Tackling worklessness: evaluation of a multi-intervention worklessness and health programme in Sedgefield, County Durham

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List of Abbreviations

CAVOS	Community and Voluntary Organisations Sedgefield
CMP	Condition Management Programme
IMD	Index of Multiple Deprivation
LA	Local Authority
LSP	Local Strategic Partnership
NHS	National Health Service
NRF	Neighbourhood Renewal Fund
PCT	Primary Care Trust
SEU	Social Exclusion Unit
SOA	Super Output Area
SPSS	Statistical Package for Social Scientists

Executive Summary

Key Findings

- Despite differences in terms of content and structure, all of the interventions evaluated were perceived by, at least some of the participants, to have delivered benefits in terms of well being, such as increasing confidence, self esteem and opportunities for social interaction.
- As well as psychosocial effects, participants from the Conditions Management Programmes also reported physical health benefits such as pain relief and improved fitness and mobility.
- Several participants, particularly those in the work placement/volunteering projects, described how participation had helped them to acquire work relevant skills, which in some cases facilitated movement into the labour market.
- Given the nature of the employability interventions as time bound, localised projects, there was widespread concern amongst participants that funding for the projects they had been involved with might be discontinued, leaving (what are often vulnerable) participants feeling isolated and unsupported.
- The design of future employability interventions should take some account of the following important issues: (i) the potential for negative effects of increasing participants' short-term confidence in a job poor environment; (ii) the need for gender sensitivity and awareness in design and implementation of interventions; (iii) the persistence of practical barriers to employment as well as psychosocial constraints.
- Interventions which support individuals to stay in work such as conditions management programmes can complement schemes to increase employability such as training and vocational advice and support services.

Introduction

In an attempt to tackle worklessness, schemes such as *New Deal* and *Pathways to Work* have been developed and targeted at specific groups across England and Wales, including unemployed people who are both young (16-25) and over-50, and groups considered to be particularly vulnerable to social exclusion, such as lone parents and people experiencing disability or chronic illness (Walker and Wiseman, 2003). Findings from a review of welfare-to-work interventions designed to help people with disabilities or chronic illness into work cautiously suggests that particular types of intervention, specifically work placements, educational training and vocational advice, may be more successful than others in terms of facilitating movement back to the labour market (Bambra, Whitehead and Hamilton, 2005). Here, we present the findings from an evaluation of thirteen employability projects aimed at tackling worklessness in Sedgefield, County Durham.

The Study Context

County Durham continues to be affected by the legacy of changing labour markets following the decline in the manufacturing and mining industries. Employment rates in Sedgefield are well below the national average (66.4% in the first quarter of 2007, compared with 74.6% nationally) and incapacity benefit claims are amongst the highest in the country (Communities and Local Government, 2007). In terms of health indicators, the area is known to suffer a disproportionate burden of disease: incidence rates of coronary heart disease between 2003 and 2005 were calculated as 113.5 cases per 100,000 population, compared with 90.5 cases per 100,000 in the UK population over the same period (Communities and Local Government, 2007). Due to the association between worklessness and ill health, it is recognised that there is a need - medically, socially and politically - to tackle the deep-seated issue of worklessness.

Project Aims and Objectives

The aim of the study was to examine what, if any, were the effects on health, wellbeing and employability of the multi-intervention worklessness programme funded through the Neighbourhood Renewal Fund in Sedgefield Borough, County Durham. In line with this aim, the objectives of the project were as follows:

- holistically evaluate the multi-intervention worklessness programme using a combination of focus groups, semi-structured interviews, individual case studies and questionnaires;
- map the health, employment and wellbeing effects (if any) of each of the specific interventions included in the evaluation;

- publish and disseminate the results of the evaluation to the appropriate local policy makers and user groups, as well as the wider research community;
- produce policy relevant recommendations based on the results of the research and contribute to an evidence base that can be used to inform future public and private sector policy in the field of worklessness and health.

Methodology

In total, thirteen interventions were included in the evaluation. These have been categorised into five broad types of intervention: (i) conditions management programmes (CMP); (ii) education and training; (iii) improving accessibility to employment-related opportunities; (iv) vocational advice and support services; and (v) volunteering and work placements. Depending on the perceived sensitivity of the issues involved in each intervention, either a focus group discussion or a set of semi-structured interviews were used to collect data on the thoughts, feelings and perceptions of individuals involved in the interventions. These qualitative data were analysed using *Atlas.Ti*, (a qualitative – textual data analysis software package). For one project, the CMP Back Pain Service, quantitative – numerical - data were also collected, through a questionnaire, and analysed using Statistical Programme for the Social Sciences (SPSS). Given the nature of the data, it should be emphasised that the report presents and discusses only the views of participants who were involved in the study. Such views are inevitably context specific and, therefore, are not generalisable to all project clients.

