
Downloaded from
https://kar.kent.ac.uk/29721/ The University of Kent's Academic Repository KAR

The version of record is available from

This document version
UNSPECIFIED

DOI for this version

Licence for this version
UNSPECIFIED

Additional information

Versions of research works

Versions of Record
If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts
If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) ‘Title of article’. To be published in Title of Journal, Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries
If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies).
Evaluation of Kent County Council’s Kent New Opportunities to Work (‘Kent NOW’) programme

Commissioned by: Kent County Council

Date: January 2008
Evaluation of Kent County Council’s Kent New Opportunities for Work (‘Kent NOW’) Programme

Rachel Black
Dr Susan Kenyon
Centre for Health Services Studies (CHSS)

The Centre for Health Services Studies (CHSS) is one of three research units in the University of Kent’s School of Social Policy, Sociology and Social Research. It contributed to the school’s Research Assessment Exercise 6* rating. This put the school in the top three in the UK. CHSS is an applied research unit where research is informed by and ultimately influences practice. The centre has a long history of working with public health practitioners, both as members of staff and as honorary members of staff who are active as consultants to the centre and as practitioners in the field.

CHSS specialises in the following disciplines:

- Care of older people
- Ethnic minority health
- Public health and public policy
- Risk and health care

Researchers in the Centre attract funding of nearly £1 million a year from a diverse range of funders including the Economic and Social Research Council, Medical Research Council, Department of Health, NHS Health Trusts and the European Commission.

Funding and acknowledgements

This research was funded by Kent County Council’s Supporting Independence Programme. The research team are grateful to all participants for their openness and honesty during participation in this research.
<table>
<thead>
<tr>
<th>Contents</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>8</td>
</tr>
<tr>
<td>The qualitative evaluation</td>
<td>11</td>
</tr>
<tr>
<td>Method and sample</td>
<td>13</td>
</tr>
<tr>
<td>Service providers</td>
<td>13</td>
</tr>
<tr>
<td>Service users</td>
<td>13</td>
</tr>
<tr>
<td>Key workers</td>
<td>15</td>
</tr>
<tr>
<td>Ethics</td>
<td>16</td>
</tr>
<tr>
<td>Analysis</td>
<td>17</td>
</tr>
<tr>
<td>Findings</td>
<td>18</td>
</tr>
<tr>
<td>Service provider interviews</td>
<td>18</td>
</tr>
<tr>
<td>Folkestone</td>
<td>18</td>
</tr>
<tr>
<td>Maidstone</td>
<td>20</td>
</tr>
<tr>
<td>North Kent</td>
<td>21</td>
</tr>
<tr>
<td>Service provider experiences</td>
<td>23</td>
</tr>
<tr>
<td>Service user interviews</td>
<td>26</td>
</tr>
<tr>
<td>Recruitment and registration</td>
<td>27</td>
</tr>
<tr>
<td>From registration to work</td>
<td>30</td>
</tr>
<tr>
<td>The Kent NOW interventions: service user perceptions</td>
<td>45</td>
</tr>
<tr>
<td>Efficacy of Kent NOW</td>
<td>51</td>
</tr>
<tr>
<td>Key worker interviews</td>
<td>55</td>
</tr>
<tr>
<td>Strategic issues</td>
<td>55</td>
</tr>
<tr>
<td>Communication</td>
<td>57</td>
</tr>
<tr>
<td>Client individuality</td>
<td>58</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>The client as a whole person</td>
<td>59</td>
</tr>
<tr>
<td>Concluding remarks</td>
<td>61</td>
</tr>
<tr>
<td>Appendix 1. Recruitment letter: service users</td>
<td>62</td>
</tr>
<tr>
<td>Appendix 2. Pre-interview screening questionnaire: service users</td>
<td>64</td>
</tr>
<tr>
<td>Appendix 3. Interview topic guide: service users</td>
<td>65</td>
</tr>
<tr>
<td>Appendix 4. Recruitment letter: key workers</td>
<td>66</td>
</tr>
<tr>
<td>Appendix 5: Interview topic guide: key workers</td>
<td>68</td>
</tr>
<tr>
<td>Appendix 6. Complaints information: service users</td>
<td>69</td>
</tr>
<tr>
<td>Appendix 7. Complaints information: key workers</td>
<td>71</td>
</tr>
<tr>
<td>Appendix 8. Consent form</td>
<td>73</td>
</tr>
</tbody>
</table>
Executive summary

Background

Kent New Opportunities to Work (Kent NOW) has been developed by Kent County Council (KCC) to deliver the Second Local Public Service Agreement (LPSA2) target 8.2, to return 250 long-term Incapacity Benefit (IB) claimants to sustained (13+ weeks) employment. This report presents a qualitative evaluation of the programme, comprising interviews with service providers at three intervention sites, service users and others working with the same client group. The evaluation aims:

- To provide a rich description of the interventions deployed in Folkestone, Maidstone and North Kent;
- To reveal the experiences of the service users and staff who use or provide these interventions;
- To uncover possible explanations for the limited success of the interventions in achieving the LPSA2 target;
- In light of the above, to discover alternative perceptions of ‘success’;
- To identify which aspects of each programme are performing most effectively and why; and
- To provide recommendations regarding the future direction of future interventions with this client group.

An overwhelming message from this evaluation is that Kent NOW is working within a very difficult environment, considering: the client group; the lack of prior knowledge of the client group, not just within Kent NOW, but throughout government, in light of the novelty of policy and action in this area; strategic and managerial difficulties; and the political environment. These factors have been shown to have impacted upon the ability of the interventions to achieve their goals to an extent that should not be underestimated. Lessons learnt from the Kent NOW programme can be taken forward and applied in future interventions with this client group. In this sense, the authors consider the Kent NOW programme to be successful, exposing the many barriers to returning long-term IB claimants to work. This evaluation has, in turn, highlighted the ways in which future interventions may overcome these barriers, increasing the likelihood of their future success.
Findings

This executive summary focuses upon the recommendations to future providers of services to long-term IB claimants. The summary mirrors the structure of the full report, considering each stage of the evaluation: findings from service provider interviews; findings from service user interviews; and findings from those who work with long-term IB claimants, outside of the Kent NOW programme.

Service provider interviews

Service provider interviews were undertaken, to uncover the nature of the service provided and to reveal the experiences of the staff who provide these interventions. Analysis reveals the following recommendations:

Recruitment:
- Invest in a community-based, cultural approach to recruitment, based upon the now greater understanding of the service user group;
- Fund dedicated staff;
- Promote greater cooperation and sharing of experiences between the initiatives.

Partnership working:
- High level, e.g. County Council-led initiatives to promote greater coordination between KCC departments, to promote referrals;
- High level communication with external service providers;
- High level coordination and cooperation between different arms of the interventions.

Funding:
- Review of funding needs, including the need for dedicated recruitment staff and money to fund incentives, e.g. gym membership, or monthly prize draws for those converting from recruitment to registration.
**Service user interviews**

Interviews with service users aimed to probe service users’ experience of the interventions, uncovering possible explanations for the limited success of the interventions in achieving the LPSA2 target. Within this, they aimed to identify, from the service users’ perspective, which aspects are performing effectively and, thus, to provide recommendations regarding future work with this client group.

Findings are presented in four themes:

- Recruitment and registration;
- From registration to work;
- The Kent NOW interventions: perceptions of service; and
- Perceptions of success.

**Recruitment and registration:**
Recruitment has been a particular challenge for the Kent NOW teams. A number of barriers to recruitment emerged, leading to the following recommendations:

- Increase awareness of such schemes among other agencies who work with this client group and work with these agencies to encourage referral;
- Continue advertising by a variety methods, recognising that different methods may appeal differently to different populations;
- Consider the vulnerabilities of potential service users when selecting recruitment methods, in particular with regard to less service user-initiated recruitment methods; and
- Acknowledge the needs of each individual service user, tailoring flexible service provision specifically to those needs from the outset, to ensure the conversion from recruitment enquiry to registration.

**From registration to work:**
Discussion of the possible explanations for the limited success of the interventions in achieving the LPSA2 target can be grouped into three categories: the experience of life on IB; the varied motivations for returning to work amongst the client group; and barriers to returning to work, both self- and other-imposed. The following recommendations emerged:
Life on IB

- To increase conversion from registration to work, such services need to provide, or be provided in conjunction with, emotional support and training, recognising the nature and experience of life on IB. Providers should consider:
  - The extent to which staff can reasonably be expected to fulfil these emotional needs and the practical job search needs of the client group;
  - The skill base of staff, concerning knowledge of the client group, communication with this group and empathy;
  - The extent to which targets are realistic, in light of the complexity of the client group.
- Staff should take time to probe the circumstances of the individual and the ways in which they can best be supported, including consideration of safety, tailoring their support to these needs;
- A trusting, transparent working relationship can help to reassure the service user; and
- Partnership working should be considered, to support the service user through periods of change.

Motivations for returning to work

- Motivations are many and varied. Services should harness individual motivation through individual needs assessment;
- Tailor services to match these individual motivations, to minimise drop out and maximise the potential for conversion from registration to work;
- Consider the population of service users and whether common motivators might influence recruitment and support strategies. Further questionnaire-based research with both existing and potential service users is likely to be helpful in this regard.

Barriers to returning to work

- Barriers are many and complex. Service providers should use the understanding of the complexity of barriers to work, detailed in this report, to target recruitment strategies, designed to overcome negative perceptions of returning to work;
- Upon registration, undertake individual assessment of needs to discover the barriers, both real and perceived, faced by each service user;
- Utilise the service users’ insights into their own circumstances and potential to consider what motivates them and what barriers they perceive;
• Investigate and design interventions which encourage service users to overcome barriers to work, including, where necessary, psychological interventions;
• Provide training in employment-related skills, e.g. structuring the working day, or travel training, such as is provided through the Shaw Trust;
• Explain the rationale behind identified employment opportunities more fully;
• Ensure identification of ‘meaningful’ employment opportunities, as viewed by the service user;
• Employ benefit calculation services to reassure re: change to income; and
• Consider providing, or providing routes to, funding for training and travel.

The interventions: perceptions of service:
The following recommendations emerged regarding specific aspects of the service provided by the Kent NOW teams.

Service design
• There is some discrepancy between service user and service provider accounts of the schemes in Folkestone and North Kent. The provision of clear service descriptions to all service users at registration, for example, a service agreement, such as that provided as a course outline in Maidstone, may help to eliminate confusion of aims and prevent disappointment in the services provided, therefore preventing drop out;
• Examine whether a range of designs might suit the client group, rather than a single, uniform approach;
• Pay attention to staff-service user ratios so that enough time is available for individuals;
• Verify that equipment and staff skill base can meet the needs of the service user group; and
• Consider interventions which serve to empower the individual service user, encouraging the service user to be proactive in the process of their job search.

Contact
• Undertake individual assessment of needs to understand what access issues service users may present;
• Ensure that the design of the scheme facilitates consistent service user contact;
• Ensure service users have a permanent contact point; and
• Consider the location and marketing of the permanent contact point.
Efficacy and perceptions of success:
Service users defined ‘success’ in a wide variety of ways, primarily focused upon soft targets, e.g. increasing self esteem and confidence, rather than as moving from IB into work. In light of this, the following recommendations emerged.

- Future service providers should consider the inclusion of soft targets, rather than focusing solely upon the achievement of the LPSA2 target, in their evaluation of the success of the scheme; and
- Linked to this, a uniform evaluation questionnaire, implemented at the start and end of user involvement, could be effective in evaluating soft outcomes.

Key worker interviews
Interviews with those who work with long-term IB claimants, outside of the Kent NOW programme, were undertaken, to provide an alternative perspective of the interventions. The following themes emerged as explanatory factors in the limited success of the programme in achieving its aims:

- Strategic issues;
- Communication;
- Client individuality; and
- The client as a whole person.

Strategic issues:
- There is a need for strategic lead on the following:
  - The identification of ‘niche markets’ for services like Kent NOW, which do not conflict with those of existing service providers;
  - Partnership working, to identify potential clients;
  - Marketing of such services to other organisations;
  - Coordinated achievement of common targets; and
  - Coordinated approach to potential employers.
- There is a need for better coordination of resources and a consideration of the potential gain from pooling resources and focusing upon one area of the county, rather than running different schemes in different areas.
Communication:
- Service providers should adopt a strategic approach to communications with those working with long-term IB claimants;
- Ascertain the workload and resource issues faced by other agencies and use this to guide contact patterns;
- Focus open events on those personnel most likely to affect recruitment and employment; and
- Ensure timely feedback as part of effective networking.

Client individuality:
- Flexible ways of working, based upon an individual needs assessment and with the goal of the empowerment of service users, should underlie all activities.

The client as a whole person:
To be effective, service providers should:
- Assess service user need beyond being an IB claimant;
- Target interventions to achieve outcomes which support service user in the context of their whole life;
- Consider partnership working to achieve outcomes which support service user in the context of their whole life;
- Consider user perceptions of change within the individual need assessment and support users through the process of change; and
- Work to build a trusting, transparent working relationship with the service user.
Introduction

The Centre for Health Services Studies (CHSS) has been contracted by Kent County Council (KCC) Supporting Independence Programme (SIP) to provide an evaluation of the Kent New Opportunities to Work (Kent NOW) programme.

