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'Working With the Whole Person': Employability Keyworker Experiences of Supporting People Furthest From the Labour Market

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Abstract
This article explores the experiences of keyworkers within a third-sector employability programme targeted at people furthest from work. Using semi-structured qualitative interviews, the study investigated keyworker perspectives on effective elements of programme design, and what made the critical difference for those who did move into employment. Echoing previous research, findings confirmed the value of a holistic and personalised approach founded upon a consistent and long-term relationship of trust and support, through which programme participants developed the confidence and self-belief that was critical to progression towards employment. However, critical attention to the keyworker perspective offers novel insights, bringing to light challenges in defining role parameters and maintaining personal-professional boundaries in the interests of keyworkers and programme participants. We contribute to the body of research on employability practitioner perspectives, revealing that the strengths of person-centred support may simultaneously present tensions and wellbeing risks, where role parameters are very broadly defined.

Keywords: Employability; personalisation; unemployment; welfare-to-work; working alliance

Introduction

Reducing the number of citizens claiming welfare benefits due to unemployment or ill health, via their movement into paid employment, has been a dominant policy objective for over two decades in the UK (Department for Work and Pensions, 2002; 2010; 2021; DWP and Department of Health, 2016) and beyond (e.g. Collie *et al.*, 2022). Whilst the ideology of neoliberal welfare approaches that prioritise active labour market participation has been critiqued at the overarching level (Bedggood, 1999; Wiggan, 2012; Raffass, 2017; Schram, 2018), there are concurrent debates about how, within this political framework, the process of 'supporting' or 'activating' claimants towards employment can be done in more appropriate, more compassionate and – ultimately – more effective ways (Pollard, 2019; Scholz and Ingold, 2021).

Within the UK welfare system, employment support for people with more complex needs and barriers is available via a number of routes and providers. Since the Labour Government's 1998 Green Paper *New Ambitions for our Country: a new contract for welfare* (Department of Social Security, 1998) there has been a succession of targeted programmes, aiming to support movement towards employment through voluntary or (increasingly) mandatory participation in work-focused interviews and employability-related activities (DWP, 2006). These programmes have included the

New Deal for Young People (National Audit Office, 2002), New Deal for Lone Parents (Hasluck, 2000), New Deal for Disabled People (Stafford, 2012), Pathways to Work for incapacity benefits claimants (Bewley *et al.*, 2007; Becker *et al.*, 2010; Knight *et al.*, 2013), the Work Programme (Meager *et al.*, 2014; Dar, 2016; Kay and Marlow, 2020) and, most recently, the Work and Health Programme (Powell, 2020) and Covid-19 response measures such as Restart.[1] Several of these initiatives have been delivered at the frontline by subcontracted providers from the private, public, voluntary and community sectors. Alongside this, other fundings streams including the European Social Fund and the UK National Lottery Community Fund, have supported employability programmes delivered predominantly through the voluntary and community sector. This combination of centralised programmes alongside a proliferation of local government and third sector initiatives has resulted in a landscape of provision that can be 'fragmented, complex and difficult to navigate' (Phillips, 2022: 24) and in which, 'national employment support programmes are often not aligned with regional priorities.' (Campbell *et al.*, 2023: 9).

There is growing recognition that locally-led employability initiatives, supported through the devolution of government funding, offer a more effective way to support movement into work, especially for more vulnerable and disadvantaged jobseekers (Pollard and Tjoa, 2020; Centre for Ageing Better, 2022; Phillips, 2022; Work and Pensions Select Committee, 2023). In London and Greater Manchester, management of the Work and Health Programme has already been devolved to local authority level, whilst Scotland is operating a separate scheme *Fair Start Scotland* under devolved powers. The Labour Party has recently asserted a commitment to exploring greater devolution and decentralisation of employment support, should they gain power at the next UK general election (Ashworth, 2023) and the recent report of the Work and Pensions Select Committee enquiry into employment support has emphasised the value of locally-led, person-centred support for unemployed and economically inactive people:

> The current centralised delivery model for employment support does not make the most of local knowledge or expertise and promotes a one-size-fits-all approach to support design. A more devolved approach to support design and delivery would allow support to be better tailored to the individual and could be designed to take advantage of local opportunities and existing networks. (Work and Pensions Select Committee, 2023: 73)

The proliferation and diffusion of employment support provision has led to a diversification in the institutional location and professional positioning of those tasked with delivering support. Whilst all may be broadly conceived as representing Lipsky's (1980/2010) 'street-level bureaucrat' – '*public service workers who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work*' (Lipsky, 2010: 3) – there are gradations of distance from direct government control, and thus from elements of mandatory labour market activation policies. Whilst focused on the same overarching policy objective i.e. movement of vulnerable, disadvantaged, or disengaged people towards labour market participation, the voluntary nature of many third sector-led programmes represents a key difference, which has potential to shape the relationship between client and street-level bureaucrat in important ways.

