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

Short Report

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1. Introduction

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 and free to participants. ATI is focused on supporting people furthest from employment (unemployed or economically inactive) and facing a variety of, often complex, barriers to work.

Managed by non-profit organisation 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 appropriate) on health, wellbeing, finances, skills, training and job search. 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 present research was a collaboration between Better Connect and the ESRC Centre for Society and Mental Health. The research focused on the experience of ATI keyworkers and explored themes including the circumstances faced by people they supported on ATI, the positives and challenges of the keyworker role, and the key elements of effective employability support for people furthest from employment. Thirteen ATI keyworkers took part in semi-structured qualitative interviews between November 2021 and February 2022.

2. Delivery partner structures and processes

The ATI programme is delivered by a network of partner organisations of varying sizes and specialisms. Some ATI delivery partners offer a number of employment-focused programmes and activities and/or are based within community organisations that host a wide variety of provision 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 several advantages in relation to the delivery of ATI. These included: identifying and engaging potential ATI participants (through 'passing trade' and people already using - and hence familiar and at ease with – their venue/organisation); facilitating participant access to a wider range of co-located expertise and intervention/support; offering participants opportunities to widen their social networks through engagement with other activities of the organisation; and maintaining continuity of informal contact beyond the end of formal ATI engagement. Larger delivery partners were able to offer voluntary work experience

within other projects that ran in the wider organisation.

ATI delivery partners typically employed between one and three keyworkers. There appeared to be advantages to employing more than one keyworker within the organisation. Delivery partners employing 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. Keyworkers benefited from mutual support and the opportunity to share expertise and consult on participant cases.

Delivery partners recruited and appointed their own keyworkers. Keyworkers brought varied professional backgrounds and different life experiences to their role with ATI. Professional expertise ranged from IT training, teaching, adult education, careers advice, life coaching, 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. This diversity in keyworker backgrounds was a notable feature of ATI.

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 extensive professional experience working with people in very complex circumstances and with more severe levels of mental health needs. There were others who had occasionally felt that the severity or complexity of needs encountered among participants went beyond their professional expertise or remit.

Referral routes into ATI included Jobcentres, GP surgeries, social prescribing link workers, Community Mental Health Teams, in-house referrals or 'passing trade' (where ATI was co-located or embedded within another service), 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. To an extent, regular referrals were built on developing positive relationships with particular personnel within services, for example, individual Jobcentre Work Coaches, mental health workers or youth workers. However, keyworkers recognised the risk of overreliance on relationships with particular practitioners, if their role or referral priorities changed. Competition with other employability programmes, including mandatory schemes and new Department for Work and Pensions initiatives launched in the wake of the Covid-19 pandemic, could be a challenge to recruitment.

The ATI programme operates across a region encompassing several rural and remote areas. Rurality placed some practical constraints on the extent to which ATI delivery partners could cross-refer between themselves and make full use of the intervention opportunities available across the partnership. Different areas had differing amounts and breadth of provision that were locally available and accessible to participants; hence, the rural and dispersed nature of the region resulted in some disparity in the work-related and social support opportunities that could feasibly be offered to participants. The dispersed geography also impacted some keyworkers' opportunities to network with peers from other organisations within the ATI partnership.

3. The circumstances and experiences of ATI participants

Keyworkers described how ATI participants had very varied circumstances and entered the programme at notably different starting points. Whilst there were some for whom support needs were relatively straightforward and whose journeys progressed quite quickly, a majority of participants were perceived to be a significant distance from work at the time they joined ATI and experienced a complex mix of practical, psychological, social and economic challenges. Severe hardship, trauma and mental health issues were commonplace.

"Everybody has got a really different starting point and nobody's journey is quite the same."

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

All keyworkers perceived mental health issues as being experienced by many if not most ATI participants. Whilst some delivery partners specialised exclusively in supporting people with moderate to severe mental health problems, keyworkers across all delivery partners felt that mental health arose frequently in the course of their work with 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."

