



Centre for
**Society and
Mental Health**

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

Executive Summary



**Economic
and Social
Research Council**

CSMH Report R010

This report was first published in February 2023 by the ERSC Centre for Society and Mental Health.

Authors

Annie Irvine, Joe McKenzie, Christine Brass, Alex Kelley

Better Connect

Action Towards Inclusion is part of the national Building Better Opportunities programme which is funded by the European Social Fund and the National Lottery Community Fund. <https://betterconnect.org.uk/our-projects/action-towards-inclusion/>

ESRC Centre for Society and Mental Health

This work was supported by the Economic and Social Research Council, Centre for Society and Mental Health at King's College London [ES/S012567/1]. The views expressed are those of the author(s) and not necessarily those of the ESRC or King's College London. <https://www.kcl.ac.uk/csmh>

How to cite this paper

Irvine, A., McKenzie, J., Brass, C., & Kelley, A. (2023) *Action Towards Inclusion: Keyworker perspectives on employability support for people furthest from employment - Research Summary*. ESRC Centre for Society and Mental Health.

Action Towards Inclusion

Action Towards Inclusion (ATI) is an employability programme operating across York, North Yorkshire and East Riding. It is funded by the National Lottery Community Fund and the European Social Fund, and managed by non-profit organisation **Better Connect**. ATI is focused on supporting people who are furthest from employment and facing a variety of barriers to work. The programme launched in March 2017 and will run until June 2023. 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, job search, etc. Keyworkers are professionals employed within delivery partner organisations.

People engaged with ATI are known as **participants**. To be eligible to enrol in ATI, participants 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). 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. Keyworkers support participants to overcome physical, psychological, financial and skills-related barriers and to progress towards employment, training, education and jobsearch, at the same time helping to combat a range of social issues including poverty and social exclusion.

The keyworker experience

Most keyworkers said their experience of working on ATI had been very positive overall. Keyworkers found their role **enjoyable** and **rewarding, interesting** and **varied**. It was a **privilege and a pleasure** to support ATI participants on their journey and to see the positive outcomes they achieved.

"It's just about knowing and seeing and being able to make that difference to people. You see that impact of what you're doing in the support that they're getting from ATI ... 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 to have the privilege to have been a part of that, it's really special."

"I feel privileged to have been able to do that [keyworker 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."

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. For some keyworkers, the positive experience of the role had been beneficial to their own **sense of wellbeing**.

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**. Some keyworkers felt confident engaging in a wider range of social and psychological support, whilst 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 ... 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."

The keyworker role could bring challenges around maintaining **balance and boundaries**. The **holistic and incremental approach** of the ATI programme needed to be balanced with keeping a **focus on the end goal of employment or training**. Keyworkers also had to navigate a **personal-professional boundary** when building rapport and emotional connection with ATI participants. They needed to be open and available to participants whilst also being mindful of their personal capacities and **honouring their own wellbeing needs**.

Keyworkers brought **different professional backgrounds** and **different life experiences** to their role. These backgrounds shaped the way keyworkers approached their role and the aspects they found more familiar or more challenging. Delivery partners were also differently resourced and had different types of organisational specialism. Again, this shaped

the way that keyworkers experienced their role. For example, where several keyworkers were employed by one delivery partner, this provided mutual peer support and an ability to share ideas and expertise. Keyworkers who were alone within their organisation could feel more isolation and pressure.

Keyworker perspectives on ATI participant experiences

ATI participants brought a wide range of backgrounds, circumstances and experiences. Keyworkers noted that participants joined the programme at **varied starting points**. Some people's journeys to employment were relatively quick and straightforward. However, it was common for participants to face a **complex range of barriers** that required long-term, gradual and incremental support.

Many ATI participants experienced **mental health issues** of various sorts. These included anxiety, depression, bipolar disorder, trauma, suicidality and self-harm, psychosis and eating disorders. Participants also experienced low confidence and low self-esteem, and the stress of living with poverty and financial insecurity. **Loneliness** was also a challenge for many ATI participants. Some participants lacked supportive social networks and some were in abusive or toxic relationships.

Rural isolation was a challenge to employability and to broader social wellbeing. Several ATI participants lived in isolated areas with limited and expensive public transport links, and with few employment opportunities in their immediate area.