Kent NOW has been developed by KCC to deliver the Second Local Public Service Agreement (LPSA2) target 8.2, which KCC has agreed with central government. The target is to enable 250 long-term (2 years or more) Incapacity Benefit (IB) claimants to return to sustained employment, defined as 13 weeks or more. The LPSA2 target was established in March 2005, with a completion date of March 2008. The Kent NOW agreements were drawn up in February 2006. Kent NOW launched in four geographical areas with high rates of long-term IB claimants, as identified by KCC, from June 2006 onwards. These areas are: Folkestone; Maidstone; North Kent; and Thanet. The programme is based upon a multi-agency partnership approach, involving a variety of organisations in its delivery. KCC issued a tender for external providers in each geographical area, with the exception of North Kent, which is run by KCC staff, in January 2006. Independent and distinct interventions have been developed by separate bodies in each of these four areas. However, each shares the aim of returning long-term IB claimants to sustained employment, by helping them to prepare for work (psychologically, physically and in terms of skills/training), by assisting in job search and by supporting them in the first few months of employment.

The interventions have been in constant development since their establishment, with changing programmes, catchment areas, service user groups and staff, in response to lessons learned by the delivery organisations during the implementation of their programmes. This state of flux reflects the novelty of policy and action to address long-term IB claimants. Considering policy, Kent NOW represents one of the first government-funded schemes to address the needs of long-term IB claimants in the UK. Considering action, whilst each of the service providers has experience working with people who are unemployed, none have previously worked with this specific service user group. A particular challenge of this evaluation has been to keep pace with the changes within the Kent NOW programme as a whole and within each of the interventions. The reader should therefore note that this evaluation is necessarily time limited. The intervention summaries, below, were correct at the outset of this evaluation.
in April 2007, but may not represent current practice. Rich descriptions of each intervention and changes therein, drawing upon interviews with service providers and service users, are presented in following sections. However, fieldwork draws upon the experiences of staff working within the interventions in May 2007 and of users registered with and using the interventions in August 2007. The views of those providing and experiencing the interventions after this time are therefore not included in this evaluation.

The Kent NOW interventions are as follows.

**Folkestone.** Operative since June 2006, Folkestone Kent NOW takes a vocational/training-based approach to return to work. The team have been based in a training room in central Folkestone since September 2006, but also provide regular outreach services to communities in south east Kent, through local libraries and community centres. The team aims to deliver employment-search assistance and employment-related training to their service users on an individual basis and on demand. The intervention is delivered by Prospects Services Ltd, in association with local partners, including KCC.

**Maidstone.** Established in January 2007, this intervention opened its doors to service users in March 2007. The intervention takes a health-centred approach to return to work. Based in the local leisure centre, providers engage with service users in small groups during a one day a week, eight-week course. Service users follow a ‘Condition Management Programme’, which aims to develop health management skills and to improve physical and psychological fitness for work. More focused vocational support is provided in the afternoon Job Club, which participants can attend for as long as necessary afterwards. The intervention is delivered by Human Focus and Focus to Work.

**North Kent.** The North Kent intervention began in October 2006. It comprises two mobile support workers, employed by KCC, who provide doorstep delivery from a range of locations, including libraries, Adult Education centres and local cafes. The team aim to deliver employment-search assistance and employment-related training to their service users on an individual basis and on demand.

**Thanet.** This programme was in development at the outset of this evaluation, aiming to develop the resilience, health and happiness of IB claimants as a route to helping them
back to employment. Taking referrals from local health service providers, this ten-week programme was to be based upon the theory of ‘positive psychology’ and to be delivered by Strategic Health Ltd. However, the decision was taken during the evaluation to conduct workshops at existing Kent NOW offices, rather than to establish Thanet as a separate programme.

The target of enabling 250 long-term IB recipients to return to sustained employment was to be split between the four interventions: 138 in the Folkestone area and 56 each in Maidstone and North Kent. No individual target was set for Thanet. In addition, a complementary project was to be run by KCC Adult Services (AS), to enable their service users to return to work. There is some overlap between the Kent NOW and Adult Services service user groups and, as such, Adult Services service users who return to sustained employment will be counted towards the above target. However, no individual target was set for this group and the decision was taken during the evaluation that the services provided by KCC AS would not be included in this evaluation.

Therefore, in early 2007, CHSS was contracted to evaluate the success of the above schemes in achieving the LPSA2 target, with a project start date of 1 April 2007. Within this, the evaluation was required to identify which aspects of the Kent NOW programme are performing most effectively and why. CHSS was also contracted to provide rich description of the interventions and of the experiences of the service users and staff who use or provide them.

To this end, a mixed methods approach was proposed, comprising quantitative and qualitative methods. This report presents findings from the qualitative aspect of the evaluation, which comprised depth interviews with service users. Quantitative research is ongoing and results will be presented in a separate document.

The report structure is as follows. Firstly, an overview of the aims and objectives of the qualitative evaluation is given. The report then turns to discuss the methodology and study sample. Study findings are presented in three sections, considering: service provider interviews; service user interviews; and key worker interviews. Within each of these sections, the aims of the interviews are presented, before further subsections consider key themes to emerge from the analysis. Each section contains recommendations and, where appropriate, these are supported by case study examples, or quotations. Finally, concluding remarks summarise and close the report.
The qualitative evaluation

CHSS has been contracted to evaluate Kent NOW as an ongoing programme. As mentioned above, Kent NOW and the interventions that it supports have been in constant development since their establishment. The Kent NOW programme and its interventions have continued to evolve during the time of this evaluation, in terms of their activities, target service user groups and staff. In addition, early in the evaluation, it became clear that the LPSA2 target would not be met\(^1\), calling into question both the aim to interview service users who have successfully returned to work and the proposed focus of the evaluation upon the factors leading to sustained work placement. Finally, it quickly emerged that the Thanet intervention was an unsuitable site for evaluation, in light of their limited progress in recruiting participants.

The aims and scope of this evaluation were renegotiated with KCC, in response to this changing research environment. This section outlines the scope of the renegotiated evaluation. The reader is referred to the original proposal, written in December 2006, for full details of the evaluation as originally proposed.

The qualitative evaluation focuses upon the three interventions that were operational at the outset of the research in April 2007: Folkestone; Maidstone; and North Kent. The aims are as follows:

- To provide a rich description of the interventions deployed in Folkestone, Maidstone and North Kent;
- To reveal the experiences of the service users and staff who use or provide these interventions;
- To uncover possible explanations for the limited success of the interventions in achieving the LPSA2 target;
- In light of the above, to discover alternative perceptions of ‘success’;
- To identify which aspects of each programme are performing most effectively and why; and

\(^1\) At the outset of the evaluation in April, 8 intervention participants were reported to be in work, across the schemes, with 4 in work for 13+ weeks. At the time of writing, 29 were in work, with 14 in work for 13+ weeks.
• To provide recommendations regarding the future direction of future interventions with this client group.

To this end, interviews were conducted with three participant groups: service providers; service users; and those working with IB claimants outside of the Kent NOW programme. Full details of the methodology and sample are given in the following section.

The CHSS research team experienced some difficulty in accessing information from some service providers, experiencing resistance from some interventions when requesting information on registered service users, success rates and, in particular, details of the content of the interventions. In consequence, this document is limited in its ability to comment on the nature of the service user group and to report and assess the precise details of the interventions. Thus, this information and its evaluation are based upon interviews with service providers and service users alone.
Method and sample

Service providers

Formal interviews with key staff at the three interventions were held in May 2007. In addition, researchers held informal telephone and email conversations with service providers and attended informal meetings, including a team progress meeting and a recruitment fair. Data from ethnographic observations at the recruitment fair and from the researchers’ presence at the intervention sites are also included in this evaluation.

Service users

12 depth interviews with service users were conducted between October and November 2007.

Recruitment letters were sent to all registered service users in Folkestone, Maidstone and North Kent. Letters, including a reply slip, were designed by CHSS and mailed by KCC, to preserve service user confidentiality and comply with data protection concerns, in August 2007. Letters included an A5 reply-paid envelope, addressed to the research team. The recruitment letter is given as Appendix 1. 100 letters were sent and 25 replies were received, giving an overall response rate of 25 percent. All those replying were telephoned by the research team upon receipt of their reply slip. Potential participants were telephoned a maximum of five times and answerphone messages were left, where possible. If telephone contact could not be made, a follow up letter was sent, inviting the participant to telephone the research team, if they would still like to be part of the research.

Upon contact, all participants completed a telephone interview. The telephone interview had three aims. Firstly, the nature of the study was explained, enabling participants to give informed consent to their participation. Secondly, a short screening questionnaire was completed. The questionnaire asked key demographic questions, allowing participants to be selected to a maximum variation sample (discussed below). The questionnaire is included as Appendix 2. Finally, the ability of respondents to participate
in the study was assessed by the research team, on the basis of their declared capabilities, alongside their suitability with regard to lone interviewer safety. Table 1 provides details of response rates, by intervention.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>No. letters sent</th>
<th>No. replies received (%)</th>
<th>No. interviews arranged (n)</th>
<th>No. interviews completed¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folkestone</td>
<td>61</td>
<td>23</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Maidstone</td>
<td>19</td>
<td>21</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>North Kent</td>
<td>20</td>
<td>35</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

¹ Three participants failed to attend their arranged interview and were unwilling to reschedule.

Table 1. Response rates: service users

As mentioned above, participants were selected with the aim of achieving a maximum variation sample. This sampling strategy aims to facilitate consultation with participants with a wide range of characteristics, maximising the heterogeneity of the sample. In this way, we develop a highly diverse sample, enabling us to uncover the broadest possible range of information, perspectives and experiences from a small number of participants. Maximum variation sampling is most useful at the outset of new research, when little is known about the subject and therefore was considered most appropriate for the evaluation of this novel policy initiative.

The strategy focused upon achieving diversity in terms of: age; gender; number of years on IB; reason for being on IB; occupation before being on IB; and length of time in contact with Kent NOW. A good mix of each was attained. However, the sample was limited by the nature of the sample population (those attending the interventions), those replying and those agreeing to participate. In addition, data on the characteristics of the sample population are not available. Therefore, an assessment of the representativeness of the sample against the sample population is not possible. In addition, the sample are self-selected. The reader should bear in mind the possible motivations of this self-selecting sample when interpreting the findings reported below.

Table 2 provides sample details.
### Table 2. Sample details: service users (interviews completed)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>No. interviews completed</th>
<th>Age range</th>
<th>Gender</th>
<th>Number years on IB</th>
<th>Reason on IB</th>
<th>Occupation before IB</th>
<th>Length time in contact with Kent NOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folkestone</td>
<td>6</td>
<td>22-49</td>
<td>3 female 3 male</td>
<td>1-12 years</td>
<td>2 physical 1 both</td>
<td>2 blue 4 white</td>
<td>4 wks – 2 years</td>
</tr>
<tr>
<td>Maidstone</td>
<td>3</td>
<td>52-62</td>
<td>3 male</td>
<td>4-20</td>
<td>2 physical 1 psychological</td>
<td>2 blue 1 white</td>
<td>5 mths</td>
</tr>
<tr>
<td>North Kent</td>
<td>3</td>
<td>56-58</td>
<td>3 male</td>
<td>1-7 years</td>
<td>1 physical 1 psychological 1 both</td>
<td>2 blue 1 white</td>
<td>3 mths – 1 yr</td>
</tr>
</tbody>
</table>

Interviews lasted between one and two hours and, although unstructured, were conducted with the aid of a short topic guide. This is included as Appendix 3. Participants were given a gift, to thank them for their participation. Interviews were recorded and transcribed by an external agency.

### Key workers

Five depth interviews and an email conversation were conducted with key workers, working with IB claimants, but outside of the Kent NOW framework, between July and December 2007. Key workers were contacted in two ways. Firstly, a seminar to publicise the Kent NOW project was held by KCC in June 2007, to which key workers were invited. Around 60 people attended. Each key worker was given an information pack, which included an invitation to participate in an interview, with an A5 reply paid envelope addressed to the research team. A copy of the letter is given as Appendix 4. 2 key workers replied and were interviewed. Secondly, the Kent NOW team identified four further potential interviewees, who were approached by the research team in October 2007. From these contacts, four interviews were arranged and three were conducted, with one rearranged to take place over email.
Key worker participants included representatives from the following organisations, from which referrals to Kent NOW were anticipated, but not forthcoming:

- The Shaw Trust, a national charity which works with employers, social services and people with disabilities to help people with disabilities to find employment;
- KCC Social Services division;
- The East Kent Mental Health Trust;
- Supporting People, part of KCC which aims to help vulnerable people have a better quality of life, by providing housing-related support services, to help people to live independently;
- Kent Supported Employment, part of KCC which aims to ensure that disadvantaged people are proportionally represented in the workforce in Kent; and
- A GP surgery in one of the intervention areas.

Interviews lasted between one and two hours and, although unstructured, were conducted with the aid of a short topic guide. This is included as Appendix 5. Interviews were recorded and transcribed by an external agency.

**Ethics**

Ethical approval for the study was granted by Kent County Council Research Ethics Committee (REC) under the Research Governance Framework. All documents sent to service users and key worker participants were approved by the REC, as were the topic guides and sampling method. To enable informed consent, all participants received a letter with their interview date confirmation, detailing the purposes of the study, the nature of their participation, their right to withdraw and how to make a complaint. These are included as Appendix 6 and 7. The contents of this letter were reiterated at the start of each interview and participants were asked to complete a consent form, included as Appendix 8.

Because of the small sample, participants are likely to be easily identifiable to service providers, if details of gender, location or disability are provided within this report. Therefore, quotations and case studies are presented with minimal descriptors, to preserve the anonymity and confidentiality of participants. Participants are referred to
with a single letter, denoting location and a number, assigned by the research team. Where details of disability are reported, location details are not given.