Digital exclusion was perceived to be an issue for many (though not all) ATI participants. This could be in the form of lack of devices, low digital literacy (including people who owned devices but did not know how to use them), 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.

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.

Other challenges and barriers encountered by ATI participants included: loneliness and lack of social support; lack of confidence and self-belief; limited work experience and employability skills; literacy and basic skills; obstacles presented by the welfare system and 'benefits trap'; and a need for stability and security in fundamental areas of personal finances, childcare, housing and health. Regarding the latter, keyworkers recognised the need to ensure these fundamental securities were in place before people could focus their attention on steps towards employment.

4. Interventions and supportive activities

Keyworkers all emphasised that ATI is a highly 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. Goals were developed in a collaborative way and reviewed over time. The schedule of meetings with participants was also tailored to the individual, according to their needs and preferences.

Keyworkers described multi-layered and holistic packages of support that they had put together for different participants. Intervention could encompass a range of activities, from the more emotional support and confidence building, to the more practical. Interventions could be broadly grouped into those focused on: mental health and wellbeing; confidence building and social engagement; education, training and qualifications; employability skills and work experience; benefits, debts and financial advice; and liaison with other services.

"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 [jobsearch] sites … For some people, it's about supporting them with referrals to housing or Citizens Advice or debt finance … 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, how to budget … Employment type things, practice mock interviews, what to expect, how to present yourself … 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."

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. Reflecting the holistic approach of ATI, packages of intervention sometimes included elements focused on supporting the participant's wider family. Supporting ATI participants to increase their self-confidence and self-belief was emphasised as a major part of the role, underpinning other more concrete or practical aspects.

5. Retention, progression and outcomes

Keyworkers did not describe significant problems with keeping participants engaged once they had enrolled on ATI, and dropout or disengagement did not arise as a major theme in the research interviews. Keyworkers appreciated that the complexity and unpredictability of many participants' lives could affect sustained engagement and progression, and 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, goals could be reviewed and the frequency of appointments 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."

There had been instances where participants did not seem, over time, to be making active forward progress – even with recognition of the need for a tailored pace. Different strategies were evident in how keyworkers would encourage re-engagement; these were tailored to their knowledge of and relationship with participants and could involve more proactive or more subtle approaches. Keyworkers also talked about striking the right balance between providing open-ended support whilst not letting participants become so "comfortable" on the programme that they stopped working towards their employment goals or their progression beyond ATI. In the occasional cases where participants did not seem genuinely motivated towards employment, keyworkers needed to tactfully broach the fact that support from the programme could not be indefinite if there was no real commitment on the participant's part.

The formal 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. At the time of writing, ATI had engaged 3,511 participants in total, of whom 840 (24%) had moved into employment or self-employment, 716 (20%) into training/education, and 367 (10%) from economic inactivity to jobsearch.

Whilst all keyworkers referenced these formal outcome metrics, keyworkers also recognised a broader spectrum of positive outcomes attained by ATI participants, which encompassed holistic personal development and increased wellbeing. These 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.

> *"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."*

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.

When asked what they felt made the critical difference for ATI participants who achieved the move into employment, keyworkers emphasised the importance of confidence and self-belief, and the need for participant intrinsic motivation alongside the support of their keyworker. Notably, although keyworkers recognised 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. This growth in confidence was fostered through the person-centred approach of ATI and the consistent relationships of trust and support developed with keyworkers.

> *"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."*

6. The keyworker experience

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, interesting and varied. 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 described it as a privilege and a pleasure to support ATI participants on their journey and to see the positive outcomes they achieved.

> *"I feel privileged to have been able to do* [this role] *... 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."*

The degree of autonomy, flexibility and creativity afforded to keyworkers within the ATI programme model (including via the discretionary use of budgets) was appreciated, as this further enabled the tailoring of support to individual participant's circumstances. Some keyworkers felt the role had enabled them to broaden their skillset and professional experience, for example, by supporting people with a wider range of backgrounds and circumstances. Keyworkers also noted that the positivity and job satisfaction that came from being a part of ATI, which could have beneficial effects on their own wellbeing.