Where employment support can be decoupled from the administration and policing of conditionality-based welfare benefits, tensions and inconsistencies can be reduced, enabling scope for greater trust and collaboration between client and provider (van Berkel and van der Aa, 2012; Khoronzhevych and Fadyl, 2022; McDowell *et al.*, 2022). Thus, in contrast to Lipsky (2010: 60) observation that client and street-level bureaucrat are 'intrinsically in conflict over objectives' and are in a relationship that is 'drastically unequal', decentralised programmes are typically experienced as highly person-centred, and as taking a more holistic approach to addressing client needs (Rolfe *et al.*, 2015; Batty *et al.*, 2017; Damm *et al.*, 2020; Newton *et al.*, 2020). In the context of employment support, person-centred approaches can be understood as those which:

...provide support that considers the needs of the individual, their specific barriers to employment, and understands that effective support must extend beyond simply getting someone a job. This might include, amongst other things, caring responsibilities, physical and mental health, housing, family circumstances, addiction issues, problem debt, skills, training, and career ambitions. (Work and Pensions Select Committee, 2023: 63)

Drawing on conceptualisations from social work practice, person-centred approaches also involve, 'staying humble, curious, and non-judgmental toward service-users ... putting service-users' needs and goals as top-priority, and acknowledging them as experts of their own lives [and] and maintenance of a meaningful and trustful working alliance with service-users.' (Kraus and Moran, 2023).

Such models of employment support are often built around a 'keyworker' model, whereby each client has a consistent point of contact with someone who comes to know and understand their circumstances in depth, and with whom they can therefore build a relationship of trust. The keyworker model is now becoming established as best practice in employment support, as recognised in successive evaluations of the European Social Fund (DWP, 2016, 2022), and is explicitly recommended in the commissioning guidance for the UK Shared Prosperity Fund (Department for Levelling Up, Housing and Comunities, 2022), the funding stream which now replaces European Social Fund provision:

Projects working with individuals a long way from the labour market should consider following a 'key worker' approach, where a single point of contact provides holistic or wraparound support for participants throughout service delivery. This was widely reported as being an effective way to engage with, and support, sustained relationships with participants with greatest need (DWP, 2016: 17)

Investment should facilitate the join-up of mainstream provision and local services within an area for participants, through the use of one-to-one keyworker support (DLUHC, 2022).

Evaluations of devolved or locally led employability[2] programmes that utilise a keyworker approach and draw on the networks and local knowledge of community partners, report consistently positive participant experiences and promising outcomes (Adam *et al.*, 2017; Damm *et al.*, 2020; Ahmed *et al.*, 2021; SQW, 2021; Atkinson and Cutmore, 2022; Batty *et al.*, 2022, 2023; Lindsay *et al.*, 2022). This article draws on the experiences of employability keyworkers within one such programme in the North of England: Action Towards Inclusion. Whilst our findings contribute to the growing evidence base on the strengths of more person-centred and holistic approaches to employment support, our primary contribution is in illuminating some of the challenges and tensions inherent for keyworkers working in this context, and related policy implications.

The professional 'lived experience' of keyworkers has received relatively little attention within research and evaluation of the employment support landscape, focus having been predominantly directed to participant experience and outcomes. Drawing on in-depth interviews with thirteen employability keyworkers, we enhance the emergent body of literature exploring frontline employability specialists' views and practices (Henry and Lucca, 2004; Barnes *et al.*, 2017; Johnson *et al.*, 2021; Bakkeli, 2022; McDowell *et al.,* 2022). We build on themes of recent publications in this journal (Danneris and Caswell, 2019; Kampen and Tonkens, 2019; Lindsay *et al.,* 2019; 2022; Whitworth, 2019; Ravn and Bregaard, 2021), which have explored the 'ingredients of success' (Danneris and Caswell, 2019) in what supports vulnerable jobseekers into employment or education. However, in taking a detailed focus on the lived experience of employability practitioners, our analysis surfaces both strengths and challenges inherent in more person-centred approaches to employment support. Whilst echoing findings on the value of holistic, flexible and

tailored approaches to support, we simultaneously reveal areas of tension in the employability keyworker role, which have received lesser attention to date, centred around a core theme of *balance and boundaries*.