Analysis

Analysis was content-focused, following a modified grounded theory approach. Transcripts were coded by hand and were examined in line with the aims and objectives, detailed above. Reliability was assured through repeated examination of the transcripts and through inter-coder comparison. A number of themes emerged from the coding process, which are used to structure the findings, detailed in the following section. Data were also examined for differences by participant characteristics and, where appropriate, these are reported.
Findings

This section presents findings from interviews with service providers, service users and key workers. Whilst there are some commonalities in the findings from each group, there were also strong themes which are unique to each group, reflecting the individual aims and objectives of each stage of the research. Therefore, the interviews are reported in three separate sections.

Service provider interviews

Service provider interviews were undertaken at the outset of the evaluation, with the following aims:

(1) To uncover the nature of the service provided, providing rich description of the interventions, from the service providers’ perspective; and
(2) To reveal the experiences of the staff who provide these interventions.

Findings from the service provider interviews are divided into the following subsections. The first three consider the practical activities of each of the interventions. The fourth discusses the experiences of the service providers, in a single section, to preserve participants’ anonymity and confidentiality. The section concludes with a number of recommendations.

Folkestone

Folkestone is the most long-standing of the Kent NOW initiatives. Established in June 2006, the initiative was run initially Prospects Services Ltd., a company specialising in enabling unemployed people to return to work. Prospects were joined by a KCC employee, who previously worked on the New Deal initiative, in October 2006. The team worked initially as mobile support workers, before moving to an office in the city centre in September 2006, placing them in the heart of their target community. However, they continue to provide regular, scheduled outreach services in the wider Folkestone area.
The Folkestone intervention is inspired by the AAA programme, developed by Prospects Services in their work with unemployed people receiving the Jobseekers’ Allowance. This involves: motivational and attitudinal work to develop confidence and self-esteem; developing practical job search skills, including developing CVs, application letters and application forms; interview techniques; job search activities; and in-job skills, including team working. However, whilst the AAA programme is run as a series of five half-day workshops, Folkestone Kent NOW have taken an individualised approach. Rejecting the workshop structure, the team aim to work at the individual’s own pace, with their abilities, tailoring the AAA programme to the individual’s needs, at undetermined times and over an indefinite period of time. The team also discussed signposting to other agencies, if the individual is not ready to return to work, e.g. housing advisors, or debt counsellors.

This approach is based upon an interpretation of the needs of the long-term IB claimant as fundamentally different to those traditionally targeted by the AAA programme, the unemployed. The service user group is perceived as: having highly individualised circumstances, abilities and needs; being difficult to access; being highly isolated; and having motivational and esteem issues, as a result of their experience of the benefits system whilst on IB.

Recruitment efforts have included the following:

- Advertisement and/or press coverage in community publications, local newspapers and local radio, also using posters in bus stops and shop window displays;
- Door to door leafleting;
- Attendance at community gatherings, e.g. residents’ meetings;
- Leafleting community venues, e.g. GP surgeries, hospitals, libraries;
- Meeting with a range of third parties, to encourage referral;
- On-street recruitment.

In addition to their work with service users, the Folkestone team described their work with employers, including meetings with local construction firms and local retailers, to publicise the Kent NOW intervention as a source of employees; and with third parties, to encourage the referral of their service users to Kent NOW.
As with the other schemes, the Folkestone team described their initiative as being in constant development, as they learn more about their service user group. This was particularly true in relation to the development of a service user-controlled programme of activities and to recruitment activities, for which, the interviewees suggested, two full-time, dedicated employees should be appointed, to reflect the difficulties of recruiting IB claimants to Kent NOW and the importance of this activity to the success of the initiative.

**Maidstone**

The Maidstone initiative is a partnership between Human Focus and Focus to Work, who are contracted by KCC to deliver a programme of training and employment support to assist long-term IB claimants to return to work. The team had just completed the first group training programme, which began in March and ran for nine weeks, when the interview took place.

The programme is delivered in two parts and each organisation has a distinct role. Human Focus delivers a Condition Management Programme (CMP), which follows a distinct programme of activities, delivered on consecutive Wednesday mornings at a local leisure centre. The programme has defined start and end points and all participants follow the same programme. The CMP content, based upon training offered to unemployed people by the same company, was in development at the time of the interview, in response to the needs of this different service user group and to budgetary constraints imposed by the Kent NOW contract.

Whilst it was not possible to see a copy of the workshop programme, the interviewee provided the following description. CMP addresses health issues and health beliefs, encouraging the individual to examine these alongside their effect, in terms not only of employment opportunities, but of daily life. Cognitive behavioural techniques are employed, including group teleconferencing with a cognitive behavioural therapist, to reveal and address negative thoughts about what it is possible for the individual to achieve. Other activities include lecture-based training, followed by group discussion. Participants are also given free gym membership for the duration of the course. The CMP includes tuition in the use of the gym and the development of an individually-tailored fitness programme. The overall aim is to increase physical activity and self-esteem, addressing and removing the physical and psychological barriers to returning to work.
Focus to Work offers vocational support in a ‘job club’ format, on Wednesday afternoons, also at the local leisure centre. However, team members are available for telephone consultation outside of this time. The job club is more informal than the CMP, without defined start and end points. Participants can attend for as long as they wish, working at their own speed, rather than at the pace of the group. Activities include: skills assessment; assistance with writing CVs and application forms; and assistance with job identification.

Recruitment to the scheme has been through an employment fair, run by Jobcentre Plus. 3,500 IB claimants in the Maidstone area were invited to attend. The Maidstone team had an information stall at the fair. From this, nine people were enrolled on to the first programme. Of these, four were expected to complete. At the time of interview, the team were preparing a recruitment strategy for future groups, building upon the lessons learnt from the first cohort. The strategy was to include a mailshot to GP surgeries, advertising in the local press / radio and presence at key community events; and a more effective enrolment form, which bypasses the need for GPs to authorise participation and enables the team to assess potential participants’ physical and psychological readiness for participation, with the aim of reducing non-completion.

**North Kent**

The North Kent initiative is distinct from those in Folkestone and Maidstone in that it is run by KCC, rather than private-sector contractors. Established in October 2006, the initiative is staffed by two full time employees with previous experience of working with the unemployed, through the New Deal programme. However, as in the above schemes, staff did not have prior experience of working with long-term IB claimants, prior to their involvement with Kent NOW.

The team work as mobile support workers, without, at the time of interview, a permanent office. They work, in the main, out of existing community venues, including libraries, Healthy Living Centres and Community Volunteer Services, where they hire a room to enable private consultation with service users. Their presence at these venues is advertised in advance. Follow-up meetings may be held in venues more accessible for the service user, for example, a café close to home. The team are situated in a different town every day of the week. At the time of interview, the locations included Dartford, Gravesend, Sittingbourne, Sheerness and Faversham, but these were under review, in light of the limited take up of the service in some areas.
The North Kent intervention is highly individualised, based upon the team’s assessment of the individual's needs and abilities. Whilst these are assessed at the first meeting, they are under constant review, reflecting the changing nature of the service user group's needs and abilities. Therefore, the team’s approach is fluid and responsive, but with a focus upon the removal of barriers to work. Activities include:

- Skills assessment;
- Personal support, to build confidence and motivation;
- Assistance with job search, including the identification of potential job types;
- Identification of training needs, providers and sources of funding for the same;
- Assistance with job application and related skills, including help to complete application forms, write CVs and prepare for interview;
- Assistance with the transition to work, for example, attempts to secure funding for transport to work, or liaison with employers;
- On-going motivational support for thirteen weeks, following employment;
- Signposting and introduction to third parties, if Kent NOW is not the most appropriate source of support.

A variety of recruitment strategies have been used, including:

- Advertising: in the local press; through posters and leaflets at community venues, including libraries, mobile libraries, newsagents, shops and community centres;
- The use of gatekeepers/third parties: using word of mouth at community venues, establishing a presence, giving presentations to existing groups; negotiating with Job Centre Plus, to persuade referrals and to advertise within Job Centres; arranging volunteering opportunities with local volunteer groups;
- Press coverage of activities, including of success stories;
- Presence at community events: Kent County Show; Job Fairs; NHS health promotions bus;
- On-street recruitment: high visibility in local town centres, wearing Kent NOW clothing, handing out leaflets to passers by.
Service providers’ experiences

The interviews revealed a number of frustrations, related to: the user group; institutional barriers; and the Kent NOW programme itself.

Considering the user group, it emerged that all staff had underestimated the difficulties of working with long-term IB claimants, perhaps reflecting their lack of experience of working with this user group. In the main, this was discussed in relation to recruitment difficulties: difficulties in engaging potential service users with the interventions. Reflection upon the interviews suggests that service providers conceive the service user group not as a set of hard to reach individuals, but as a closed community. The authors perceived a tension between the individual focus of the interventions and the need for community-based recruitment activities, which address the culture of IB. Thus, the premise of the Kent NOW programme, upon which each of the interventions is founded – that long-term IB claimants wish to work and would seek work, but for the barriers that they face – is likely to be fundamentally flawed. The community culture acts to prevent consideration of work. Barriers are evident to the claimant only when work is conceived as an option. The difficulty for Kent NOW lies in persuading the claimant to consider work as an option. If this is conceived as a timeline, Kent NOW intervenes perhaps three-quarters of the way along the timeline, providing assistance to remove barriers to work – financial concerns, health, transport, confidence, skills, etc. However, the principal battle lies at the start of the timeline, in challenging the culture and identity of IB, within communities, to persuade claimants to consider work and participation in the Kent NOW programme. The authors suggest that such a strategy would be more effective in recruiting participants than those focusing upon the individual alone.

Such a strategy requires partnership working, between all institutions involved with IB claimants, including those working to assist people into work, for example Job Centre Plus, the Shaw Trust and the Royal British Legion and those involved in the care of IB claimants, including GPs, social workers, family liaison officers and housing officers, many of whom work within KCC. However, it emerged strongly that not only do such partnerships not exist, but that these institutions may work against each other. Participants described active resistance rather than cooperation, borne out of rivalry, the pressures of work, poor communication, personality and legal concerns. Considering rivalry, it emerged that agencies are actively competing to return IB claimants to work, receiving bonuses and incentives if targets are reached. Furthermore, agencies are prevented from working together by a system which prevents data sharing and cooperative working because of concerns regarding the data protection act and the
constraints specified within individual funding arrangements. It was suggested that poor communication between potential partners who work to support IB claimants and the Kent NOW programme had led to concerns regarding a workload increase. This led to participants describing not only closed communities of IB claimants, but also closed communities of those working with the same, resulting in a lack of referrals from potentially valuable sources.

Some of the above issues are systematic and outside of the control of the Kent NOW programme. However, others, particularly those stemming from poor communication within KCC itself, could be tackled, through the issuing of directives introducing the programme across the county and mandating cooperation between agencies.

A number of further issues emerged, related specifically to the Kent NOW programme. Participants questioned the council’s commitment to the programme, in light of: the absence of directives (mentioned above); the slow start to the scheme; and the ‘pitiful budget’ within which the interventions are operating. Considering the latter, participants discussed the absence of carrots, to counteract the (system-related) absence of sticks, to persuade people to participate in Kent NOW. The provision of free gym membership in Maidstone was seen by the other interventions as a substantial attraction and there was frustration that such funding is not available to other interventions. The absence of funds for training (e.g., fork lift training, CSCS licences), transport (to training, interview and employment) and recruitment (in terms of dedicated staff and recruitment materials, including press advertisements) were also discussed, alongside concerns for the content of the interventions themselves.

Overall, the message from the interventions was one of dedication to the Kent NOW programme, but weary resignation to failure to achieve the LPSA2 targets, which they attributed to the factors specified above. However, there was also a sense of a lack of cooperation between the interventions and a sense that the interventions did not learn from each other. Each reported similar difficulties, with recruitment, motivation and the conversion from registration to work, but the research team detected a sense of rivalry between the schemes, preventing the full and frank exchange of advice. For example, experiences of the earlier schemes regarding recruitment do not appear to have been taken on board by the later scheme, such that mistakes are being repeated. Each intervention is understandably dedicated to their chosen approach, which is to be commended. However, the teams may have made more of an impact had there been greater communication between and willingness to learn from each other. An integrated
approach, with greater team work, coordination and blending of approaches, is likely to be critical to future success.

Recommendations

- Recruitment:
- Investment in a community-based, cultural approach to recruitment, based upon the now greater understanding of the service user group;
- Funding of dedicated staff;
- Greater cooperation and sharing of experiences between the initiatives.
- Partnership working:
  - KCC-led initiatives to promote greater coordination between KCC departments, to promote referrals;
  - KCC-led communication with external service providers, at a high level;
  - KCC-led coordination and cooperation between Kent NOW interventions.
- Funding:
- Review of funding needs, as identified by the interventions.
Service user interviews

Interviews with service users aimed:

- To reveal service users’ experiences of the interventions and, in doing so, to uncover a rich description of each of the interventions, from the service users' perspective;
- To uncover possible explanations for the limited success of the interventions in achieving the LPSA2 target and, in light of this, to consider alternative perceptions of ‘success’;
- To identify, from the service users' perspective, which aspects of each programme are performing effectively; and
- To provide recommendations regarding future work with this client group.

In order that the aims of the evaluation are achieved, this section is structured around four key themes, which emerged from the interviews:

- Recruitment and registration;
- From registration to work;
- The Kent NOW interventions; and
- Perceptions of success.
Recruitment and registration
The interviews revealed participants’ experience of recruitment to Kent NOW, considering how they found out about the scheme and their experience during recruitment.

Participants were recruited to Kent NOW through a variety of methods, illustrated in Table 3.