Main Findings

Despite the variation in employability interventions, the study findings suggest that there were some benefits that were common to all projects. From thematic analysis it can be seen that many participants reported experiencing some psychosocial benefits as a result of the project, such as increased confidence, esteem and aspirations in relation to employment. These issues did not appear to be noticeably gendered, being reported by both men and women of different age groups. As well as positive outcomes relating to well-being, participants from the Conditions Management Programmes also reported physical health benefits such as pain relief and improved fitness and mobility. In a number of the projects evaluated, wider positive effects beyond the individual involved were noted, such as effects on the local community, family members and friends. These effects mostly related to advice and information exchange but participants in some of the projects evaluated also felt that the interventions had helped to break down barriers in the community to promote social inclusion. There was a consensus

across the focus group and interview discussions that perceived benefits of participation in the employability projects were felt to be directly related to the enthusiasm, motivation and support of the project facilitators.

In relation to movement (back) into the labour market, for those participants of working age, many reported that their aspirations with regard to education or employment had changed in a positive sense. Due to the nature of the interventions evaluated, differences in employment outcomes were observed. For example, feedback from the Back Pain Conditions Management Programme showed that some of the participants were able to successfully maintain their employment or to return to work after a period of sickness absence following the intervention. Equally, participants suggested that the education and training; work placement and volunteering and vocational advice and support programmes had been effective at increasing job skills, experience and aspirations in relation to movement into the labour market.

Whilst increases in confidence, self esteem and employment aspirations are likely to be seen as positive, it is important to acknowledge that some of the participants whose hopes had been raised also reported feelings of apathy and frustration when they were unable to secure permanent, paid employment once the intervention had ended. This underlines the fact, as other aspects of the data illustrate, that participants did not perceive psychosocial issues to be the only barriers that they faced in relation to securing employment. They also cited a number of more practical barriers, including transport problems, a lack of suitable, accessible employment opportunities and a lack of job experience/skills. Another significant concern raised by participants, was continuity of funding to enable projects, whose work was perceived to have been successful, to carry on. Coupled with the issue of funding was the need for follow-up and extended, long term support for individuals who are multiply disadvantaged and remain vulnerable.

Discussion

The interventions evaluated set out to tackle the complex issue of worklessness by drawing on a multifaceted, joined-up approach, which included projects focusing on the physical, psychological and social determinants of this deep-rooted and historically embedded problem. Overall, this approach appears to have been relatively successful: conditions management projects were reported to have helped participants tackle physical ill health and psychological

issues while education, training and volunteering schemes appeared to have helped participants to deal with more practical problems, such as lack of employment skills and experience. It should be emphasised here that these patterns were not rigid and different types of interventions were felt by participants to have multiple, inter-related benefits. For example, as already highlighted, psychosocial benefits were noted by participants involved in all of the intervention types.

Many of the interventions discussed in this report involved participants who seemed to be facing complex and multiple problems to employment. With this in mind, a long term, multi-faceted approach to worklessness, as endorsed by Dean (2003) - who argues for a 'life-first' model of welfare to work - should be encouraged in future initiatives. In this way, incorporation of projects that work up-stream to support individuals in maintaining employment (*e.g*. conditions management) can be used to complement interventions aimed at problem solving and facilitating movement into the labour market (*e.g.* training and education).

From the perspective of those involved in the employability interventions, it is clear that the projects have achieved some important outcomes including: improving physical health and well being; increasing confidence, self esteem and aspirations in relation to employment; development of training skills, enabling opportunities for work experience and in some cases facilitating movement into the labour market. From these findings the employability interventions can be seen to be effective in increasing participants' employment aspiration and job readiness. This holistic approach, which joins up projects aimed at improving work skills and experience with interventions focussed on increasing an individual's confidence and self-esteem, appears to be well conceived. However, despite these apparent successes lessons can be learnt in four key areas:

- First the issue of confidence is complex and the risks of increasing an individual's self esteem and employment aspirations in a climate of low job supply, instability and uncertainty should be approached with caution.
- Second, in relation to the need for extended follow-up for employability projects, there was a real concern amongst respondents about securing long term funding to ensure continuity of those projects perceived by participants to be useful.
- Third, the findings from at least two of the interventions suggest that future projects ought to pay more attention to issues of gender sensitivity and awareness.

- Finally, despite psychosocial issues being an important barrier to employment for study participants and an area which was felt to have been successfully negotiated in each of the projects, there was a sense throughout the focus group and interview discussions that structural barriers to employment remained and problems with a lack of access to regular and reliable transport services were a recurring theme.

Conclusion

The study has highlighted the successes of different intervention types in relation to employability whilst also drawing attention to some of the concerns voiced by respondents, the largest of which related to the long-term funding prospects of the projects. The findings also suggest that the synergy between various interventions could potentially be exploited further in future employability initiatives by strengthening the links between projects and running collaborative sessions. The data drawn on in this report only provide a short-term insight into the participants' experiences of the interventions as they were collected from individuals who were either still involved, or who had only recently completed participation. Further research in the area is needed to explore the medium and long-term impacts of the various interventions.

Policy recommendations

Employability initiatives should continue to adopt a holistic approach when considering the issue of worklessness, combining projects which tackle the physical, psychosocial, and structural barriers to employment while also taking local context into account. At a practical level, links between different projects should be strengthened, to build upon and exploit the potential synergy between different types of employability interventions.