Employability programme design

Action Towards Inclusion (ATI) is an employment support programme operating across North and East Yorkshire UK, funded by the National Lottery and European Social Fund. The aim of ATI is to support people who are 'furthest from work' to move closer to their employment goals. The ATI definition of 'furthest from work' is quite broad. Eligibility criteria are only that the person must be of working age, in receipt of unemployment benefits or economically inactive, and evince a desire to move closer to work. Goals are set by the individual and may include a range of intermediate steps on the overall trajectory towards employment. The programme is voluntary, independent of the Department for Work and Pensions (DWP), and is not time-limited.[3]

ATI is managed by a third sector organisation, which subcontracts to a network of 'delivery partners' who deliver the programme in local areas of the region. The programme is designed around a '*keyworker + intervention*' model. Some delivery partners only offer interventions, whilst others provide keyworker and intervention components. *Keyworkers* (a role title used across the programme) are a core component of ATI; each ATI participant[4] is assigned a personal keyworker as their consistent point of contact and support throughout their time on the programme. Through one-to-one meetings arranged at a tailored pace and frequency, the keyworker works with the participant to establish individualised work-related goals and to identify the range of barriers or challenges they are currently facing and wish to overcome. *Interventions* is the term used to denote the range of additional activities and courses that are offered to participants, in supplement to their one-to-one keyworker support, as relevant to their circumstances. These include functional skills training (maths, English, Information and Communications Technology (ICT)), mental health and wellbeing support, financial advice, and a variety of creative activities; again, these are delivered by specialist organisations within the programme's delivery partner network.

Delivery partners have different specialisms and are responsible for recruiting their own keyworkers. As part of the partnership agreement, each delivery partner provided the managing organisation with their key features and commitments for delivery. As they all offered something slightly different, each was responsible for ensuring they employed the right keyworkers to fulfil their strategies. Keyworkers thus came from varied backgrounds, including teaching, adult education, careers advice, social work, other statutory and non-statutory employability programmes, occupational therapy, National Health Service (NHS) mental health services, ICT, administration, marketing, various sectors of industry and retail, and community development projects. This diversity in keyworker professional background and experience emerged as a significant theme in the study, as we discuss below.

Keyworkers were provided with formal training on the paperwork/regulatory aspects of the role, by the managing organisation. This included the expectations and obligations regarding record keeping, evidencing participant eligibility and reporting of activities and outcomes. The managing organisation also delivered annual workshops from a 'review-refresh-reshare' perspective. However, there was no overarching training focused on the frontline delivery of keyworker support itself, and no stipulations on delivery partners to provide any specific training components.

Three quantitative exit outcomes are classified as success within the programme, as determined by the funder metrics. These are: (i) a move *from unemployment to employment*; (ii) a move *from economic inactivity to employment or active jobsearch*; (iii) entry to *education or training*. Over its first six years of operation (2017–2023) the programme engaged 3,733 participants, supporting 485 (13 per cent) from unemployment into employment, 1,023 (27 per

cent) from economic inactivity to jobsearch or employment, 914 (24 per cent) into education or training.

Methods

The study was a collaborative project conducted in partnership between an academic research centre – the Economic and Social Research Council Centre for Society and Mental Health, King's College London – and third-sector non-profit organisation Better Connect, whose remit encompasses social inclusion, employability, training, and skills, including the overarching management of ATI. The research project developed through a series of conversations between three programme managers and one qualitative researcher, whose interests centred around work, welfare, and mental health. All three programme managers had been involved in the design and delivery of ATI. Their specific roles were: Head of Programmes for the organisation as a whole, Programme Manager for ATI itself, and Participant Experience Manager for ATI. Whilst all three had close involvement in the operation of ATI, their roles differed slightly in terms of the extent of engagement with funders, delivery partners and programme participants respectively.