<table>
<thead>
<tr>
<th>Job centre referral</th>
<th>Kent NOW advertising: poster</th>
<th>Kent NOW advertising: newspaper advert</th>
<th>Kent NOW advertising: leaflet</th>
<th>Kent NOW advertising: recruitment event</th>
<th>Word of mouth</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Kent (n=3)</td>
<td>1^</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Folkestone (n=6)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Maidstone (n=3)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total (n=12)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

^ Care should be taken in creating quantitative data from qualitative data. This frequency count is included for indicative purposes only.

Table 3. Methods of recruitment to Kent NOW

The interviews revealed that service users were often involved with one or more other agencies, including:

- East Kent Cyrenians
- Disability Living Alliance
- Instant Muscle
- Jobcentre Plus
- Kent Council on Addiction
- Mental Health Team
- Probation Service
- Shaw Trust
However, Table 3 demonstrates the absence of recruitment to Kent NOW as a result of referral from these agencies, other than the Job Centre. This suggests that recruitment to Kent NOW was not, at the time of participants’ recruitment, supported by external agencies.

In discussing their recruitment to Kent NOW, participants highlighted the extent to which their recruitment was dependent upon their own motivation and initiative. A common process of recruitment emerged: potential service user sees advertisement, becomes aware that the advertisement is relevant to them, is motivated to take action and uses initiative to contact Kent NOW, either by telephone, or by visiting the centre. It further emerged that, for some participants, contact was not straightforward, necessitating multiple telephone calls before being able to speak to a service provider. Reflecting upon this in relation to the nature of the client group (discussed in full below), the reason why recruitment has not been as successful as hoped becomes clear. Participants suggested that such recruitment methods had placed a substantial burden upon them as potential service users. Thus, only the most motivated, with an understanding of the benefits of returning to work and of participating in Kent NOW, are likely to make contact.

Further to this, participants highlighted the need for an individual approach to recruitment, following first contact, to respond to their individual needs. Participants revealed their vulnerability, as a result of their mental and/or physical health and their life circumstances, but suggested that, in the main, these were not considered during the recruitment process. An individual needs assessment upon first contact may succeed in highlighting how the service user might best be supported, resulting in greater transfer from initial recruitment to active participation. Such an assessment need not be complicated, as illustrated in case study 1, below, but could make a real difference.
Recommendations

- Increase awareness of Kent NOW among other agencies and work to encourage referral;
- Continue advertising by a variety methods, recognising that different methods may appeal differently to different populations;
- Consider the vulnerabilities of potential service users when selecting recruitment methods, in particular with regard to less service user-initiated recruitment methods; and
- Acknowledge the needs of each individual service user, tailoring flexible service provision specifically to those needs from the outset, to ensure the conversion from recruitment enquiry to registration.

Case Study 1: the experience of recruitment.

This participant has a number of physical and mental health problems which have extended over several years. Initially, physical health issues prevented her attendance at a Kent NOW centre. Kent NOW personnel found a solution to this issue by arranging a home visit, so that the service user did not have to travel. This was a positive, individual arrangement.

Subsequent to this, the service user wanted to make a follow up appointment with Kent NOW and was encouraged to ‘just pop in’. However, the service user wanted a definite appointment, fostering a sense of security that the journey would be worthwhile, encouraging attendance, providing a purpose in the week and overcoming memory problems. They were unable to do so. The participant became upset and did not return to the centre:

‘I had texted him and said can I come up for an interview with you… he said no just drop in. I like an appointment I like to have a time because I don’t want to go sitting there and waiting you know…”

‘Yes I wanted an appointment he said just pop in I don’t want to pop I want a bloody time’

‘I couldn’t understand why he wouldn’t make an appointment. I just wanted a time to come in and see him sit down have a look at the CV…”

This participant has a number of physical and mental health problems which have extended over several years. Initially, physical health issues prevented her attendance at a Kent NOW centre. Kent NOW personnel found a solution to this issue by arranging a home visit, so that the service user did not have to travel. This was a positive, individual arrangement.

Subsequent to this, the service user wanted to make a follow up appointment with Kent NOW and was encouraged to ‘just pop in’. However, the service user wanted a definite appointment, fostering a sense of security that the journey would be worthwhile, encouraging attendance, providing a purpose in the week and overcoming memory problems. They were unable to do so. The participant became upset and did not return to the centre:

‘I had texted him and said can I come up for an interview with you… he said no just drop in. I like an appointment I like to have a time because I don’t want to go sitting there and waiting you know…”

‘Yes I wanted an appointment he said just pop in I don’t want to pop I want a bloody time’

‘I couldn’t understand why he wouldn’t make an appointment. I just wanted a time to come in and see him sit down have a look at the CV…”

This participant has a number of physical and mental health problems which have extended over several years. Initially, physical health issues prevented her attendance at a Kent NOW centre. Kent NOW personnel found a solution to this issue by arranging a home visit, so that the service user did not have to travel. This was a positive, individual arrangement.

Subsequent to this, the service user wanted to make a follow up appointment with Kent NOW and was encouraged to ‘just pop in’. However, the service user wanted a definite appointment, fostering a sense of security that the journey would be worthwhile, encouraging attendance, providing a purpose in the week and overcoming memory problems. They were unable to do so. The participant became upset and did not return to the centre:

‘I had texted him and said can I come up for an interview with you… he said no just drop in. I like an appointment I like to have a time because I don’t want to go sitting there and waiting you know…”

‘Yes I wanted an appointment he said just pop in I don’t want to pop I want a bloody time’

‘I couldn’t understand why he wouldn’t make an appointment. I just wanted a time to come in and see him sit down have a look at the CV…”

This participant has a number of physical and mental health problems which have extended over several years. Initially, physical health issues prevented her attendance at a Kent NOW centre. Kent NOW personnel found a solution to this issue by arranging a home visit, so that the service user did not have to travel. This was a positive, individual arrangement.

Subsequent to this, the service user wanted to make a follow up appointment with Kent NOW and was encouraged to ‘just pop in’. However, the service user wanted a definite appointment, fostering a sense of security that the journey would be worthwhile, encouraging attendance, providing a purpose in the week and overcoming memory problems. They were unable to do so. The participant became upset and did not return to the centre:

‘I had texted him and said can I come up for an interview with you… he said no just drop in. I like an appointment I like to have a time because I don’t want to go sitting there and waiting you know…”

‘Yes I wanted an appointment he said just pop in I don’t want to pop I want a bloody time’

‘I couldn’t understand why he wouldn’t make an appointment. I just wanted a time to come in and see him sit down have a look at the CV…”

This participant has a number of physical and mental health problems which have extended over several years. Initially, physical health issues prevented her attendance at a Kent NOW centre. Kent NOW personnel found a solution to this issue by arranging a home visit, so that the service user did not have to travel. This was a positive, individual arrangement.

Subsequent to this, the service user wanted to make a follow up appointment with Kent NOW and was encouraged to ‘just pop in’. However, the service user wanted a definite appointment, fostering a sense of security that the journey would be worthwhile, encouraging attendance, providing a purpose in the week and overcoming memory problems. They were unable to do so. The participant became upset and did not return to the centre:

‘I had texted him and said can I come up for an interview with you… he said no just drop in. I like an appointment I like to have a time because I don’t want to go sitting there and waiting you know…”

‘Yes I wanted an appointment he said just pop in I don’t want to pop I want a bloody time’

‘I couldn’t understand why he wouldn’t make an appointment. I just wanted a time to come in and see him sit down have a look at the CV…”
From registration to work
Following recruitment, the next challenge for the Kent NOW teams is to work with the service users to return them to work. Ultimately, the goal is to help service users to prepare for work, find work and stay in employment for at least thirteen weeks. However, the number of service users converting from registration to work has been low. A key aim of the interviews was to uncover the reasons behind the lack of progression from registration to work. Key themes emerging from the interviews, which may explain the difficulties of progression in this area, are as follows:

- Service user experiences of living as an IB claimant;
- Service user motivations for going back to work; and
- Restrictions placed upon work opportunities.

This section is structured around these aims.

Life as an IB claimant
A consistent theme throughout the interviews concerned the context within which service users consider moving back into work, that is, their life as an IB claimant. It emerged that participants feel that there is a lack of understanding amongst Kent NOW staff of the client group with whom they work, suggesting that greater understanding of the client group may improve the success (defined below) of the Kent NOW interventions, on a number of levels. The following discussion is intended to provide rich description of life as an IB claimant, highlighting the principal concerns for participants, which influence their interaction with the service. The discussion is structured into the following sections:

- Living with depression and other disabilities
- Low self worth
- Isolation
- A life doing nothing
- Being vulnerable

Living with depression and other disabilities
Feelings of depression were common amongst service users. Participants discussed the experience of depression as both a cause but, more commonly, a consequence, of
life on IB. Depression was also strongly linked to the experience of physical disability. As such, depression can be hidden from the interventions, which, it was suggested, focus upon the *stimulus* to the IB claim, rather than the person as they currently present. However, service users’ low mood affects their interaction with the service. It emerged that depression fosters a need for a flexible, reliable, sensitive, positive experience from Kent NOW, responding to the daily changes in feelings and abilities and providing a sense of security.

The following quotations illustrate the experience of depression, for some participants:

I am just walking around like a robot… I didn’t know what I was doing… I’m just fed up.  
Participant NK2.

You can sort of dig your own hole if you’ve got too much time on your hands… if you’re not doing anything all day long and things do tend to well up in your mind… I’ve been out of work so long I’ve got myself in a bit of a hole.  
Participant F1.

I had been going through periods where I was quite happy to sign off out of life and just not be involved anymore.  
Participant F2.

Depression was strongly linked to feelings of hopelessness. Hopelessness was a strong feature of participants’ thoughts about their lives. There was a strong sense that participants come to Kent NOW with the need for a sense of hope, without which continued participation in the intervention and, therefore, the conversion from registration to work, would be seen to be futile. Thus, participant F5 states a clear relationship between the absence of hope and their disengagement: ‘I did think it was hopeless for a long time and it just stops you from trying so you just think what’s the point.’ There is a clear link in participants’ minds between the hopelessness that they feel and the negative response that they had previously had from society. Participant F6 states: ‘I just felt that every corner I went to basically there wasn’t anything there’. We can therefore see how important a positive, hopeful response from Kent NOW is in allowing participants to hope for a change in their circumstances, if participants are to feel able to convert from registration to work, therefore to feel that continued participation in the intervention is worthwhile.
Low Self Worth

Participants were articulate regarding how they viewed their own self worth, which linked strongly to their feelings of depression, both in cause and consequence. This was described as being reinforced by negative perceptions of the self related to society, as a consequence of being both out of work and on IB, where being in work was considered to confer status and acceptability. The following quotations illustrate the impact of life on IB upon feelings of self worth.

Being on benefit to my mind is being a parasite……it is very difficult to justify your existence.
Participant M2.

I didn’t really feel I was worth anything.
Participant NK2.

These feelings of worthlessness are likely to directly impact upon recruitment efforts, particularly where the recruitment is heavily reliant upon service user initiative, as described above. Potential participants are likely to feel unworthy of help, or unable to be helped and are therefore unlikely to respond to advertising that fails to address these issues.

Returning to the conversion from registration to work, service users are approaching the Kent NOW intervention with a low self esteem and feelings of worthlessness. Service providers must be careful not to aggravate these feelings during their interactions with service users, as the following participant, linking her feelings of self worth with the reactions of others, illustrates:

Well there must be something wrong with me that people say they’re going to help you and then they don’t… You take it personally… there’s obviously something about me.
Participant F4.

In this sense, the failure to convert from registration to work was seen as a personal failing, reinforcing negative feelings.
Isolation

All service users referred to feeling isolated, lost or abandoned during their time on IB. These feelings were discussed in reference to individual services, the local community and to society as a whole. For the majority, this compounds feelings of negative self worth. In addition, the disconnection from society reinforces a sense of powerlessness. In this sense, schemes such as Kent NOW offer a way out of isolation, providing a link to reintegration into mainstream society, such as is called for by the following participant:

I know there are so many possibilities I just don’t know what they are or how to get there or where I’m supposed to be going I’m just lost.

Participant F3.

Thus, many service users come to Kent NOW in need of reintegration into mainstream society following this isolation, in need, as the following quotation illustrates, not just of job seeking assistance, but of ‘social training’, on cultural and psychological levels:

I’m just completely unused to the normal pressures of life and so on as I say you just become more and more helpless and more and more dependent.

Participant M2.

Failure to provide such training is likely to negatively impact upon the conversion from registration to work.

A life doing nothing

Life on IB was universally described as a life doing nothing. Participants were asked to describe their day-to-day lives, which the majority found extremely difficult. The majority suggested that their lives, in the main, remained in the home. Participants linked non-participation in out of home activities to lack of money and negative feelings about themselves, which reinforced the sense of isolation from society, discussed above. The discussion further illustrated participants’ dissatisfaction with life as an IB claimant, which could be a motivator to move into work. However, this will only be the case if participants perceive a sense of possibility in making a change and if they perceive Kent NOW to be that possibility. In addition, the move from a life doing nothing into full time employment is a daunting one, which is likely to act as a further barrier to both recruitment and the movement from registration to work.
**Being vulnerable**

The vulnerability of service users was revealed through the interviews in conversation about physical and mental health, particularly in relation to ongoing treatments and problems with memory. In addition, participants discussed their emotional vulnerability. Indeed, three participants had extreme emotional responses to talking about their lives and experiences as IB claimants, during the interview. There was a sense that the Kent NOW interventions need to embrace this vulnerability and provide emotional support alongside practical job search activities or, at the least, be aware of the emotional support needs of the service user. There was evidence that the schemes have to an extent been successful in this and, where empathy was shown by service providers, this was greatly appreciated by service users. However, it may be that the needs of these service users are simply too great for the schemes that are currently in place to be successful in converting from registration to work.