Interventions focussed on helping individuals to maintain work, such as conditions management programmes, have been shown here to complement other strategies aimed at developing work skills and employment opportunities. Future employability interventions might draw on a dualistic strategy involving 'preventative'/up-stream approaches (helping individuals to maintain employment) as well as 'treatment'/down-stream (facilitating movement back into the labour market) approaches to worklessness.

It is critical that funding for future employability projects should be long term and sustainable to tackle the complex needs and socially embedded problems of workless individuals. This is particularly important for individuals facing multiple barriers to securing paid employment and for individuals with low self-esteem.

Policies aimed at tackling external factors, such as labour market demand and access to employment opportunities, should be considered, as it seems futile (and potentially damaging to participants) to develop employability initiatives in the absence of suitable and accessible employment opportunities in the locality. Future interventions might also consider working with employers to facilitate more employee friendly work environments, perhaps by offering advice and information to employers on issues such as employment law and the employer benefits of family friendly practices.

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1. Introduction

1.1 Work and Worklessness

Sustained lack of employment and economic inactivity are associated with poor health outcomes, social exclusion and relative poverty. While employment is important in contributing to personal income, the evidence base suggests that work also fulfils human needs by shaping personal identity, securing social status and giving structure and purpose to day to day life (Jahoda *et al*., 1933 cited in Ritchie, Casebourne and Rick, 2005; MacDonald and Marsh, 2000; Schulman, 1994).

Though often criticised for its ambiguity, the term 'worklessness' has emerged in government discourse as a new policy target and area for intervention (Danson, 2005). Commonly used definitions tend to overlap and vary in terms of content (see Table 1.1). For example, the International Labour Organisation equates worklessness to unemployment, while the Social Exclusion Unit incorporates economic inactivity into its definition as well as receipt of working age benefits. While the latter definition is slightly more comprehensive, it fails to account for individuals who do not receive benefits but are entitled to claim support.

Table 1.1 What is worklessness?

'Worklessness refers to people who are unemployed or economically inactive, and who are in receipt of working age benefits'. (Social Exclusion Unit, 2005)
'Worklessness is a less familiar term than unemployment and extends beyond the unemployed. It includes those who are economically inactive, that is those who are of working age not in work; full time education or training; and those not actively seeking work'. (Job Centre Plus)
'*…measures unemployment in terms of all those who are out of work and actively looking for a job'.* (International Labour Organisation)
'*A workless household is a working-age household where no one aged 16 or over is in employment*' (ONS, 2007).
'*Worklessness is defined…as detachment from the formal labour market in particular areas, and among particular groups. Workless individuals include individuals who are unemployed and claiming unemployment benefits, individuals who are economically inactive and eligible for inactive benefits (who may or may not be claiming them), and individuals who are working exclusively in the informal economy (who may or may not be also claiming benefits)'* (Ritchie, Casebourne and Rick, 2005).

Drawing on these understandings the definition of worklessness used in this report includes:

- the unemployed (those in receipt of working age benefits but also those who are not)
- those in full time education or training (including individuals on employability schemes)
- lone parents
- the long term sick/disabled
- the temporary sick/injured
- individuals cycling between employment, unemployment and government schemes
- those working in the informal economy (individuals looking after the home, individuals doing casual work)

Groups disproportionately affected by worklessness include: lone parents, minority ethnic groups, individuals with a disability or chronic health condition, over 50s, offenders/ex-offenders and drug users' (Ritchie, Casebourne and Rick, 2005). Individuals often face multiple barriers to employment and may have a range of complex needs. Hence, strategies to tackle worklessness are likely to require a broad, multi-faceted approach.

As has been well documented (Campbell, 2000; Danson, 2005), there have been significant changes in the UK's labour market over the past two decades, particularly in relation to a declining manufacturing and heavy industry sector. This has contributed to increased rates of worklessness, especially in areas where employment was previously dominated by these industries, such as County Durham. Job insecurity and economic inactivity are particularly acute problems for men living in these areas (Danson, 2005). As, McDonald and Marsh (2000) describe, changes in the labour market mean that the transition into employment for young people has altered from a simple transition into and between trade/manual jobs to what they describe as cyclical movement between unemployment, government schemes and jobs at the bottom end of the labour market.

1.2 Worklessness and Health

Health is thought to be influenced by a panoply of interconnected determinants including social, cultural, environmental and economic factors (Whitehead, 1987) and employment - a dominant part of adult life - is widely acknowledged to be a significant determinant of health