As a first experience of cross-sector collaborative research for all parties, designing a study that addressed all of our respective areas of interest was a learning process and (in the desire to satisfy all parties) led to a wide-ranging set of interview questions posed to keyworkers. Topics included: keyworker professional backgrounds, circumstances and challenges of ATI participants, participant and keyworker conceptualisations of mental distress, participant experiences of the welfare benefits system, experiences of carrying out the ATI keyworker role, learning points, and recommendations for future programmes.

Recruitment and data collection

All ATI keyworkers were invited to take part in the research. Information about the study was prepared by the researcher and circulated to keyworkers by programme managers. Keyworkers were able to contact the researcher directly (to preserve anonymity) although several made contact via the programme managers. Fourteen keyworkers (of a total of approximately thirty-five) expressed an interest in taking part, and interviews were completed with thirteen (one was unable to take part due to unforeseen personal circumstances), based within seven different delivery partner organisations. Age and gender of the participating keyworkers are not reported, so as to preserve anonymity within this small community of professionals.

Keyworker perspectives were gathered via semi-structured interviews, conducted by the researcher, between November 2021 and February 2022. Interviews were conducted via videocall (n = 8) or telephone (n = 5) according to keyworker preference[5] and lasted between one hour and one and three-quarter hours (average one and one-quarter hours). The interview guide was used flexibly, to cover key topics of interest but tailored to each keyworker's areas of experience and expertise.

The research was approved by King's College London Research Ethics Panel. Electronically signed informed consent was sought from keyworkers before interviews and confirmed verbally on the audio recording prior to beginning the interview. Interviews were audio/video recorded with permission, and transcribed professionally. The researcher checked all transcripts for accuracy and anonymised them. All but one keyworker gave consent for anonymised transcripts to be shared with programme managers, for the purposes of collaborative data analysis.

Data analysis

A qualitative thematic analysis approach was used (Braun and Clarke, 2021). This involved reading transcripts in detail to gain familiarity with the content, and 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 spending time exploring the transcripts individually and in smaller groups, the four team members came together for a half-day meeting to discuss impressions of the data and the key themes arising. This collaborative approach to analysis was particularly valuable in bringing in the programme managers' wider organisational knowledge around the history of the programme and higher-level operational issues. These insights aided interpretation of the keyworker interview data and helped to generate practice implications that the researcher alone would not have identified in the absence of this contextual knowledge. We have incorporated programme managers' reflections into the reporting of findings below, as they formed an important part of analytic interpretation. Following the collaborative analysis meeting, the researcher returned to the full data set to conduct comprehensive in-depth coding of transcripts (supported by Nvivo software), building upon the themes identified during the collaborative session and ensuring that all areas of the data were interrogated in full.

Limitations

The study drew on the perspectives of a relatively small and self-selecting sample of keyworkers, and we acknowledge that those who opted to take part in a research interview may not be representative of the whole. However, the number of participants is appropriate to a qualitative methodology, which seeks depth and detail of experience rather than generalisability, and is proportionate to the overall size of this small community-based project (our sample representing over one-third of the keyworkers employed on the programme at the time of the research). We would ideally have included programme participant perspectives in the research. However, the timing of the research project, during the second year of the Covid-19 pandemic, with ongoing UK lockdowns and social distancing measures, meant that there were practical and ethical barriers to involving programme recipients at that time. Whilst we recognise that rapid adjustments to research design were made across the social research community to enable remote research with vulnerable groups during the pandemic (Nind *et al.,* 2023), we did not feel in our specific case that there was scope to develop the necessary relationship of trust and reciprocity between the researcher and programme participants, within the resources available to the project at the time.

Findings

We begin by summarising keyworker perspectives on the key features of effectiveness within the ATI model. We then explore how these features were simultaneously a source of strength and challenge for those in the keyworker role, centring on a core theme of 'balance and boundaries'. Verbatim quotations are attributed by role/identification number only, to preserve anonymity within this small group of co-workers.

Strengths of the programme model

Keyworker perspectives on the core strengths of the ATI programme model coalesced around three complementary and mutually reinforcing themes: holistic and incremental support to address multiple barriers to work; a consistent and long-term relationship of trust and support; and building participant confidence and self-belief. These themes echo previous research findings (Dean, 2003; Henry and Lucca, 2004; Joyce *et al.*, 2010; Batty *et al.*, 2017; Danneris and Caswell, 2019; Moen *et al.*, 2021; Ahmed *et al.*, 2021; Bakkeli, 2022); we summarise them just briefly here, as a precursor to our more critical analysis of how these strengths can simultaneously pose challenges for those tasked with the employability support role.