> When your spirit is broken like mine is you need to like be picked up by a giant hand and say right we’re going to help you.
> Participant F4.

Service user safety was also identified as a potential barrier to change. This was observed in the interviews and emerged strongly as a theme within the key worker interviews. Safety refers to the personal comfort zone of the client, which may be different to that perceived by service providers. For example, a someone with a drug addiction may engage in behaviours which would conventionally be judged as ‘risky’. However, that individual might feel safe within their existing (physical and behavioural) environment, because of the familiarity of the practices and people with whom s/he is engaging. Key workers described how safety is ultimately individual. It is only relevant as judged by the individual: other people’s perceptions do not matter. If the change does not feel safe for the client, they will not let it happen. Therefore, it was recommended that change should be introduced gently and that service users must feel supported during change. Reassurance, transparent working and trust are essential, as is partnership working between agencies, to build a support network around the client during this period of change.

Finance was a common subject within this theme of safety. Service users were noted to be skilled at managing a limited budget and were confident within that income. Consequently, there was a real fear of change in income, related to fear regarding the loss of other benefits and financial support, potentially leading to a worse financial
situation when employed than when on IB. In addition, those returning to work after a long time claiming IB are likely to enter the job market at low pay, requiring long hours at work in order for the employment to be financially viable. The safety issue then extends beyond the service user, to encompass their family. The use of a benefits calculator to reassure the service user could help to overcome such anxieties, promoting a feeling of safety.

Case study 2: Life as an IB Claimant

This case study provides insight into life as an IB claimant. The quotations illustrate the interaction between multiple factors, as highlighted above.

On depression:
I’ve had to put up with an awful lot I was pushed to the limit I felt quite suicidal… it’s different if you can change something.

On self worth:
I think I probably just I’ve got too many disabilities in that respect which again is very disheartening.

On the isolation that results from not working and living with disability:
Work can be so beneficial because it keeps you integrated. Disability disintegrates you.

On the experience of Kent NOW and the impact of this upon the above:
They didn’t have people who were qualified to talk to you it’s finding the right person it is important believe it or not it’s not just being fussy about who you talk to it is very important for people’s morale. Empathy is so important, especially in the disabled sector.

Recommendations

- To increase conversion from registration to work, Kent NOW services need to provide, or be provided in conjunction with, emotional support and training. KCC should seriously consider:
  - The extent to which Kent NOW staff can reasonably be expected to fulfil these emotional needs and the practical job search needs of the client group;
  - The skill base of Kent NOW staff, concerning knowledge of the client group, communication with this group and empathy;
  - The extent to which the targets set in the LPSA2 agreement are realistic, in light of the complexity of the client group.
- Kent NOW staff should take time to probe the circumstances of the individual and the ways in which they can best be supported, including consideration of safety, tailoring their support to these needs.
• A trusting, transparent working relationship can help to reassure the service user.
• Partnership working should be considered, to support the service user through periods of change.

Motivation for returning to work
Despite their personal vulnerabilities and concerns, participants articulated clear motivation to move back into work, perhaps unsurprisingly given the nature of the sample. This motivation had both intrinsic and extrinsic origins. \textit{Intrinsic} expressions of motivation describe those influences concerned with personal well being and the self. \textit{Extrinsic} motivators describe influences concerning other people or things. The range of intrinsic and extrinsic motivators is summarised in Tables 4 and 5.

<table>
<thead>
<tr>
<th>Motivating factor</th>
<th>Frequency (n)</th>
<th>Mentioned by…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innate desire to work</td>
<td>4</td>
<td>D1, D3, F1, F4</td>
</tr>
<tr>
<td>Self worth</td>
<td>4</td>
<td>M1, M2, D3, F5</td>
</tr>
<tr>
<td>Desire to contribute to society</td>
<td>3</td>
<td>M2, D2, D3</td>
</tr>
<tr>
<td>Health</td>
<td>3</td>
<td>M1, D1, D2</td>
</tr>
<tr>
<td>Boredom</td>
<td>3</td>
<td>M2, D2, F3</td>
</tr>
<tr>
<td>Social need</td>
<td>3</td>
<td>D1, F1, F6</td>
</tr>
<tr>
<td>Education</td>
<td>2</td>
<td>M1, F3</td>
</tr>
<tr>
<td>Depression</td>
<td>2</td>
<td>F1, F3</td>
</tr>
<tr>
<td>Personal sentiment: ambition, self-reliance, determination, frustration</td>
<td>5</td>
<td>M1, M2, F3, F5, F6</td>
</tr>
</tbody>
</table>

\(^1\) Care should be taken in creating quantitative data from qualitative data. This frequency count is included for indicative purposes only.

Table 4: Intrinsic motivating factors

<table>
<thead>
<tr>
<th>Motivating factor</th>
<th>Frequency (n)</th>
<th>Mentioned by…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping other people</td>
<td>3</td>
<td>D1, D2, M1</td>
</tr>
<tr>
<td>Finance</td>
<td>8</td>
<td>M1, M2, M3, D3, F1, F4, F5, F6</td>
</tr>
<tr>
<td>Family or significant others</td>
<td>8</td>
<td>M1, M2, M3, D1, D3, F2, F4, F5</td>
</tr>
<tr>
<td>Sudden change in life</td>
<td>2</td>
<td>M2, F3</td>
</tr>
</tbody>
</table>

\(^1\) Care should be taken in creating quantitative data from qualitative data. This frequency count is included for indicative purposes only.

Table 5: Extrinsic motivating factors
Intrinsic motivators can be linked to self gain: fulfilling the desire to work, improving self worth, gaining social status and acceptance through work, relief of boredom, self improvement through skills gain, relief of depression and other physical illness through activity and social interaction, developing a sense of purpose. Additionally, however, there is expression of self-fulfilment through making a contribution to society, by which means others might also gain. Both of these sentiments are expressed in the following quotation:

They're offering me a position in the new year to go and teach young that's what I want to do 30 years in my job and I'm not useless yet.
Participant NK2.

Extrinsic motivating factors were strongly influenced by the participants’ relationships (potential or actual) with other people. In particular, role modelling to younger family members or supporting younger vulnerable people was important to participants. However, a quite distinct factor was the influence of family or significant others, not necessarily from a role modelling perspective. In these latter cases, significant others or family were important for two principal reasons: their positive influence upon the participant; and participants’ responsibility for them. It also emerged that sudden change in personal circumstances, including bereavement or changes in health of the participant or family members, could promote a move back towards work. However, as illustrated in Table 5, the most frequently mentioned extrinsic factor was finance, expressed as both financial security and financial gain as two distinct issues.

Of course, there is a strong inter-relation between intrinsic and extrinsic factors, as discussed by the following participant. Initially, the participant discusses financial motivations for returning to work. However, it quickly emerges that, at the root of the financial motivation is an extrinsic desire for family and social interaction and an intrinsic desire for self worth and self respect:

I mean it's money at the end of the day I'm sorry but money does make the world go round because then I can visit my grandkids. Hold my head up. Pay my bills... So I used to love it when pay day came I'd come home, get a bottle of lager or whatever have a fag put your feet up get on the bone this paid this paid I used to love that paying my bills.
Participant F4.
The interviews demonstrate a highly complex range of motivating factors which influence participants in their desire to return to work, both within the individual and between individuals. This is indicative of the variety of circumstances in which participants find themselves as IB claimants. This finding reinforces the significance of individual needs assessment, referred to above, to uncover the specific motivating factors when both recruiting and working with IB claimants. Such assessments must take a deep, rather than surface approach, to uncover the complexity of these motivations, as illustrated in the above quotation. This said, there are some motivating factors that are commonly influential, as exposed by the frequency measures in Tables 4 and 5. Knowledge of these common motivators could usefully inform the design of recruitment and support strategies.

**Recommendations**
- Harness individual motivation through individual needs assessment;
- Tailor services to match these individual motivations, to minimise drop out and maximise the potential for conversion from registration to work;
- Consider the population of service users and whether common motivators might influence recruitment and support strategies. Further questionnaire-based research with both existing and potential service users is likely to be helpful in this regard.
Barriers to work
This section has thus far considered two influences upon the movement from registration to work: the experience of life lived as an IB claimant; and the motivations for returning to work. Finally, we consider participant-identified barriers to returning to work.

Whilst service users expressed motivation to return to work, they concurrently articulated a number of barriers to returning to work. Three key issues concerning work restrictions, or boundaries, arose and many service users identified themselves as facing examples of all three types of barrier. These are:

- Circumstantial barriers, relating to the individual's circumstances;
- Self imposed barriers; and
- Bureaucracy imposed barriers.

Circumstantial barriers
Circumstantial barriers to work were often health related. In these cases, individual health circumstances limit the type of work which is appropriate – or, at least, which is considered to be appropriate. Thus, a service user who has suffered a back injury is unable to undertake work which might strain his/her back. A service user with mental health issues must find work which would not further compromise his/her fragile mental health. Each of these health-related circumstances are likely to necessitate a career change, since returning to the original career would place the service user at further risk of injury.

Work history may also be a circumstantial barrier. Gaps in work, due to time spent in prison, in rehabilitation, or in mental health care, can also be seen as circumstantial barriers to returning to work. These were described as barriers both in terms of the attitude of the potential employer (‘won’t employ’) and the attitude of the service user (‘can’t do’).

Transport emerged as a further circumstantial barrier to work. Often related to the individual’s health circumstances, for example, the physical ability to drive or take public transport, or mental health barriers to the same, participants identified the need to pursue accessible work, in terms of both finance, geography and time. For many, this necessitates a change of career, either because the previous sources of employment are not accessible, or because of difficulties in transporting equipment. This also
emerged as a barrier to interview and training and participants frequently identified a lack of financial support from Kent NOW for transport as a reason for the lack of conversion from registration to work. This said, the extent to which transport is a true barrier, or is perceived as such because of lack of knowledge of transport opportunities, is unclear.

**Self imposed barriers**

Interviews with service users demonstrated that some barriers to work were rather more self-imposed. It emerged strongly that, for the majority of participants, there were types of work that they were prepared to undertake and types that they would not consider. In some instances, there appeared to be a discrepancy between their expressed desire to work and the likelihood of them being able to find work in their preferred area. In this sense, the work preference could be interpreted almost as a defence against returning to work: that the interviewee felt able to declare a preference to return to work, but was safe in the knowledge that this would not happen, because of self-imposed barriers. This cognitive dissonance may not be conscious and is perhaps unsurprising. For many, returning to work is a frightening prospect, as discussed in the previous section, ‘Life as an IB claimant’. However, participants feel a strong and complex motivation for wishing to return to work. It may be that self-imposed barriers offer protection against returning to work, whilst allowing the participant to fulfil, at least in part, their intrinsic and extrinsic desires to return to work, by engaging with the job search process. Should this be the case, the Kent NOW interventions face a substantial and complex barrier to converting from registration to work. The extent to which this can successfully be confronted in the timescales necessitated by the LPSA2 agreement targets, is unclear.

Analysis of the interviews could suggest that service users can sometimes be seen to be narrowing their field of selection to such a point that finding work would be impossible. This said, it is perhaps unsurprising that participants place restrictions on the type of job that they wish to seek – it is something that we all do, in response to our perceptions of self, including our qualifications, interests, abilities and worth. Participants suggested that a key problem in converting from registration to work was the mismatch between their interests, abilities and worth and the jobs identified by the interventions. In the main, the perception was that the jobs identified were not only unsuitable, but were insulting, being below the participants’ self-assessed qualification or financial level. In this sense, the following quotations do not seem unreasonable. The first identifies a personal preference for the type of employment, based upon personal interests. The second identifies a barrier in light of jobs that he finds socially acceptable. The third
explicitly considers financial, age and qualifications barriers, whilst implicitly revealing fears of a change of career.

I like to be busy I don’t want to be sat in an office all day.
Participant F1.

Other jobs van driving or shop working no don’t want to do that. Certainly not shops.
Participant NK3.

I wont go back on... Pay As You Earn because to me if you’re Pay As You Earn you end up paying more insurance and income tax [than you take home]... If I go with a contractor you might as well say I’m working for nothing I said being self employed I can earn the money I want to earn... He wants me to come out of what he calls the box I can’t do that because of my age and because I’ve got no experience.
Participant M3.

**Bureaucracy imposed barriers**

Finally, participants identified bureaucratic boundaries, including hours of work which were permitted under the benefits scheme, permitted earnings and training restrictions.

Considering bureaucracy and finance, the significance of the issue increases when considered alongside the financial motivation to work. Participants’ income is such that there is little or no margin for loss of income. Any work which threatens, or is perceived to threaten, their benefit income is therefore discounted, unless the pay is such that benefits can be discounted altogether. In addition, participants are unwilling to risk losing their benefits to take on work, because of their fears of not being able to cope with a return to work.

I struggle to do just one day’s work now so for me the first step would be to try and get work under the permitted earnings scheme so that then I have my benefit is protected and I get used to the whole business the whole discipline of work and so on and all the difficulties about it that I’ve forgotten and then move from there I mean I’m content to work within the system but that doesn’t mean that necessarily there are hours of work at such rates that I’m allowed available and I can find it.
Participant M2.

The complications of benefit calculations are echoed by the following participant:
Because it [the proposed job] was less that 16 hours a week strangely I lose my council tax benefit I’d lose obviously all my benefits not all of them I’d get some benefits or something but I would lose my prescriptions all my free prescriptions lots of things I would lose but I would get a small amount of benefit I can’t remember what that was called and when I sat down and worked it out I was barely going to be better off and then it occurred to me hang on a minute you’re not deducting any income tax the calculation the job centre had done didn’t deduct any income tax so I phoned up and said will I have to pay income tax and they said yes I was actually going to be £20 a week worse off and I couldn’t because I was living to the penny.