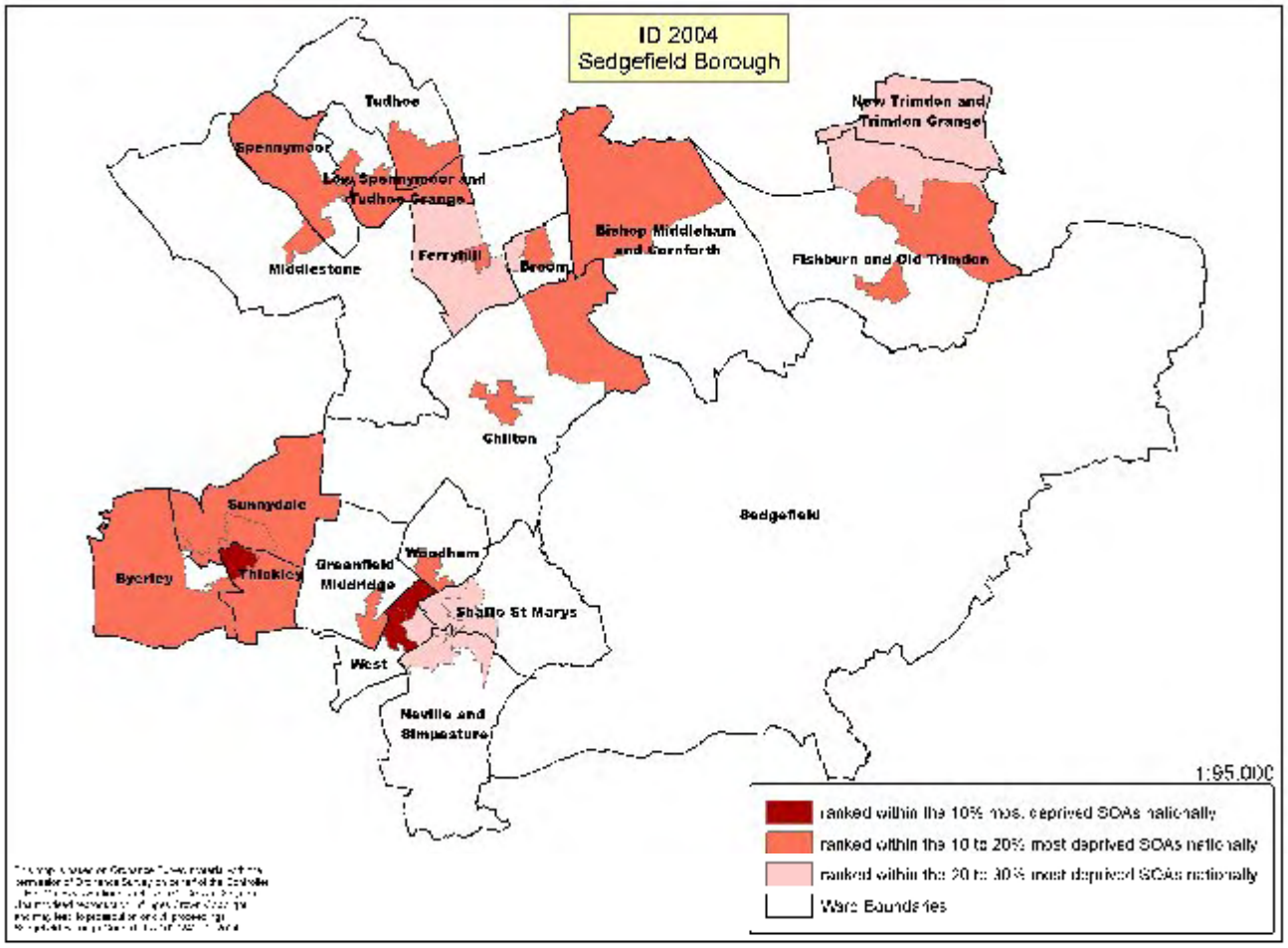
and well being (for example, Marmot, Siegrist and Theorell, 2006). A large body of research demonstrates that there is an association between unemployment and increased morbidity and mortality rates (Bartley, Ferrie, and Montgomery, 2006; Graetz, 1993; Jahoda, 1979). Unemployment is also associated with negative psychosocial outcomes, such as low self esteem and confidence, which are themselves acknowledged to be significant barriers to employment (Ritchie, Casebourne and Rick, 2005). Hence, the barriers facing unemployed individuals may increase the longer they are out of the labour market.

1.3 The Context: The Borough of Sedgefield

Hotspots of worklessness are distributed throughout the UK but the majority are concentrated in local authorities in the North East (Easington, Hartlepool and Middlesbrough) and North West (Liverpool, Knowsley and Manchester) (Social Exclusion Unit, 2004). County Durham continues to be affected by the legacy of changing labour markets and the decline of manufacturing industries and the coalfields. In Sedgefield, 21 of 56 (37.5%) super output areas (SOAs) are ranked within the most deprived 20% of SOAs nationally and 3 SOAs (5.4%) are ranked within the most deprived 10% SOAs (see Figure 1.1). Employment rates in Sedgefield are well below the national average (66.4% in the first quarter of 2007 versus 74.6% nationally [Communities and Local Government, 2007]) and incapacity benefit claims are amongst the highest in the county (13% compared with 7% nationally [ONS, 2005]).