Holistic and incremental support to address multiple barriers to work

A core characteristic of the ATI model is that support is tailored to each individual participant. The person-centred, bespoke nature of the programme, and its ability to encompass support beyond narrowly work-related elements, were highlighted as key strengths:

> 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)

> The journey is much more of a personalised journey for that one individual. So although the programme has a broad objective … we ensure that everybody is in a position where they work at a pace that's right for them, because we believe that's really important too. (KW13)

> An important recurring theme in my conversations with delivery partners is that every participant starts in a unique place and progress means something different to everyone – it is much more than just getting a job or a course. (Programme Manager)

Keyworkers described a diversity of experiences and backgrounds among ATI participants, explaining that people joined the programme with very different starting points. For some, the journey back to employment was relatively straightforward. However, with their remit to work with those furthest from the labour market, keyworkers more frequently encountered participants in highly complex and vulnerable situations.

Two delivery partners specialised exclusively in support for people with moderate to severe mental health problems. However, across all delivery partners, keyworkers felt that mental health issues were common to many, if not most, ATI participants. Many participants experienced loneliness and social isolation. This could be compounded by living in rural and remote areas with few local friendships or opportunities for social connection. Keyworkers also recounted participants whose lives lacked the type of fundamental social supports and positive relationships that provide strong psychological foundations and dependable networks. This could feed into social isolation or being drawn into 'toxic relationships'.

Digital exclusion was an issue for many ATI participants, be that in the form of lack of devices, low digital literacy, and/or lack of access to the internet. The majority were on low incomes, and – even if they had devices – could have difficulty affording home internet, mobile data or the latest digital technology. Lack of basic skills, qualifications or work experience were common issues. Other personal, social or structural challenges which limited ATI participants' practical or psychological capacity to engage in work, included: benefits issues, debts, low financial capability, lack of accessible childcare options, poor and/or expensive local public transport links, limited local employment opportunities, physical health issues or impairments, housing problems, experiences within the care system, involvement in criminal activity, substance use, learning difficulties, and physical, emotional, or sexual abuse.

Keyworkers approached support in a holistic manner, offering a tailored package of support for each individual participant. Mirroring the range of challenges and barriers experienced by programme participants, this included: mental health and wellbeing interventions, physical activity, arts projects, confidence-building (e.g. through engagement in small group social activities), education and training, more direct employability skills (i.e. Curriculum Vitae writing, jobsearch support, interview practice), advice and support around benefits, debts or housing, support with personal documentation and administrative tasks, and liaison with other support workers (e.g. social workers or probation officers).

A consistent relationship of trust and support

The ability to build rapport and a relationship of trust and support, through keyworker continuity, the benefit of unlimited time and an individualised pace, was another 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.' (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). 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.

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 reveal the extent of challenges they might be facing – hence laying the ground for more effective holistic support:

> 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. (KW03)

> Because 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. (KW13)

Building confidence and self-belief

Lack of confidence, self-esteem, or self-belief was a common and significant barrier for many ATI participants, and rebuilding self-confidence was seen as a critical step in enabling people to take steps towards work:

> 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 participants (particularly those with experience of mental health problems) often had low expectations of their ability. Part of the keyworker's role was to gradually help them build self-belief and elevate their goals. This confidence and self-belief was cultivated through the continuity of support, trust-building, and individualised intervention.

Balance and boundaries: tensions in holistic, person-centred support

Despite the overwhelmingly positive experience of carrying out their role, our analysis revealed that the strengths of the ATI model simultaneously brought challenges for some keyworkers. A theme running throughout the data was one of balance and boundaries. The values and practices underpinning ATI, of holistic, open-ended, and personalised support, meant that the parameters and demands of the keyworker role were often unpredictable, difficult to define or to hold constant.

Keyworkers and programme managers recognised that, at its outset, the ATI programme had been something of an unknown quantity and had involved a steep learning curve for all concerned. The keyworker role was initially very loosely defined and had been shaped and refined over time, in light of experience. Added to this, keyworkers brought a wide range of professional backgrounds and life experiences. Delivery partners were able to recruit and appoint their own keyworkers, based on local knowledge and decision-making. This resulted in a diverse workforce across the programme. This diversity was a strength, but also resulted in keyworkers expressing different levels of confidence and comfort in certain aspects of their role.