Participant F2.

It is not within the ability of the research team to assess the extent to which these fears would be actualised. However, whether real or perceived, they are clearly acting as barriers to conversion from registration to work. Once again, if we assume that the fears would be actualised, participants’ resistance to returning to work in positions identified by Kent NOW staff, which participants universally described as low level, poorly paid positions, do not seem unreasonable. Whilst the interventions were perhaps seeing such positions as ‘stepping stones’ and a route back into the working environment, reflecting the aims of the Kent NOW programme, this could have been more fully explained, to increase its acceptability.

Considering training, a number of examples of exclusion from training opportunities emerged. For example, one participant reported that fork lift truck driver training was restricted to those people who had been unemployed for six months. As an IB claimant, he was classed as unfit for work rather than unemployed and therefore did not meet the criteria for that training. Another participant, who had been accepted onto a training course, could not access funding because she was in receipt of IB and not Income Support. The lack of financial support meant that the course was no longer a viable option for the service user, with the result that chances for widening work options were reduced. Whilst these barriers are outside of the control of Kent NOW, were funding for training available through Kent NOW, they could have been overcome.
Case Study 3: Barriers to work

The following case study describes the complexity of barriers to work experienced by an interview participant.

Circumstantial: The participant was limited in their walking as well as in the types of physical labour they could undertake, because of physical health following an accident at work. This situation was endorsed by their surgeon.

Self imposed: However, the participant had clear ideas about the work that they would not consider as well as limitations to the type of work they would undertake. The service user readily disclosed examples of work types they would not consider, including computer work, packing and road sweeping. Indeed, the service user explained his/her philosophy of work: ‘I’ve got a philosophy and I’ve taught my daughters it if you ain’t happy getting up and going to work in the morning stay in bed and jack your job in… I won’t have them [government] dictate to me where I’m going to work or what I’m going to do.’ Instead, the participant had a firm idea of the type of work s/he would like to move into as a result of their health, namely training others to do his trade. Kent NOW had thus far been unable to identify such opportunities.

Bureaucratic: The participant had encountered bureaucratic issues around training and finance. S/he had been unable to access some forms of training because s/he was an IB claimant rather than unemployed. As a result of this experience, s/he also perceived that retraining in any other trade was subject to the same restrictions. His/her understanding was that if s/he had been claiming Jobseekers’ Allowance, a grant of £400 would have been available, but as an IB claimant there was no such support. They could fund training themselves, but were reluctant to do so with no guarantee of a job on completion.

The combination of these barriers resulted in the service user being sure of what work s/he would and would not pursue, but seemingly unable to move forward due to financial restrictions. This combination helps to explain the lack of conversion from registration to work, for this participant.

Recommendations

- Use the above understanding of the complexity of barriers to work to target recruitment strategies, designed to overcome negative perceptions of returning to work;
- Upon registration, undertake individual assessment of needs to discover the barriers, both real and perceived, faced by each service user;
- Utilise the service users’ insights into their own circumstances and potential to consider what motivates them and what barriers they perceive;
- Investigate and design interventions which encourage service users to overcome barriers to work, including, where necessary, psychological interventions;
- Provide training in employment-related skills, e.g. structuring the working day, or travel training, such as is provided through the Shaw Trust;
• Explain the rationale behind identified employment opportunities more fully;
• Ensure identification of ‘meaningful’ employment opportunities, as viewed by the service user;
• Employ benefit calculation services to reassure re: change to income; and
• Consider providing, or providing routes to, funding for training and travel.
The Kent NOW interventions: service user perceptions

This section analyses service user recollections of the activities that they experienced through Kent NOW. The section compliments the intervention descriptions provided in the service provider interviews. The reader should note the differences in activities experienced by service users and those described by service providers.

Service users were asked to describe the Kent NOW intervention with which they had been involved. Table 6 presents the range of activities experienced by service users in Folkestone, Maidstone and North Kent. The table is arranged to demonstrate the similarities between the different Kent NOW schemes, as well as how they differed.

<table>
<thead>
<tr>
<th>Folkestone (n=6)</th>
<th>Maidstone (n=3)</th>
<th>North Kent (n=3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No set course</td>
<td>Set course</td>
<td>No set course</td>
</tr>
<tr>
<td>Individual approach, no group work</td>
<td>Group-based course; individual approach when needed</td>
<td>Individual approach, no group work</td>
</tr>
<tr>
<td>Drop in</td>
<td>No drop in</td>
<td>No drop in</td>
</tr>
<tr>
<td>CV work</td>
<td>CV / portfolio work</td>
<td>CV work</td>
</tr>
<tr>
<td>Computer based work assessment</td>
<td>Computer based work assessment</td>
<td></td>
</tr>
<tr>
<td>Computer based job search by service provider and user</td>
<td>Job club with job search by service user</td>
<td>Computer based job search by service provider and user</td>
</tr>
<tr>
<td>Training activities, e.g. CICS certificate</td>
<td>Training e.g. health and safety</td>
<td></td>
</tr>
<tr>
<td>Encouragement and building self-esteem</td>
<td>Psychologist</td>
<td></td>
</tr>
<tr>
<td>Advice: Benefits &amp; the process of securing a job</td>
<td>Gym membership, with advice and support from physiotherapist</td>
<td>Staff contact with potential employers on behalf of service users</td>
</tr>
<tr>
<td></td>
<td>Website design (not delivered)</td>
<td>Website design (not delivered)</td>
</tr>
<tr>
<td></td>
<td>Link to business advisor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Funding search for travel, training</td>
<td></td>
</tr>
</tbody>
</table>

Table 6. The range of activities experienced by Kent NOW service users
Service user descriptions of the Kent NOW intervention which they experienced are presented by individual scheme.

**Folkestone**

- **Specific training.** Service users referred to support being offered for training such as CICS for working on building sites. Provision of expensive training materials and the opportunity to practice tests on computers were appreciated. However, substantial gaps in funding for non-construction-related training were also identified.

- **CV work.** Descriptions of work on CVs included a checking service and service provider-led creation of the CV for the service user. The CV was not always returned to the service user. Rather, it was held on file for use by service providers.

- **Computer activities.** Service users described computer activities involving both job searching and individual assessment regarding suitability for work. The computer programme for assessment was described as faulty, which prevented the assessment being a true reflection of need. There was description of more help being needed with computer work, but that this was not forthcoming.

- **Drop in.** The informality of the drop in facility received mixed feedback. The support and encouragement was appreciated when it was received, but other service users described needing more individual time with staff members and staff reluctance to formalise meeting times. Individual meetings were requested, to provide more structure to this service, as were planning sessions, where structure could be provided through an individual work plan.

- **Advice.** Some service users appreciated advice on benefits and the process of securing a job. Others described a need for more guidance about what training or work was available or suitable, as well as concern about the skill base of the Kent NOW staff members both in terms of communication and empathy as well as practical skills to help the service users into work.

- **Contact.** The service users described less contact with the Kent NOW team than was common in other interventions. Participants described a mixture of contact experiences, with some receiving telephone calls to encourage further participation, yet others receiving no contact from Kent NOW staff. For these service users, the initial contact was the only contact. The importance of service provider contact is reinforced when we consider the nature of the client group: vulnerable, with low perceptions of self worth; and with medical conditions which, either in terms of the condition itself or the treatment, can cause confusion and memory loss, affecting the ability to initiate contact.
Maidstone

- **CV work.** This was described as undertaken on behalf of the service users by the Kent NOW staff.
- **Training.** Service users described specific training being provided to the group, such as a health and safety course. However, at the time of interview, certification of attendance was still being awaited.
- **Gym and physiotherapist.** Service users greatly valued the opportunity to use the gym. It was beneficial for those with both physical and mental health problems, the former particularly in conjunction with the physiotherapist input. It was also noted that feeling better physically had a beneficial effect mentally.
- **Psychologist.** There were mixed reactions to the psychology input. For some it was positive, having a personal impact which continued into the service user’s family life. A service user with mental health problems considered the cognitive behavioural therapy to be of too low a level to have impact for him. For another service user, this input drew out unhappy memories from earlier in his life and he did not appreciate a benefit from this service, suggesting in fact that it had been detrimental in a group setting.
- **Group activity.** This was the only scheme which offered a group approach. This received some positive evaluation with service users, particularly the opportunity for social contact. The group was described as dwindling in number over time, but a service user evaluated this positively, as it allowed more intimate discussion, suggesting that smaller groups might be more appropriate for this client group. Service users from the other schemes were asked if they would like a group approach and the response was mixed. The social opportunity which a group might offer was appreciated by some participants, but the intrusion into participants’ lives that this implies was rejected by others. There was also some concern that the focus of such a group might be on being out of work and the associated problems, which may be detrimental to morale, a concern which reflects the experience of one Maidstone service user.
- **Job Club.** The job club was described by service users as an opportunity for Kent NOW staff to present a variety of jobs that were available. For one service user it was a negative experience, focused on the jobs that were available rather than his personal need. For another service user it was a time when specific jobs were highlighted for individuals, based on their skills.
• **Individual Needs.** Activities such as funding searches, website design and making contact with a business advisor were described by particular service users and seem to reflect an individual approach to need being taken by this Kent NOW team.

• **Structure.** The Maidstone scheme took the most structured approach in its activities of the three schemes evaluated. Although this would not appear to be an individual approach, the interviews suggest that the structured format, specifying and requiring attendance over a number of weeks, allowed the Kent NOW staff to get to know the service users. This in turn resulted in service user feedback suggesting staff took an individual approach to job searching and tailored specific activities to personal need. However, it would seem from the interviews that the individuality of approach is highly dependent upon the personnel involved.

• **Contact.** In contrast to the interventions in Folkestone and North Kent, participants in Maidstone made little comment about issues of contact with the scheme personnel. This may reflect the structured nature of the scheme and that contact was routine and organised through regular meetings.

**North Kent**

• **Individual approach and assessment.** Service users described time being taken by Kent NOW teams to assess the types of work that might be suitable. A computer system may have been used for this, or one to one discussion. This process allowed for individual needs, such as lack of transport, to be ascertained.

• **Job search.** A combination of personal searches and staff searches for service users were described. Staff were proactive in making suggestions to service users about types of work which might be suitable and this was positively received. Service users referred to both computer based searches and provision of paper-based information.

• **Computer based work.** Computers were used as an assessment tool, for job searches by both service user and staff and a staff member was designing a website for one individual who lacked computer skills. When service users were unfamiliar with computers, staff worked with them, to train and reassure.

• **CV work.** Service users who had no CV were given the opportunity to have a CV created for them, by service providers.

• **Contact with potential employers.** Service users suggested that Kent NOW staff contacted potential employers for them. A criticism of this was that service users did not feel fully informed about the contact. This could be disempowering for the service user: they described receiving letters from employers unexpectedly and
because of their lack of knowledge about previous contact with Kent NOW they were unsure how to proceed.

- **Location.** Service users made frequent reference to the lack of permanent location for the North Kent scheme, a situation brought about by funding limits and in part by the dispersed nature of the population within whom the North Kent team work. This seems to have contributed to a more ad-hoc format for the provision of service and more sporadic meetings. In comparison to service users’ descriptions of the Maidstone scheme, the service users seem to have had less contact. Indeed, maintaining contact was complicated due to the lack of permanent base.

- **Contact.** The lack of permanent base in North Kent led to a reliance on mobile telephone contact from the scheme personnel. Service users described receiving calls; however, there were problems with their retention of contact information when it was frequently changing. This issue was further intensified by participants’ personal circumstances, which affect memory and motivation. Greater service-initiated contact was requested.

**All Kent NOW interventions**
Service users from all three schemes made reference to the importance of their individual needs being considered. All schemes were described as providing some interventions which were individual and some that were less so. The importance of individual needs assessment has been previously discussed and the findings here serve to emphasise again the need for such an approach.

A theme of empowerment emerged strongly in these and the key worker interviews (reported below), whereby benefit was perceived in service users being encouraged to take responsibility for their circumstances and for changing them. From this perspective, there is value in working alongside and supporting service users to develop their skills, to provide empowerment and a sense of control. There was evidence that this is happening, for example in relation to CV development. However, it was stressed that empowerment and skills development can only occur when the service provider works alongside the service user in developing the CV, rather than the service provider, with good intentions, developing the CV on the behalf of the service user, as was reported in a number of interviews.

Service user interviews reveal the importance of consistent service user contact. Contact in North Kent seemed more sporadic as a consequence of having no clear place of contact, whereas in Folkestone, the informal design of the scheme, particularly
with regard to the inability to make appointments, seems to have been a barrier to some service users building strong links with the team. In contrast, the structured nature of the Maidstone scheme was viewed very positively, in that it provided regular and predictable contact, upon which individual relations could be built. Considering the nature of the client group, improved levels of Kent NOW initiated contacts, including the enforcement of regular appointments, is likely to be important, in order that vulnerable service users do not become overlooked.

Accessibility emerged as an issue, in terms of: the importance of a permanent base; the location of that permanent base, particularly that it is accessible by public transport; the provision of sufficient time for consultation; and accessible personnel, as participants highlighted the importance of personality as both positively and negatively affecting interactions and persistence with participation in the interventions.

Recommendations

- Service design:
  - There is some discrepancy between service user and service provider accounts of the schemes in Folkestone and North Kent. The provision of clear service descriptions to all service users at registration, for example, a service agreement, such as that provided as a course outline in Maidstone, may help to eliminate confusion of aims and prevent disappointment in the services provided, therefore preventing drop out;
  - Examine whether a range of designs might suit the client group, rather than a single, uniform approach;
  - Pay attention to staff-service user ratios so that enough time is available for individuals;
  - Verify that equipment and staff skill base can meet the needs of the service user group; and
  - Consider interventions which serve to empower the individual service user, encouraging the service user to be proactive in the process of their job search.