In terms of health indicators, the area is known to suffer a disproportionate burden of disease: incidence rates of coronary heart disease between 2003 and 2005 were calculated as 113.5 cases per 100,000 population compared with 90.5 cases per 100,000 in the UK over the same period (Communities and Local Government, 2007). Similarly, the rate of cancer mortality between 2003 and 2005 was 146.4 per 100,000 population in Sedgefield compared with 119 per 100,000 population nationally (Communities and Local Government, 2007). Teenage conception rates are also above the national average: 56.3 per 1,000 15-17 year olds compared with 41.6 per 1,000 15-17 year olds nationally between 2003 and 2005 (Communities and Local Government, 2007).

Figure 1.1: A map of Sedgefield



(Source: Sedgefield Borough Council)

1.6 The NRF Employability Projects

In an attempt to tackle worklessness, schemes such as the various New Deals and Pathways to Work have been developed and targeted nation-wide at specific risk groups including incapacity benefit recipients, young people, over-50s and socially excluded groups such as lone mothers (Walker and Wiseman, 2003). From 2006 to 2008, Sedgefield Borough Council and Sedgefield Primary Care Trust jointly used Neighbourhood Renewal Funding to finance a range of small-scale projects designed to improve health through tackling worklessness. The thirteen interventions are of five types: (i) education and training; (ii) volunteering and work placements; (iii) vocational advice and support services; (iv) improving access of the work environment; (v) conditions management interventions (see Table 1.2). The projects varied widely in their content, structure and length as they were designed to combat different barriers facing people who are out of the labour market (see Bambra,

Whitehead and Hamilton, 2005). For example, some interventions tackled barriers relating to physical and mental ill health, whereas several interventions attempted to provide opportunities for work experience and individuals to gain work relevant skills and training. A number of interventions were less directly focussed on the issue of worklessness such as the *Young Parent's Outreach Worker* project. Others aimed to help participants to maintain work (*e.g. Conditions Management Programme: Back Pain Service*).

Table 1.2: Typology of interventions (adapted from Bambra, 2006)

Education and training	Volunteering and work placements	Vocational advice and support services	Improving accessibility of work environment	Conditions management
Steps into Work	*Placing People First*	*Personal Development Programme*	*Accessibility Action*	*Cardiac Rehabilitation*
	Volunteering	*Young Parent's Outreach Worker*		*Counselling*
	Community Health Volunteers	*Positive Steps*		*Back Pain Service*
				Smoking Cessation
				GP Referrals

Researchers from the Centre for Public Policy and Health at the University of Durham were commissioned to evaluate the employability projects. Here we present the findings of this evaluation. The overarching aim of the study was to examine what, if any, were the overall health and employment effects of the multi-intervention programme to tackle worklessness in Sedgefield. To achieve this aim the following individual objectives were devised:

- To evaluate the multi-intervention worklessness programme using a combination of focus groups, interviews, individual case studies and questionnaires.

- To provide initial mapping of the health, employment (and other) effects, if any, of the multi-intervention worklessness programme.
- Publish and disseminate the results of the evaluation to the appropriate local, regional and national policy makers, user groups and research community.
- Contribute to an evidence base that can inform future public and private sector policy in the field of worklessness and health and produce policy relevant recommendations based on the results of the research.

The next section of the report will provide a brief description of each intervention.

1.6.1 Education and Training

Steps into Work

Steps into Work was the only intervention which focused largely on the provision of education and training for participants. It was designed to improve the numeracy and literacy skills of those aiming to go onto childcare NVQs or other 'Skills for Life' courses. The programme set out to support 216 individuals onto suitable courses in an attempt to tackle worklessness and contribute to the regional and district targets of reducing the number of adults with poor literacy and/or numeracy skills in the Borough. The evaluation considered participants experiences of the child care NVQ only.

1.6.2 Volunteering and Work Placements

Community Health Volunteers

The *Community Health Volunteers* initiative was developed to facilitate movement back to the labour market via volunteering and training as health advisors. In terms of outcomes related to tackling worklessness, the project set out to work with 14 participants per year with the aim that 7 would be able to move directly into work and 10 others would leave the programme with qualifications. The objective was that these participants would deliver health advice and support to 100 residents, with the ambition that 30 individuals would increase their levels of exercise, 20 would participate in weight management activities and 25 would be able to improve their general health.

Volunteering

The Volunteering programme involved three inter-related components: the volunteer placement scheme; a volunteer-led mentoring scheme and a CV development service. The

formal volunteer placement scheme was developed through building on the capacity of volunteer-involving groups and organisations to provide work experience placements, with the aim of increasing the employability of volunteers through personal development support and participation in a work environment. The volunteer-led befriending/mentoring scheme provided one-to-one support to individuals to encourage their engagement in progression activities. The capacity and skill base of local volunteers was developed to provide support with CV development for the target groups in a peer led/non-threatening way. The project aimed to achieve the following outcomes: 30 participants to take up work placements, with 5 entering paid employment. The project also aimed to recruit 5 of the volunteer mentors from the most deprived areas of Sedgefield.