Whilst some keyworkers had professional backgrounds in mental health and/or vocational rehabilitation, others had previously worked in sales, retail, teaching or marketing. These keyworkers brought a wealth of interpersonal skills essential to the role. However, they had occasionally encountered situations or levels of need among participants that they felt were outside of their professional competency. Some spoke of the emotional impact the work had had on them when they first moved into the role, the extreme hardship and complexity of some participants' circumstances coming as something of a shock in relation to their previous professional experiences:

> Right at the very beginning, I don't think [managing organisation] 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)

> Sometimes you are like a social worker, and I mean, my goodness … I've come into 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 [detail omitted] 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)

Keyworkers and programme managers reflected on the importance of emotional support and supervision for keyworkers themselves. Interviews revealed that where two or more keyworkers were employed by one delivery partner, this provided an important source of peer support and an ability to share ideas and expertise. In contrast, keyworkers who were the only one employed in that role within their host organisation could feel more isolation and pressure.

One programme manager noted that a number of delivery partners had 'clinical supervision' for keyworkers built into their organisation, either pre-existing or in response to emotional challenges that presented once the programme got under way. However, the manager was unsure how many had kept this aspect going in the longer term. Wellbeing support was not something formally offered by the programme managers, as they did not feel sufficiently qualified:

> We do try to offer what emotional support we can where we feel it's appropriate, and we do give keyworkers space to talk to us about emotional aspects of delivery itself, but being a step removed from it, it's harder for us to effectively 'counsel' partners, as opposed to say their line manager or other support. (Programme manager)

Whilst the holistic approach of ATI was a key strength, it could also mean that the boundaries of the keyworker role were difficult to identify or maintain. 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 … 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)

Coupled with the diverse professional and personal backgrounds of keyworkers, it could be difficult to define what was within scope of the role and what was not. A number of keyworkers commented that they were '*not a counsellor*' – referring both to the parameters of their role and also their perceived limits to their own professional skills:

> 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 … 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)

> 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. (KW02)

A keyworker who specialised in literacy explained how her line manager had actively encouraged her to embrace broader emotional support as part of her role with participants, which she described as '*working with the whole person*':

> [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)

Temporal boundaries also required navigation. Some keyworkers made themselves available to participants outside of working hours and described situations where they had responded to participants in crisis:

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. (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)

The boundary between personal and professional relationship could be blurred in such situations. Some keyworkers embraced this approach to their role, seeking to establish a peer or friendship ethos. However, personal capacities to adopt or sustain this type of relationship varied among keyworkers. Programme managers recognised that keyworkers were also individuals who differed in their ability to offer unbounded support. As observed by a programme manager:

Some keyworkers choose to draw different boundaries ... I would argue every keyworker is holistic and emotionally invested, but perhaps some to greater extents, [and] a lot of that has to do with external factors like the size of organisations, the specific people working there. (Programme manager)

A further boundary to be navigated was maintaining an appropriate balance between work-focused and more holistic support for programme participants:

We do very much work together with participants on what's important to them. But I think then some people can sort of lose focus that it's a work-focused project. I think that we do need to remind people that we need to be moving in some way towards employment ... I think 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. (KW08)

Keyworkers highlighted the challenge of providing a consistent relationship of support whilst avoiding the participant becoming overly dependent on them: '*You don't want to become their crutch; it's got to be quite careful ... Not relying on you*' (KW02). It was felt that participants could sometimes be reluctant to end their involvement with ATI, as they had come to value 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? ... 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 eighteen months or however long, and not to have you as part of their lives, I think for some people is really scary. (KW06)

Discussion

Keyworkers perceived the strength of the ATI model as its combination of a *personalised, tailored, and flexible* intervention based on a *long-term and consistent relationship of trust and support*. Together, these features encouraged the *building of confidence and self-belief* within participants to set goals and take steps towards employment in a safe and supported way. These findings echo the conclusions of a growing body of qualitative literature evaluating a range of statutory and third sector employability programmes in the UK (e.g. Joyce *et al.*, 2010; Batty *et al.*, 2017, 2023; Damm *et al.*, 2020; Newton *et al.*, 2020; Atkinson and Cutmore, 2022; Lindsay *et al.*, 2022) and beyond

(Henry and Lucca, 2004; Bakkeli, 2022; Møller and Bonfils, 2023). Our findings also reflect a growing body of research which highlights the crucial role of the 'working alliance' between employability professional and client (Lustig *et al.*, 2002; Henry and Lucca, 2004; Strauser *et al.*, 2004; Pruett *et al.*, 2008; Danneris and Caswell, 2019; Ravn and Bregaard, 2021; Bakkeli, 2022).