- Contact:
  - Undertake individual assessment of needs to understand what access issues service users may present;
  - Ensure that the design of the scheme facilitates consistent service user contact;
  - Ensure service users have a permanent contact point; and
  - Consider the location and marketing of the permanent contact point.
Efficacy of Kent NOW

Finally, in this section on the findings from the service user interviews, participants were asked to discuss the effectiveness of Kent NOW. This was achieved by asking service users to describe what a successful scheme would mean for them, before asking them to reflect upon the success of the scheme in which they had participated. In addition, service users’ entire interviews were analysed to ascertain those aspects of the scheme they evaluated positively and those which were evaluated negatively.

Interpretations of ‘success’

A variety of definitions of what a successful scheme might look like were suggested. However, it is notable that moving the service user from IB to employment, whilst understood as the principal end goal for service providers, was not considered to be the principal end goal for service users. Rather, participants discussed a range of soft outcomes, to be achieved both in the process of employment and as a result of moving from IB to employment. These relate strongly to the motivations for work discussed above. In this sense, for participants, employment is seen as something of a means to an end. Indeed, even if employment were not attained, there was a feeling that the process of self-improvement and satisfaction from beginning to make a difference, linked to having the courage to make a change, would suggest that participation in the scheme had been successful.

Such outcomes include:

- Improved self-esteem and hope;
- Increased sense of self-worth and social worth;
- A sense of moving forward in life, from ‘being’ an IB claimant, to ‘being’ a self-supporting, employed individual;
- Increasing income;
- Building relationships, with service providers, users and society.

It is notable that the valuation of soft outcomes by participants was echoed by service providers, who suggested that outcome measures other than the achievement of the LPSA2 target should be included in the evaluation of their work.

Finally, there was a suggestion that the scope of the schemes should be made clear from the start, to allow participants to assess the extent to which their participation would achieve success, as they perceive it and as the schemes perceive it. In this sense, the
extent of match between scheme and service user aims could be assessed, in turn enabling more informed participation, potentially reducing drop out and enabling service users to feel ‘successful’, despite not returning to work. This latter point would also help to ensure that vulnerable service users are not further damaged by their participation.

Recommendations

- KCC should consider the inclusion of soft targets, rather than focusing solely upon the achievement of the LPSA2 target, in their evaluation of the success of the scheme; and
- Linked to this, a uniform evaluation questionnaire, implemented at the start and end of user involvement, could be effective in evaluating soft outcomes.

Participant evaluations of Kent NOW

It is difficult to ascertain the extent to which participants felt that their participation in Kent NOW had been ‘successful’. In terms of achievement of the LPSA2 target, the scheme has been unsuccessful, as none of the interviewees had returned to work at the time of interview. Considering the soft measures, discussed above, participants suggested that issues such as poor contact with the schemes, the lack of a defined plan against which to measure their achievements and early drop out due to frustrations with aspects of the scheme, have reduced their perception of the success of their participation. However, it should be borne in mind that this is a small sample and it is a self-selected sample. Whilst all those registered on each of the interventions were invited to participate, it may be expected that those to reply to this intervention would be those with strong feelings about the interventions. However, we cannot assume the direction of these feelings (positive or negative).

It is also important to highlight the extent to which participants recognised their own culpability in the lack of their ‘success’ in the interventions. Participants frequently made reference to factors in their lives, which can negatively affect their participation in the Kent NOW intervention. Participants’ physical and mental health needs, many of which have been outlined in this report, affect contact and attendance at appointments. For example, physically accessing the scheme with a leg in plaster was impossible for one service user. For another, a psychotic episode left him unable to maintain contact. A third service user’s emotional instability affected her interaction with the scheme. Addiction problems were cited as affecting memory and mood, leading to missed appointments; and the effects of treatments for illnesses also took their toll. Memory was affected by medications and other specific health treatments and treatments could
also cause the service user to suffer confusion, each affecting contact with Kent NOW. Therefore, we restate that it is not the intention of this report to suggest that responsibility for difficulties with recruitment, the conversion from registration to recruitment and the non-achievement of the LPSA2 target lies solely at the door of the interventions. Rather, the nature of the client group suggests that such difficulties are, to an extent, inevitable.

Rather than attempt to assess the success of the interventions in this report, we report participants’ evaluations of the positive and negative aspects of each scheme. The service providers will be able to form recommendations for action on the basis of these findings. On occasion, there is conflict, reflecting the inevitable differences in user experiences and divergent user needs. For ease of reference, findings are summarised in terms of three principal factors: personnel; activities; and other. Findings are tabulated in Tables 7, 8 and 9.

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good networks</td>
<td>Skilled &amp; patient</td>
<td>Not enough time</td>
</tr>
<tr>
<td>Good listeners</td>
<td>Good networks</td>
<td>Not enough contact</td>
</tr>
<tr>
<td>Encouraging</td>
<td>Good listeners</td>
<td>Keen to promote own achievements</td>
</tr>
<tr>
<td>Accessible</td>
<td>Encouraging</td>
<td>Do not fulfil expectations e.g. returning</td>
</tr>
<tr>
<td>Non-judgemental</td>
<td>Accessible</td>
<td>CV</td>
</tr>
<tr>
<td>Activities</td>
<td>Providing references</td>
<td>Malfunctioning computer system</td>
</tr>
<tr>
<td>Gym membership</td>
<td>Activities</td>
<td>More assistance and guidance required</td>
</tr>
<tr>
<td>Social networking</td>
<td>Providing references</td>
<td>No appointment system</td>
</tr>
<tr>
<td>Home visits</td>
<td>Social networking</td>
<td>No individual planning</td>
</tr>
<tr>
<td>Provision of training materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Inadequate or misleading advertising</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not suitable for seriously disabled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of current job opportunities outside</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of the construction industry</td>
</tr>
</tbody>
</table>

Table 7. Folkestone: Positive and Negative Evaluations
<table>
<thead>
<tr>
<th>Personnel</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-judgemental</td>
<td>Not interested in the individual</td>
</tr>
<tr>
<td></td>
<td>Have time for service users</td>
<td>Not helpful</td>
</tr>
<tr>
<td></td>
<td>Reassuring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interested in service users as individuals</td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td>Providing References</td>
<td>Psychotherapy – brought back bad memories</td>
</tr>
<tr>
<td></td>
<td>Gym membership</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social networking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychotherapy – useful in enabling to ‘move forward’</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Lack of current job opportunities</td>
</tr>
</tbody>
</table>

**Table 8. Maidstone: Positive and Negative Evaluations**

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Helpful</td>
<td>Not able to find information about training or funding</td>
</tr>
<tr>
<td></td>
<td>Enthusiastic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friendly</td>
<td>Lack business knowledge</td>
</tr>
<tr>
<td></td>
<td>Trying hard</td>
<td>Not as dynamic as the service user</td>
</tr>
<tr>
<td></td>
<td>Easy to talk to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pleasant not officious</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interested in individual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inspiring</td>
<td></td>
</tr>
</tbody>
</table>

**Table 9. North Kent: Positive and Negative Evaluations**
Key worker interviews

This final section considers interviews with key workers. In the course of the service provider and service user interviews, it emerged that a wide range of service providers are involved in working with IB claimants. Therefore, a number of key worker interviews were conducted, with participants drawn from these groups, to provide an alternative perspective on the limited success of the interventions in achieving the LPSA2 target, alongside their interpretation of contributory factors to this, with a focus upon recruitment and the conversion from registration to work.

The key worker interviews were illuminative in revealing unwavering support for the Kent NOW programme and its aims. A clear opportunity exists for Kent NOW in terms of other agencies’ willingness to advise and support the programme, assisting with marketing and engaging in partnership working. However, participants identified a series of barriers to the success of the programme, which primarily focussed upon managerial issues, which were little discussed in the service provider or service user interviews. The following themes emerged, around which this section of the report is based:

- Strategic issues;
- Communication;
- Client individuality; and
- The client as a whole person.

Strategic issues
Kent NOW is part of Kent County Council, an umbrella organisation encompassing many support agencies. Long-term IB claimants are targeted by a number of these support agencies. However, partnership working between these agencies is poor. Indeed, awareness of Kent NOW amongst key workers from within KCC was very poor. A clear need for management to take a strategic role in providing information about Kent NOW, promoting recruitment and the sharing of data between KCC agencies and facilitating partnership working was identified. Key workers were clear that this could not and should not be the responsibility of the Kent NOW workforce, because they lack the contacts and authority to deliver such partnerships, particularly in light of the perceived overload of employees within KCC and the perceived competition between services to
achieve targets. This issue was also identified by key workers from non-KCC service providers. All recognised the importance of different agencies who are pursuing the same service users working together for mutual gain. However, the barriers to this, without support and intervention from senior management in each organisation, were seen to be insurmountable. The existence of individual targets promotes competition between agencies, such that the best interests of the client are not always at the forefront of the employees’ minds. It is clear that there are some targets that cannot be compromised, from a business and funding perspective. In addition, the existence of multiple agencies providing duplicate services cannot be sustained, placing increased pressure upon employees to meet targets, to ensure their and their agency’s position. Participants suggested that there is added value in Kent NOW, but that this needs to be clearly defined, enabling individual agencies to identify a specific market niche, to reduce competition and foster partnership working. Furthermore, the extent to which targets are realistic, or beneficial to service users, was questioned. These are clearly strategic issues for KCC and ones which can only be resolved through partnership working at the highest level.

As well as pursuing the same service users and targets, Kent NOW, along with other support agencies, is pursuing the same employers for job opportunities. This was described as a free for all where the strongest wins, leading participants to question the place of the service user in such a business-driven climate. Additionally, the extent to which available employers are open to working with support agencies and supporting service users with special needs was questioned. This was identified as another barrier to the opportunity for success of the Kent NOW programme. Two suggestions were made, which may help to overcome such barriers. Firstly, that Kent NOW could benefit from membership of the Chamber of Commerce as a potential way to network with employers. Secondly, that Kent NOW would benefit from contracts with employers, such as those developed by longer standing, higher profile agencies, such as the Shaw Trust, through which job opportunities are channelled as they arise. Again, these were identified as strategic issues, which necessitate action from senior management in KCC and which cannot be achieved by individual Kent NOW teams, working independently.

Finally, participants made reference to the organisation of Kent NOW being influential in its success. The size of Kent NOW was compared to the key workers’ own agencies and found to be relatively small for a cross county service. This is especially true in light of the distributed nature of the service and the lack of coordination between the interventions. The limited size of the Kent NOW programme was considered to affect its
ability to be an agency capable of reacting to service user need. It was suggested therefore suggested that the resources of Kent NOW may be better employed through its pooling and focussing on one area of the county.

Recommendations

- There is a need for strategic lead on the following:
  - The identification of 'niche markets' for Kent NOW, which do not conflict with those of existing service providers;
  - Partnership working, to identify potential clients;
  - Marketing of Kent NOW to other organisations;
  - Coordinated achievement of common targets; and
  - Coordinated approach to potential employers.
- Better coordination of Kent NOW resources;
- Consider the potential gain from pooling resources and focusing upon one area of the county.

Communication

Communication between Kent NOW and other agencies appears to be poor. As mentioned, there is a lack of awareness of Kent NOW, not only amongst external agencies working with IB claimants, but also internally, within other KCC agencies. Such agencies reported some evidence of communication, but described this as limited, recent (particularly considering the date from which the programme was established) and inconsistent. Again, the extent to which it was the responsibility of individual interventions, or of KCC at a strategic level, to initiate contact was questioned.

Considering contacts made, it emerged that these were often at the wrong level, or demonstrated a lack of understanding of the nature of the organisation being contacted, in terms of the resource implications of individuals' involvement. Once again, contact with management, which could then filter down to individual workers, was recommended. Finally, there was criticism of an absence of feedback from Kent NOW, in relation to whether or not support given to Kent NOW was useful, whether marketing by other agencies was effective for Kent NOW and whether or not invitations to visit other agencies would be accepted. As a result, Key workers expressed a lack of knowledge about the progress of Kent NOW or how they could be supportive.
Recommendations

- Adopt a strategic approach to communications;
- Ascertain the workload and resource issues faced by other agencies and use this to guide contact patterns;
- Focus open events on those personnel most likely to affect Kent Now recruitment and employment;
- Ensure timely feedback as part of effective networking.

Client individuality

Participants were encouraged to discuss their perceptions of the needs of IB claimants from a service such as Kent NOW, drawing upon their own experience of working with the same. Participants emphasised the importance of an individuality of approach when working with such service users. This could be related to three aspects of support: flexible ways of working, individual needs assessment and empowerment of service users.

Considering flexible ways of working, key workers suggested that being able to offer a variety of approaches facilitated individual needs being met. Additionally, the interviews revealed that flexibility needed to be available throughout the process of service provision, not only in interventions, but also in recruitment methods and work placements.

In order that service provision can be flexible to service user need, it is essential that service user need is ascertained. Individual needs assessment is discussed above, from a service user perspective. However, the key worker interviews revealed that it is also a key concern from the professional perspective. Participants suggest that this is the start point for achieving individualised service provision and should occur at the beginning of the relationship with the service user. Once it is undertaken, it allows services to be tailored for the service user; and it allows realistic assessment of the extent to which the service can meet the potential service user’s needs, preventing work being undertaken with those unlikely to benefit, so potentially reducing drop out and failure to convert from registration to work. The need for this assessment to be client focused was emphasised, allowing the individual to articulate their aspirations, needs and abilities, to a non-judgemental, supportive service provider.
Finally, participants emphasised empowerment: the importance of the service user being able to identify, own and be responsible for their own issues and being supported to deal with these issues themselves, whilst learning the skills which will enable them to leave the service and move forward with their lives. In this sense, independence, regardless of return to work, is introduced as a measure of success of the participation.