Placing People First

The *Placing People First* programme aimed to provide employment through a work placement scheme for individuals exposed to multiple barriers and who had been out of the labour market for an extended period of time. The project was led by socially orientated organisations, including schools, community centres, development trusts and social enterprises, thus providing a framework in which participants would hopefully be equipped with skills, knowledge, qualifications and confidence required by employers. Each participant was employed for between 26 and 52 weeks, on minimum wage, working 30 hours per week. Placement officers provided support via an initial induction followed by regular reviews conducted face-to-face and over the telephone. The intended outcomes of the project were as follows: 20 individualised placement opportunities (all resulting in participants gaining qualifications), with 10 gaining employment and 20 increasing their knowledge and skills.

1.6.3 Improving Accessibility of the Work Environment

Accessibility Action

Accessibility Action was set up to take a lead in developing an appropriate framework for transport service delivery in the Borough. The service aimed to significantly improve access to services and community projects as well as training and employment opportunities especially in the most disadvantaged wards in Sedgefield Borough. Potential outcomes included sustainability of community transport schemes with a related reduction in the need for ongoing grant funding; the reduction of social exclusion in deprived communities in isolated areas, environmental benefits through reduced private car usage and the establishment of a community transport social enterprise based within the Cornforth Partnership. In terms of

outcomes, the service intended to help at least four people to access employment opportunities.

1.6.4 Vocational Advice and Support Services

Personal Development Programme

The *Personal Development Programme* was designed to improve confidence, motivation and aspirations in relation to employment. Training was provided by a competent facilitator to enable clients to reflect on their own lives, develop positive self-talk and set personal goals. The project co-ordinators recognised that the programme on its own was not sufficient to resolve a complex range of barriers holding back a multiply disadvantaged individual. The programme was conceived, therefore, as an intervention to support and complement other projects aimed at tackling worklessness.

Positive Steps

The *Positive Steps* intervention was developed to engage hard-to-reach unemployed people who were not linked into existing support structures and networks. The proposal involved a community engagement, grass roots approach which utilised the existing voluntary and community sector infrastructure. The objective was to engage with individuals by providing key workers to assist with the identification of their needs and goals, to develop personal action plans and to provide support for individuals as they tried to implement these plans. The intervention aimed to support 94 beneficiaries on the development programme with 75 increasing their skills and 52 moving into work/education. In addition, it was hoped that 150 individuals would benefit from short interventions (1 or 2 sessions) with 90 improving their knowledge/skills and 60 going into further learning/work.

Young Parent's Outreach Worker

The *Young Parent's Outreach Worker* project was set up to support the development and extension of current Sure Start practice in relation to young parents, in order to improve health, education and social outcomes during pregnancy and beyond. Funding was to be used in reshaping services to meet the needs of young parents and to encourage young fathers' involvement in the upbringing of their children. Project work included: tailoring ante natal/post natal services to support healthcare, parenting skills, access to education, training and work, childcare, sexual health and family planning. By incorporating both group-work and one-to-one sessions the project aimed to encourage participation in the local management of

children's centres and extended services. With regard to worklessness, the project planned to encourage young people to engage with volunteering as a pathway to employment and training. A final objective was to raise awareness about, and support, young parents who were experiencing domestic violence. It was envisaged that 35 young parents would participate in education and training with 10 entering employment. In terms of public health outcomes, the project aimed for 50 young mothers to report support from father/family and 50 children under the age of 4 to be involved in physical activity.

1.6.5 Conditions Management

Back Pain Service

The *CMP Back Pain Service* proposal involved extending the current service to focus on unemployed individuals and to enable employed people who were experiencing back pain to stay in work. The programme also aimed to foster links with other services that would be able to deliver appropriate advice, guidance and support. Core service elements included the provision of physiotherapy and cognitive interventions. It was envisaged that 635 unemployed clients would be treated for back pain on this programme.

Cardiac Rehabilitation

This phase 3, out-of-hours programme focused on people in work but who were considered likely to drop out of the workforce if their condition deteriorated and those who had not been able to access the existing services which operate during office hours. The out-of-hours service mirrored existing services by offering individualised exercise prescription, risk factor education, stress management and a support network in a community setting. The programme aimed to promote quality of life, reduce morbidity and CHD hospital admissions as well as to encourage and enable patients who were not working to return to the labour market. The aim of the service was to provide 24 people with out-of-hours cardiac support.

Counselling Service

The *CMP Counselling Service* sought to increase access to counselling for people with underlying problems or issues, which were perceived (either by the client themselves or by their GP) to impact on their employability. The service aimed to prioritise people who were workless, and people who were in work but suffering from stress and therefore considered vulnerable to worklessness. It was hoped that 870 people would be referred for counselling during the funding period.

Smoking Cessation Service

The *CMP Smoking Cessation Service* set out to offer a dedicated service to people wishing to give up smoking. The service involved a Specialist Stop Smoking Advisor working with the existing smoking cessation team. The service sought to prioritise people who were in work but were considered vulnerable to moving out of work due to smoking-related ill-health. In terms of health outcomes, the project aimed to ensure 103 people saw a stop smoking advisor and that 63 people quit smoking after 4 weeks.