However, by exploring the keyworker perspective in depth, this study has also illuminated some of the challenges of delivering such an all-encompassing and person-centred model, and the attributes and resources required to do so. The holistic, open-ended and incremental approach of the ATI programme needed to be balanced with maintaining a focus on the ultimate goal of employment, training or jobsearch. Keyworkers also had to navigate a personal-professional boundary when building rapport and emotional connection with programme participants. Echoing the conclusions of Barnes *et al.*, (2017), holistic support needed to be balanced with avoiding dependency among participants. Keyworkers had to be open and available to participants whilst also being mindful of their capacities as a person and honouring their own wellbeing needs. 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 felt confident providing a wider range of social and psychological support, others had at times felt outside their zone of expertise. Johnson *et al.*, (2021: 20) recognise a strikingly similar combination of '*unresolved role tensions*' in their study of keyworkers in a locally devolved welfare-to-work initiative:

> Key workers appeared to relish the opportunity to experiment with more personalised approaches to case work such as engaging in short informal meetings with clients for coffee to build rapport, and accompanying clients on bus journeys to help build confidence in social situations. At the same time, the role of key worker remained somewhat ambiguous both in terms of professional status and expertise, and in terms of the nature and duration of interactions with clients. *Key* workers recognised the limits of the professional support and advice they could provide to clients with multiple needs. (Johnson *et al.*, 2021: 12–13)

The complexity, diversity, and unpredictability of participant journeys, and the flexibility thus required of the employability practitioner, is echoed in the findings of Bakkeli (2022: 10), whose interviews with workers in a Norwegian employment programme highlighted the intensive practical and emotional demands of the role, the potential for out-of-hours involvement, and '*struggles in establishing professional boundaries*'. Employment specialists in McDowell *et al.*, (2022: 5507) also noted the importance of maintaining professional boundaries and remaining within the scope of their role, which – echoing present findings – did not include being a '*counsellor*'.

However, keyworker accounts in the present study underscore that welfare-to-work programmes cannot separate a narrow conceptualisation of employability from people's wider personal and social context (McQuaid and Lindsay, 2005; Lindsay *et al.*, 2007; Scholz and Ingold, 2021). As pondered by one of the ATI programme managers, keyworker experiences raise the question, '*Where does health and social care end and employability begin?*' Person-centred employability programmes perhaps bridge this gap, but our findings suggest that being that bridge poses challenges and dilemmas for keyworkers, whose role may feel undefined or who may not feel they have the skills to operate at both ends of that continuum.

The diversity of keyworker backgrounds was a strength of the ATI model, and the autonomy of delivery partners to identify the people best suited to the role was valuable. ATI keyworkers brought differing professional backgrounds and varied life experiences. 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. Whilst we cannot draw conclusions about the 'ideal' keyworker from this small sample, what is

clear is that the role will be approached and experienced differently depending on past personal and professional experiences, and for some keyworkers this may bring moments of surprise, discomfort or overwhelm.

Mutual support was clearly valuable for keyworkers and being part of a larger keyworker group within a delivery partner provided practical and emotional support. For future programme design, ensuring strong peer networks between keyworkers would therefore be beneficial, particularly in hub-and-spoke models where keyworkers may be alone within their organisation. During the first six-year phase of ATI, the managing organisation facilitated a number of 'linking events' at which keyworkers across the programme could share findings, ideas, and problem solve. However, programme managers reflected that they would have liked to have done this more often than they were able (including as a result of the Covid-19 lockdowns). As the ATI programme has evolved, through continuation funding from the UK Shared Prosperity Fund, a cross-partnership peer support network has recently been established as a direct response to the findings of this study.

Policy implications

The keyworker role within mainstream, community-based employment support services is growing in recognition as a highly valued and effective mode of provision (DWP 2016, 2022, DHULC, 2022). However, whilst it shares similarities with casework models common to social work and youth work, and has parallels with the employment specialist role within mental health-focused Individual Placement and Support services (McDowell *et al.*, 2022; Møller and Bonfils, 2023), it is arguably a more nascent variant on such roles which currently lacks an established framework or training route. As more funding is devolved to local consortia, drawing on diverse networks of partners each bringing distinct skills, there is thus a need to consider the heterogeneity of individuals entering or transferring into the employability key worker role, and the implications for their ongoing training, professional, and emotional support.