Digital exclusion was a barrier for many participants. Whilst most ATI participants had access to a mobile phone, difficulties were in the form of limited IT skills and/or limited resources to afford mobile data or home internet connectivity. The Covid-19 pandemic had shed light on some participants' limited IT skills. At the same time, the move to online interaction had been beneficial for some participants, reducing social isolation and overcoming some of the barriers of rural living.

Some ATI participants **lacked work experience** or had **limited formal education or qualifications**. **Neurodiversity, learning disabilities or low literacy** were challenges for some participants. Other common challenges included **debts and financial insecurity, caring responsibilities, physical health problems and housing problems**.

Taken together, the above range of challenges and barriers, could result in **low self-belief and low confidence**. Keyworkers noted that rebuilding participants' self-confidence was an essential foundation for thinking positively about moving towards employment.

Strengths of the ATI model

The core strengths of the ATI model 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.

"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 ... It's just providing that hand-holding and that encouragement that normally they wouldn't get, had they had to be on their own."

"I think just the ongoing consistency of a really positive and engaging relationship with somebody that has belief in you achieving."

"Having that attention given to them by somebody that is walking side by side with them, who is not a figure of authority ... 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."

The **voluntary nature of participation** in ATI and the fact that keyworkers have a modest **discretionary budget** for individualised support were also highlighted as strengths of the model. The role of intrinsic motivation among participants was also highlighted, but a key part of the keyworker role was to help develop that confidence and self-belief that underpinned self-motivation.

To deliver the ATI approach effectively, important attributes of the keyworker role include: commitment to the delivery of personalised support; enjoyment of 1-1 working; a non-judgmental approach; good planning and facility with paperwork and record keeping; flexibility and adaptability.

Over its first 5 years of operation, ATI has engaged 3,511 participants. By the end of November 2022, 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.

Learning points

Keyworkers and Better Connect programme managers recognised that establishing the ATI programme had been a steep 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. With five years of experience to reflect on, the following learning points emerged from this research project:

- Mutual support among keyworkers is valuable. Being part of a larger keyworker group within a delivery partner provides practical and emotional support. Strengthening peer support networks between delivery partners may be beneficial, where keyworkers are alone within their organisation.
- ATI participants bring a range of diverse and often complex backgrounds, circumstances and needs. The scope of the keyworker role is therefore broad and unpredictable. The holistic and flexible nature of ATI is one of its key strengths. However, future projects may benefit from clearer specification around the types of participant circumstance which ATI is best positioned to support.
- The diversity of keyworker backgrounds is a strength of the ATI model. The autonomy of delivery partners to identify the people

best suited to the role is valuable. However, to inform future projects it may be helpful to set out some broad, nonprescriptive guidelines as to the core skills, attributes and parameters of the keyworker role. Ensuring strong and well-functioning networks of providers, where cross-referrals and sharing of information and skills operate effectively, will maximise the benefits of a diverse keyworker community.

- Wellbeing support for keyworkers is important. Future projects should consider how to facilitate informal and formal emotional support, from within delivery partners and/or from the overarching programme management team.

Research method

The research was carried out in partnership between Better Connect and the ESRC Centre for Society and Mental Health, King's College London. In-depth interviews were carried out with 13 ATI keyworkers between November 2021-February 2022. Interview topics included: keyworker professional backgrounds, circumstances and challenges of ATI participants, influence of the welfare benefits system, experiences of carrying out the ATI keyworker role, learning points and recommendations for future programmes. All interviews were recorded, transcribed verbatim and analysed using a qualitative thematic approach.

The research team were:

Joe McKenzie
(ATI Programme Lead)

Christine Brass
(ATI Participant Experience Manager)

Alex Kelley
(Better Connect Head of Programmes),

Annie Irvine
(Research Associate, ESRC Centre for
Society and Mental Health)

For further information:

Joe McKenzie
jmckenzie@betterconnect.org.uk
www.betterconnect.org.uk/

Annie Irvine
annie.irvine@kcl.ac.uk
www.kcl.ac.uk/csmh

ESRC Centre for Society and Mental Health

44-46 Aldwych
London, WC2B 4LL
www.kcl.ac.uk/csmh
csmh@kcl.ac.uk
[@kcsamh](https://twitter.com/kcsamh)