1.7 Structure of the report

Following this introductory chapter, which has contexualised the evaluation in terms of the backdrop to the study and links with the wider research area, the methodology adopted for the evaluation is outlined in chapter 2. The findings, which are presented in chapter 3, are based on the analysis of focus group and semi-structured interview data, case study vignettes and, where available, some analysis of quantitative data. The key themes which emerge from the findings are discussed in chapter 4, which is structured on the basis of intervention type. This chapter also includes a section reflecting on the limitations of the approach used in this evaluation. Finally the conclusion makes recommendations for policy and practice and suggests avenues for further policy-relevant research.

2. Methodology

2.1 The methodological approach to each project

It was deemed most appropriate for the majority of the thirteen projects discussed in this report to be evaluated through the use of focus group discussions. However, after consulting with the co-ordinators of the various interventions, it was agreed that interviewing would be more relevant for two of the projects, on the basis that they were likely to involve discussions about sensitive and personal information. These were the *Young Parent's Outreach Worker* project and the *Conditions Management Counselling Service.* In addition, questionnaires were completed by participants involved in the *Conditions Management Back Pain Service*. As discussed later, in section 2.6, it had initially been the intention that questionnaires would be completed by participants in each project but, unfortunately, this proved not to be possible. A summary of the thirteen projects and the methodological approach taken to evaluating them is provided in Table 2.1.

In addition to the methods employed to evaluate each project, at the request of the funders, Sedgefield Borough Council, individual case-studies were undertaken for some of the projects. These case-studies are designed to provide readers with coherent accounts of individual experiences of some of the projects and to provide a flavour of the kinds of barriers that some participants have faced. It is important that such case studies are not considered to be representative of other participants' involved in the same projects – they are highly individualised accounts. However, they do provide an additional insight into the ways in which some of the projects have impacted on individuals. The case studies were undertaken through the use of one-to-one interviews, some of which took place in person and others over the phone (at the preference of the participants). Unlike the main focus groups and interviews, the interviews for the case studies were not transcribed and analysed in full but based on the interviewer's notes as the aim was merely to construct a snap-shot account of each individual's experiences, rather than to provide further detailed analysis of the projects. Where case-studies have been undertaken, they are presented within this report immediately after the findings from the focus group / interviews.

Table 2.1: A summary of the thirteen projects which are evaluated in this report and the methodological approach taken to each

Project title	Budget	Lead	Description of project	Methodological approach	Individual case study
Accessibility Action	£15,000	Karen Lynn	Provision of a community transport service	Focus group	No
Community Health Volunteers	£33,789	Jane Hartley	Help return to work via volunteering and training as health advisors	Focus group	Yes (2)
Conditions Management: Cardiac Rehabilitation	£38,218	Alison Learmonth	Help return to work	Focus group	Yes
Conditions Management: Counselling	£38,218	Alison Learmonth	Help return to work	One-to-one interviews (3 face to face, 4 telephone)	No
Conditions Management: Back Pain Service	£38,218	Alison Learmonth	Help return to work	Focus group and questionnaires	Yes
Conditions Management: Smoking Cessation	£38,218	Alison Learmonth	Enable continued employment	Focus group	Yes
GP Referrals	£53,000	Gary Cooper	Extend free leisure centre activities for GP referrals by 3 months	Focus group	No
Personal Development Programme	£30,000	Shaun Meek	Course to improve confidence, motivation and aspirations in relation to employment	Focus group	Yes
Placing People First	£53,775	Steve Roberts	Individual placement opportunities for people with multiple barriers and out of labour market for an extended period	Focus group	Yes
Positive Steps	£100,392	Carol Wilson	Information, support and guidance to facilitate movement back to the labour market	Focus group	No
Steps into Work	£90,000	Dawn Fairlamb	Numeracy and literacy for work skills and qualifications going onto childcare NVQs	Focus group	No
Volunteering	£64,993	Gillian Fortune	Formal volunteering work employment scheme for people from targeted groups	Focus group	No
Young Parent's Outreach Project	£123,701	Carol Dawson	Help and support young parents in education, employment and raising a family	Face-to-face interviews (6 with both parents and 3 with mothers only)	Yes

2.2 The advantages and disadvantages of employing interviews and focus groups as methodological techniques

Social researchers have long employed qualitative research methods to gain an understanding of others' social experiences. Interviewing and focus groups, the two methods employed in this research, are both extremely common methods in the social sciences. Both approaches help gain insights into the worlds, beliefs, values and opinions of those who are being studied (see Gibbs, 1997; Jowett & O'Toole, 2006; Kvale, 1996) and, whilst face-to-face interviewing is particularly widely employed, the use of focus groups has increased significantly within social research in the past decade (Jowett & O'Toole, 2006; Macnaughten & Myers, 2004).