Regarding challenges, all keyworkers noted the volume of administration required around the ATI processes of enrolment, record keeping and reporting. Whilst the majority of keyworkers described this as fairly burdensome, 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. There was a view that the paperwork should not detract from relationship-building with participants, nor overshadow the person-centred focus so essential to the programme. With much of the programme's paperwork still being required in hardcopy, there was a common view that it would be valuable to move towards more streamlined digital systems for data entry and records management.

The emotional aspects of the role could be another challenge for some keyworkers. Some keyworkers described how they had been quite personally affected by the level of distress and suffering endured by many ATI participants. There was much variation in the extent to which keyworkers had previous training or experience in supporting people with severe and complex levels of need. Whilst some had professional backgrounds in mental health services and qualifications in psychology or counselling,

there were others who could at times feel unsettled or ill-equipped to support the severity or complexity of needs that they encountered in their participant caseload. 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.

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. Keyworkers described how their role was very broad and varied, encompassing a wide range of different forms of support for participants. The holistic and individualised model of support was a strength of ATI, but at the same time it was part of the challenge for keyworkers. Some keyworkers had not anticipated the complexity and high level of needs of ATI participants, and this could be practically and emotionally challenging. Whilst some keyworkers felt confident engaging in a wider range of social and psychological support, others had at times felt outside their zone of professional expertise.

> *"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."*

A second aspect of the role requiring the navigation of boundaries was in establishing and maintaining an appropriate balance between work-focused support vs. more holistic support. 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. However, 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] you 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."*

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. Keyworkers were conscious of their own sense of competency and limits in the extent to which they could confidently offer psychological support to participants with more severe levels of mental health needs; this varied across the keyworker group, according to their professional and personal backgrounds.

Another aspect of boundary setting included striking a balance between providing consistent and dependable support whilst avoiding the risk of overdependency. A number of keyworkers spoke about having a somewhat maternal approach to their interactions with participants and keyworkers could also provide more of a fraternal or peer-to-peer relationship of support. Differences were 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, as participants moved through and onwards from their formal time with the ATI programme.

Lastly, keyworkers also spoke about the need to establish boundaries around work and non-work time. This could include setting temporal boundaries but also emotional boundaries and not "taking the work home". Keyworkers 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.

Overall, 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. 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.

"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."*

7. The key features of effectiveness in the ATI model

The core strengths of the ATI model, as perceived by keyworkers, can be summarised as its combination of personalised, tailored and flexible intervention based on a long-term and consistent relationship of trust and support. Together, these features encouraged the growth of confidence in participants to set goals, develop self-belief and take steps towards employment in a safe and supported way.

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. 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. Keyworkers could become a kind of champion for the participant, a person who was their consistent and dependable supporter. 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. 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.

> *"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."*

> *"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."*

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. Connected to the open-ended timeframe of ATI, the programme's personalised pace was crucial to its effectiveness, with the model being able to accommodate setbacks and hiatuses in participants' journeys.

"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 giving people the time to really open up and trust."

Other key strengths of the ATI model included: its voluntary nature – non-mandatory engagement supporting the building of trusting and cooperative relationships with participants; the discretionary budget available to keyworkers to support participants in a range of individualised ways; the holistic approach, drawing on a range of intervention partners to create a bespoke and multifaceted package of practical, vocational, social and emotional support; and a more intensive and individualised approach to work-focused support, supported by all of the above elements.

8. The future beyond ATI

At the time of the research interviews, the ATI project had confirmed funding until June 2023. 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.

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 benefits to its participants. There was 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. Summary and points for reflection

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. 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, and 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.

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.

> *"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 … 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."*

> *"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."*

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.

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 among participants; this could 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.

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 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 cross-referral between delivery partners could improve scope to match participants to the most appropriate keyworker, though feasibility may again be limited by geography.

- Diversity in keyworker backgrounds and expertise was a strength of ATI. 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.

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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