Recommendations

- Flexible ways of working, based upon an individual needs assessment and with the goal of the empowerment of service users, should underlie all Kent NOW activities.

The client as a whole person

The final theme identified in the key worker interviews relates to the importance of viewing the service user as a whole person, rather than focusing on specific problems in isolation from the context of their life. Rather than viewing an IB claimant as merely a person in need of work, it is beneficial, to both service user and target outcome, to consider the full variety of their needs. In this regard, the importance of the individual needs based assessment was again emphasised. Thus, one participant discussed, as an example, the nature of learning disabilities. Learning disabilities are permanent, thus the whole person needs to be considered when planning an intervention. For example, in order to work they might need development work with respect to diverse matters such as memory and social skills, rather than merely the identification of a job opportunity matching a declared skills set. Further examples of need which might need to be addressed, aside from skills to work, include personal hygiene, anxiety, and dress; and the presence and needs of family and significant others. These examples emphasise the need to understand the life experience of the service user, what pressures and motivations they are subject to and how best to tailor the service to meet their needs.

Fundamental within this is likely to be an assessment of the impact of change. Linking with the discussion of fear of returning to work as a barrier to conversion from registration to work within the service user interview findings, key worker participants emphasised the importance of an assessment of how participants would cope with change, for if change does not feel safe for the service user they will not let it happen. Change should be introduced gently, within a supportive environment, preferably involving partnership working between agencies so that a support network is built around the service user. In this respect, the participants recommended that reassurance, transparent working and trust are essential.
Recommendations

- Assess service user need beyond being an IB claimant;
- Target interventions to achieve outcomes which support service user in the context of their whole life;
- Consider partnership working to achieve outcomes which support service user in the context of their whole life;
- Consider user perceptions of change within the individual need assessment and support users through the process of change; and
- Work to build a trusting, transparent working relationship with the service user.
Concluding remarks

This evaluation may at times appear to be dominated by a negative message, highlighting gaps in service provision, or errors in the same. It is not the intention of the research team to promote a message that the Kent NOW programme, or those working within the interventions, have failed, or have been negligent in their service provision. The research team wish at this stage to highlight and recognise the high levels of dedication from Kent NOW staff to the aims of Kent NOW and to their service users. However, an overwhelming message from this evaluation is that Kent NOW is working within a very difficult environment, considering: the client group; the lack of prior knowledge of the client group, not just within Kent NOW, but throughout government, in light of the novelty of policy and action in this area; strategic and managerial difficulties; and the political environment. These factors have been shown to have impacted upon the ability of the interventions to achieve their goals to an extent that should not be underestimated.

Important lessons have been learnt from the Kent NOW programme, which is one of the first of its kind in the UK to focus upon returning long-term IB claimants to work. These lessons can be taken forward and applied in future interventions with this client group. In this sense, the authors consider the Kent NOW programme to be successful, exposing the many barriers to returning long-term IB claimants to work. This evaluation has, in turn, highlighted the ways in which future interventions may overcome these barriers, increasing the likelihood of their future success.
Appendix 1. Recruitment letter: Kent NOW service users
My name is Susan Kenyon, from the University of Kent. On behalf of the KentNOW team, I am inviting you to take part in a project to evaluate their services. If you take part, you will be given £10, to thank you for your time.

What is the project about?
Last year, Kent County Council developed a programme to help people who have been on Incapacity Benefit for two or more years back into paid work. Four different schemes have been implemented, by different teams, across Kent. This project aims to find out which aspects of each scheme work – and which don’t – to ensure that we provide the best services to help people back to work in the future.

If I want to take part, what do I have to do?
Fill in the tear-off slip below and return it to me, using the pre-paid envelope provided. I will then contact you at the end of August. If you are selected to take part, I will come and talk to you at convenient time and place, for about an hour. I will ask you about your experience of the KentNOW scheme. The evaluation is independent of KentNOW and must be objective, so you can say what you like – you can be positive and negative.

What happens to my information?
Everything that you say in the interview will be confidential and anonymous. Your answers will not have your name with them, so they cannot be traced back to you. Any information that has been recorded in the project, such as tapes or documents, will be destroyed when it is finished.

The information that you give in the interview will not be seen by any members of KentNOW staff.

Do I have to take part?
It is up to you whether or not you take part. If you do not want to take part, this will not affect you in any way. If you decide to take part, but later change your mind, you are free to do so.

If you would like some more information about the evaluation or if anything is not clear, please contact me, Susan Kenyon, on 01227 824908 or by email: s.l.kenyon@kent.ac.uk. I am out of the office 3-23 August, but you can leave a message and I will call you back.

I would like to take part in the KentNOW service users’ evaluation.

Name: _______________________________________
Address: _______________________________________
Telephone: _______________________________________

Which KentNOW team do you see? (Please tick)

Folkestone  ☐    Dartford/Gravesend  ☐    Maidstone  ☐

Return to: Dr S Kenyon, CHSS, University of Kent, CT2 7NF, or use the envelope provided.
Appendix 2. Pre-interview screening questionnaire: Kent NOW service users

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone no.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Kent NOW area</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of birth</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td><strong>On IB now?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Years on IB</strong> From:</td>
<td>To:</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reason on IB</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Occupation before IB</strong> Blue / white</td>
<td></td>
</tr>
<tr>
<td><strong>Occupation now</strong> Blue / white</td>
<td></td>
</tr>
<tr>
<td><strong>How long in contact with Kent NOW</strong> From:</td>
<td>To:</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Completed Kent NOW intervention?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Availability for interview</strong></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3. Interview topic guide: Kent NOW service users

Unstructured interviews tend not to have a detailed topic guide. This topic guide was designed as an aide memoire for the interviewer, prompting areas of discussion, rather than providing a single structure to be adhered to in all interviews. The topic guide below was designed to evolve over time, in response to previous interviews.

**Topic guide**

Introduction to self, project – answer any questions, outline complaints procedure, etc.

Them – general – why on IB – describe life on IB +/- (consider self, family, peers)

KentNOW – how hear about centre; why approach; why KentNOW not other service provider; why now; why not want to stay on IB

The programme – factual (what do, rich description) +/-; why stay with programme, why not leave; what most effective aspects and why (criteria – going back to work, social, psychological, etc.); perceptions of success (self, others on scheme, how they define a successful programme)

The staff – what impact, importance, +/-

Their peers – on scheme; outside of scheme

How feel about the programme; how feel about self; how feel about going back to work/not – each now and retrospective
Appendix 4. Recruitment letter: Key workers
My name is Dr Susan Kenyon, from the University of Kent. I am inviting you to take part in a project to evaluate the KentNOW programme.

**What is the project about?**
Last year, Kent County Council developed a programme to help people who have been on Incapacity Benefit for two or more years back into paid work. Four different schemes have been implemented, by different teams, across Kent. The evaluation aims to find out which aspects of each scheme work – and which don’t – to ensure that we provide the best services to help people back to work in the future.

One of the most challenging aspects of the programme has been to engage with people who have been receiving IB for 2+ years. We would like to talk to professionals like you, to understand more about the barriers to engaging with your service users.

**If I want to take part, what do I have to do?**
Fill in the tear-off slip below and return it to me, using the pre-paid envelope provided. Alternative contact details are given below. I will then contact you to arrange a convenient time and place to come and talk to you, for around half an hour. I will talk to you about the programme and ask you about any barriers that you can see to people on IB for 2+ years self-referring to the scheme, or going back to work.

The evaluation is independent of KentNOW and must be objective, so you can say what you like – you can be positive and negative.

**What happens to my information?**
Everything that you say in the interview will be confidential and anonymous. Your answers will not have your name with them, so they cannot be traced back to you. Any information that has been recorded in the project, such as tapes or documents, will be destroyed when it is finished.

**Do I have to take part?**
It is up to you whether or not you take part. If you do not want to take part, this will not affect you in any way. If you decide to take part, but later change your mind, you are free to do so.

For more information, please contact me on 01227 824908 or by email at s.l.kenyon@kent.ac.uk.

I would like to take part in the KentNOW key worker evaluation.

Name: __________________________________________
Address: ________________________________________
Telephone: ______________________________________

Return to: Dr S Kenyon, CHSS, University of Kent, CT2 7NF, or use the envelope provided.
Appendix 5. Interview topic guide: Key workers

Unstructured interviews tend not to have a detailed topic guide. This topic guide was designed as an aide memoire for the interviewer, prompting areas of discussion, rather than providing a single structure to be adhered to in all interviews. The topic guide below was designed to evolve over time, in response to previous interviews.

Topic guide

Introduction to self, project – answer any questions, outline complaints procedure, etc.

Them – their experience working with IB claimants

Them and Kent NOW – history of involvement, when, why, how contacted

Their perceptions of Kent NOW
  • The programme(s) (note: which one) – what do they know about it, think of it, what good, what bad
  • The staff
  • Location
  • Recruitment
  • Compared to their service
  • Efficacy specifically with long-term IB claimants

How would they improve it?

Why do they think that there has been trouble with recruitment?

Why do they think that there has been trouble with converting registration to placement?

Any ideas for questions for participants to uncover issues; outline topic guide for participants and request comments:

  Them – general – why on IB – describe life on IB +/- (consider self, family, peers)

  KentNOW – how hear about centre; why approach; why KentNOW not other service provider; why now; why not want to stay on IB

  The programme – factual (what do, rich description) +/-; why stay with programme, why not leave; what most effective aspects and why (criteria – going back to work, social, psychological, etc.); perceptions of success (self, others on scheme, how they define a successful programme)

  The staff – what impact, importance, +/-

  Their peers – on scheme; outside of scheme

  How feel about the programme; how feel about self; how feel about going back to work/not – each now and retrospective
Appendix 6. Complaints information: Kent NOW service users
Thank you for agreeing to take part in this project. Please keep this letter. It tells you about the project and gives contact details, in case you would like more information, or to make a complaint about the way that you were treated today.

What is the project about?
Last year, Kent County Council developed a programme to help people who have been on Incapacity Benefit for two or more years back into paid work. Four different schemes have been implemented, by different teams, across Kent. This project aims to find out which aspects of each scheme work – and which don’t – to ensure that we provide the best services to help people back to work in the future.

What happens to my information?
Everything that you say in the interview will be confidential and anonymous. Your answers will not have your name with them, so they cannot be traced back to you. Any information that has been recorded in the project, such as tapes or documents, will be destroyed when it is finished.

The information that you give in the interview will not be seen by any members of KentNOW staff.

I have some more questions. How can I contact Susan?
If you would like some more information about the evaluation or if anything is not clear, please contact me, Dr Susan Kenyon, on 01227 824908 or by email: s.l.kenyon@kent.ac.uk.

I am not happy with the way that I was treated today. How do I make a complaint?
To make a complaint to the University of Kent, please contact:

Prof. Andy Alaszewski
Director
CHSS
University of Kent
CT2 7NF

01227 827645
a.m.alaszewski@kent.ac.uk

To make a complaint to Kent County Council, please contact your KentNOW representative.
Appendix 7. Complaints information: key workers
Thank you for agreeing to take part in this project. Please keep this letter. It tells you about the project and gives contact details, in case you would like more information, or to make a complaint about the way that you have been treated.

**What is the project about?**
Last year, Kent County Council developed a programme to help people who have been on Incapacity Benefit for two or more years back into paid work. Four different schemes have been implemented, by different teams, across Kent. This project aims to find out which aspects of each scheme work – and which don’t – to ensure that we provide the best services to help people back to work in the future.

**What happens to my information?**
Everything that you say in the interview will be confidential and anonymous. Your answers will not have your name with them, so they cannot be traced back to you. Any information that has been recorded in the project, such as tapes or documents, will be kept securely and then destroyed.

The information that you give in the interview will not be seen by any members of KentNOW staff.

**Do I have to take part?**
It is up to you whether or not you take part. If you do not want to take part, this will not affect you in any way. If you decide to take part, but later change your mind, you are free to do so.

**I have some more questions. How can I contact Susan?**
If you would like some more information about the evaluation or if anything is not clear, please contact me, Dr Susan Kenyon, on 01227 824908 or by email: s.l.kenyon@kent.ac.uk.

**I am not happy with the way that I have been treated. How do I make a complaint?**

To make a complaint to the University of Kent, please contact:

Prof. Andy Alaszewski  
Director, CHSS  
University of Kent  
CT2 7NF  
01227 827645  
a.m.alaszewski@kent.ac.uk

To make a complaint to Kent County Council, please contact:

Nick Moon  
Supporting Independence Programme  
County Hall  
Maidstone ME14 1XQ  
01622 696932  
Nick.Moon@kent.gov.uk
Appendix 8. Consent form
Consent Form

Title of the Project: Evaluation of Kent County Council’s ‘Kent NOW’ (New Opportunities for Work) Programme

Please initial each box.

1. I confirm that I have read and understand the information letter and that I have had the chance to ask questions

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and that this will not affect me in any way

3. I agree to having my interview recorded and transcribed. I understand that this will be kept confidential and my responses will be anonymised

4. I agree to take part in the project

Please circle either ‘yes’ or ‘no’

4. Are you taking part in any other research projects?
   Yes       No

If yes, please tell me the name of the project: ..............................................

About you

Your name (please print): .................................................................

Your signature: .................................................................

Your address: .................................................................
   .................................................................
   .................................................................

Your telephone number: .................................................................