The ATI experience suggests that it may be useful to define somewhat more clearly the description and parameters of the employability keyworker role. However, more prescriptive specifications may both help and hinder. As we began to discuss the study's findings with local commissioners, the notion of keyworker accreditation was floated. Whilst this could bring the value of professional recognition (and in turn higher remuneration), a tension was recognised in that imposing tighter formal criteria and entry thresholds for the keyworker role might exclude and constrain the valuable breadth of skills and life experiences that the programme had benefited from to date (Ponnert and Svenson, 2016). Indeed, a large-scale evaluation of multiple local employability schemes for young people found that, alongside experience of working with this age group, the most important skills and attributes were communication skills, empathy, compassion, patience, and resilience (Barnes *et al.*, 2017). Signalling this importance of interpersonal skills over formal qualifications, Henry and Lucca (2004: 179) observe that, '*balancing the need to build trust and encourage independence may speak to the 'art' more than the science of practice*.' Moreover, ATI programme managers reflected that the diversity of backgrounds and experience that each keyworker brought to the partnership would make it difficult to have a formal or prescriptive training pathway.

At a broader policy level, the ATI programme adds to the growing evidence base on the value of flexible, holistic, and person-centred models of employability support. In the short term, ensuring continuity of Jobcentre Work Coach across the life of a claim, in order to build rapport and trust, and to facilitate more in-depth discussion of aspirations and goals (Gable, 2022; Parkes, 2022), may not be out of the question for DWP-run Jobcentres. Caseworker continuity has also been shown to positively affect employment outcomes (Rosholm *et al.*, 2017, cited in Danneris and Caswell, 2019), signalling its value as a policy priority. As is increasingly being recognised, the long-term solution would be to devolve employability provision to local partnerships, with

sustainable funding that enabled organisations to retain committed and skilled staff and to build flexible provision based on local knowledge and trusted partnerships.

However, in implementing such models on a wider scale, our study has shown that the needs of frontline employability practitioners must be considered alongside those of programme participants, to ensure role clarity, role fit, and appropriate peer and professional support. In summary, the core components of the ATI model – its personalised, holistic, flexible, and long-term relationship of support – were both its strength and its challenge. Keyworkers embraced and gained much job satisfaction from offering open-ended, tailored, and responsive support and seeing the positive outcomes this generated for participants. However, working in a holistic way with a broad range of participants in diverse and complex circumstances meant that parameters of the role could be difficult to determine; the keyworker role involved a balancing of the personal and the professional, the practical, and the emotional, and an honouring of their own capacity and wellbeing. Thus, whilst freed in some ways from the institutional and resource constraints of the archetypal street-level bureaucrat, the enhanced autonomy and discretion afforded to employability keyworkers operating in devolved and third-sector contexts may present its own professional challenges.

The boundary management issues that arose empirically in this study have longstanding antecedents in the field of social work (e.g. Pugh, 2007; General Social Care Council, 2009; O'Leary et al., 2013) as do questions of emotional support and resilience (Smith and Nursten, 1998; Grant et al., 2015). As the role of the community-based employability keyworker becomes more prominent and endorsed within UK welfare-to-work policy as the recommended way forward, important considerations arise regarding professionalisation, standardisation, training, and the location of responsibility for emotional support and supervision.

Notes

1 The current suite of provision (at time of writing) is helpfully summarised in the recent Work and Pensions Select Committee review of DWP employment support: https://publications.parliament.uk/pa/cm5803/cmselect/cmworpen/600/report.html

2 Use the term 'employability' in the way defined by McQuaid and Lindsay (2005), as a broad concept encompassing individual factors, personal circumstances, and external factors, thus recognising the significance of both supply and demand side factors and rejecting a notion of employability as solely a matter of individual assets/deficits.

3 The voluntary and independent nature of ATI are important ways in which the programme departs from the classic conceptualisation of street-level bureaucracy (see Lipsky, 2010, Chapter 5).

4 People taking part in ATI are referred to as 'participants'. In keeping with the programme's terminology, throughout this paper we use the term 'participant' to refer to programme participants, and the term 'keyworker' to refer to those individuals who were research participants in this study.

5 Face-to-face interviews were not possible, due to Covid-19 social distancing precautions in place at the time of the research.

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