keyworkers. Organisations whose remit covered a wider range of community activities had greater scope to offer activities and interventions in-house. This also facilitated opportunities for providers to have informal connection with both prospective and former ATI participants.

Eligibility for the ATI programme is quite broadly defined, the only criteria being that participants are unemployed/economically inactive and have an expressed desire to take steps towards work. This resulted in a wide variety of circumstances and needs among ATI participants, a very open-ended definition of who ATI was 'for' and raised questions about what constituted an appropriate referral. Keyworkers emphasised the complexity and severity of need they often encountered. Supporting participants with severe and complex levels of trauma or mental health needs could be more or less familiar ground for keyworkers, depending on their professional background prior to taking up the ATI role. Some had initially felt unsettled or ill-equipped to address some of the situations they encountered with participants, and the emotional load could weigh heavy at times.

Taken together, the holistic remit of the programme and its broad and inclusive eligibility criteria meant that the keyworker role could feel quite undefined and the nature of the work unpredictable. Keyworkers and Better Connect programme managers recognised that establishing the ATI programme had been a learning curve for all concerned. There had been initial uncertainties about what needs and circumstances the participant cohort would bring, and (correspondingly) what the keyworker role would entail. A theme emerged across this research project of keyworkers seeking to navigate the loose parameters and fluid boundaries of their role to find a point of balance that provided participants with holistic and flexible support, whilst also honouring the professional and personal capacity and emotional wellbeing needs of the keyworker.

ATI was seen to have been a unique programme which brought life-changing benefits to its participants. There was agreement that the ending of ATI would be a significant loss to employability support within the region, and a strong message from keyworkers that a way to maintain the model should be sought. Keyworkers recognised the tension between high quality intervention and the costs of delivering this type of intensive personalised support at scale, but there was consensus that a programme building on the design and learning points of the ATI programme would be invaluable to the region.

## **9.2 Reflection points for future employability programmes**

- The ATI programme affirms the value of person-centred, tailored and flexible approaches to employability support, that take a holistic view of participants' circumstances, and are well-resourced in staff time and small caseloads. Modest budgets for discretionary practical and financial support are also very beneficial.
- The keyworker-plus-intervention model holds great potential for creating holistic and bespoke packages of support. Effective sharing of skills and information across partnerships can help to create an optimally effective package of support for participants. However, full realisation of this model may be limited in practice by constraints of rural geography, uneven local provision and finite service capacity.
- Larger organisations appear to have a number of advantages in terms of resource, capacity, keyworker peer support, tapping into co-located services and continuity of informal contact and support with participants. Delivery partners employing a greater number and diversity of keyworkers in-house have more opportunity to strategically allocate participants in terms of needs, preferences and locality.

However, smaller and more specialist providers are also invaluable to partnership networks. This signals the importance of establishing effective information and skill sharing across networks. More use of cross-referral between delivery partners could improve scope to match participants to the most appropriate keyworker, though the feasibility of this may again be limited by geography.

- Diversity in keyworker backgrounds and expertise was a strength of the ATI programme. However, whilst empathy, flexibility and a commitment to person-centred support were essential attributes held by all keyworkers in this study, differences in personal and professional backgrounds meant that keyworkers felt differently equipped to respond to the most severe and complex of participant circumstances. Keyworkers may take different approaches to demarcating the practical, temporal and emotional boundaries of their role; those designing future programmes may need to weigh the need for consistency vs. autonomy in this respect.
- Practical and emotional support for keyworkers is essential. Strengthening peer support networks between delivery partners may be beneficial, particularly where keyworkers are the only person carrying out that role within their organisation. More formal routes to emotional wellbeing support or clinical supervision for keyworkers would also be valuable, particularly when processing the experiences of participants in severely challenging or traumatic circumstances.
- Broad and inclusive programmes offering holistic and flexible support bring strengths but also challenges of unpredictability, boundary setting and keyworker capacity. One approach to addressing these challenges may be clearer specification around the types of participant that programmes are best positioned to support and/or the core skills and attributes of keyworkers. However, this approach may restrict the richness and reach of programmes. Establishing strong and well-functioning networks of providers, where cross-referrals and sharing of information and skills operate effectively, is an alternative strategy that could support and sustain more inclusive approaches and retain the benefits of a diverse keyworker community.

### **9.3 Reflection points for wider employment support policy**

- Key features of effective employability support include: personalisation and tailoring, a flexible and individualised pace that enables different speeds of progression and accommodation of pauses and backwards steps, a consistent relationship with a key person with whom a relationship of trust can be

developed, and a lack of time constraint. These features are in contrast with the characteristics of some mainstream provision and support calls for radical review of how employability support is designed and delivered.

- Non-mandatory participation and independence from statutory welfare and employment services can support active engagement from participants and are important points to emphasise at the point of recruitment and enrolment. Participant trust and engagement can be more easily secured where participation is not tied to conditions of benefit receipt.
- Effective person-centred employability support requires investment – in adequate staffing capacity to ensure smaller caseloads and flexible financial budgets to support participants.
- Funding continuity is also essential, to enable the retention of skills, expertise and valuable local provision that is trusted and offers a more intensive and tailored approach to support.
- Our findings support wider calls for more streamlining of local employability programmes, to reduce the confusing array of provision and the (sometimes counterproductive) competition between providers that exists across some areas.
- For organisations funding or overseeing devolved or subcontracted programmes, it is important to carefully consider and regularly review agreed delivery targets in relation to staffing capacity, especially for smaller organisations employing fewer keyworkers. Streamlined and digitised processes around recording, reporting and evidencing would ease the administrative burden on keyworkers.
- It is essential to appreciate that employability programmes aimed at those ‘furthest from work’ will require an incremental approach, empathy, compassion and an appreciation of complex and multifaced barriers to employment. Many fundamental aspects of personal, social and emotional security and stability may need to be attended to before participants are able to actively consider more directly vocational activity. Building confidence and self-belief may be equally important to the achievement of positive outcomes as developing technical aspects of employability.



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