The data produced by each technique is not significantly different - both usually result in transcripts of the conversations, as was the case for this report. However, there are important differences in the kinds of conversations that are likely to emerge from face-to-face conversations between a researcher and an interviewee and those that occur when a small group of participants are collectively engaged in a discussion, as is the case with focus groups (Powell & Single, 1996). Face-to-face interviewing tends to offer a more private environment for participants to express their thoughts and to comment on their own experiences. As such, interviewing is often considered more appropriate than focus group techniques for conversations that are likely to involve particularly personal or difficult experiences. However, a major problem with interviews, one which many researchers have struggled to address, is the frequent imbalance of power between the researcher and the interviewee. This has led to concerns amongst many researchers about the extent to which interviewees might feel uncomfortable with the interview conversation, a situation which has the potential both to result in resistance by the interviewee, which may limit the openness of the conversation, and/or cause the interviewee to say what they think the researcher wants to hear, which may distort the information garnered through the conversation (for the importance of reflecting on power relations within interviews see England, 1994; McDowell, 1992).

In contrast, one of the benefits of focus groups is that the increased number of participants in relation to the facilitator(s) potentially challenges the imbalance of power within interviews (see Race, Hotch, & Parker, 1994; Wilkinson, 1998) and may, therefore, help participants to feel more comfortable in expressing their views. This is most likely to be the case where

participants already know one another and feel at ease with one other (Morgan, 1988). Fortunately, in this research study, this situation often seemed to occur as many of the focus group participants had previously met as a group whilst taking part in the various projects. In addition, participants often shared some similar characteristics or circumstances (for example, one group shared the experience of lower back pain and other groups involved individuals who had been or were currently unemployed) as these were the factors that had led to their involvement in the projects in the first place. Focus groups are not, however, free from problems. In particular, for individuals who are shy or those who consider themselves inarticulate, focus groups may seem intimidating (Gibbs, 1997). Consequently, it is an essential part of the facilitator's role to try to encourage as many of the participants as possible to engage in the conversation. This may involve trying to limit the contributions made by a particularly dominant group member. All three of the researchers involved in this study tried to ensure that everyone involved in the focus groups was given some space to contribute to the discussions.

2.3 The recruitment of participants and the organisation of the focus groups / interviews

Participants in all focus groups and interviews were recruited through the co-ordinators of each project who acted as gatekeepers. There is the potential that this may have resulted in a biased selection (that is project co-ordinators may have been more likely to recruit participants whom they felt were likely to provide positive accounts). However, this approach was necessary given the impossibility of obtaining the contact details for all of the participants involved in the various projects (without their prior consent). For all but one of the projects, potential participants were recruited entirely by the project co-ordinators. However, in the case of the *Condition Management Programme: Back Pain Service*, the co-ordinator asked project participants who were willing to be involved in a focus group discussion and then passed their contact details (with the consent of the individuals) to the researchers at Durham University, who then contacted the potential participants to arrange a suitable date for a focus group discussion.

As Gibbs (1997) outlines, the recommended number of people to include in a focus group is usually six to ten but some researchers have used up to fifteen people (Goss & Leinbach, 1996) or as few as four (Kitzinger, 1995). For these projects, the focus groups largely

consisted of between five and ten people and, hence, corresponded with the numbers usually recommended. However, for the *CMP: Smoking Cessation* project it seemed particularly difficult to recruit participants (possibly due to the fact this intervention was one of the few targeted at those who were already in full time employment) and only four individuals participated in this particular group.

The focus group discussions lasted between 30 minutes and an hour, varying according to the size and level of engagement of each group. The interviews ranged in length from just 15 minutes (in cases where interviewees did not seem keen to participate in a conversation) up to 53 minutes (in an instance where the interviewee was eager to have his/her views recorded and rapport between interviewer/interviewee was easily established). Most of the interviews were conducted face-to-face. However, at the preference of some participants in the *CMP: Counselling Service*, a few interviews were conducted over the phone. On the whole, the face-to-face interviews lasted significantly longer than the telephone interviews.

It is recommended in the methodological literature that neutral and private locations are sought for both interviews and focus groups (see, for example, Powell & Single, 1996). The aim is to avoid either negative or positive associations with particular rooms or buildings. The locations chosen for the interviews and focus groups discussed in this report were all private rooms and largely consisted of official meeting rooms. It should be acknowledged that as the focus groups were largely arranged by the project co-ordinators, they often took place in the same (or nearby) locations to those in which the projects themselves had been run, primarily because these venues were more likely to be convenient to focus group/interview attendees. This may, however, have had some influence on participants' responses as it may have suggested that the focus groups or interviews were somehow part of the projects (even though it was stressed by the facilitators/interviews that this was not the case).

2.4 The interview and focus group process

A semi-structured approach was taken to both the interviews and the focus groups. In other words, the interviewers/facilitators employed a thematic schedule of topics which highlighted particular issues that the researchers wanted to discuss and suggested possible questions and prompts to guide the conversation. These schedules were adapted slightly for each group in order to ensure that they addressed the specificities of each project (see Appendix I

for an example of a generic schedule). In line with the notion of a 'semi-structured' approach, the order of the questions was guided by the way in which the conversations developed rather than the order of questions and topics on the schedule. Additional questions and issues were raised (and others skipped) where it seemed appropriate.

The research undertaken for this report was approved by Durham University's School for Health's Ethics Committee. In line with ethical guidance, written consent from all participants was secured prior to their participation. This was achieved on the basis that all participants' identities would, as far as possible, be kept anonymous. However, one of the difficulties with focus groups is that it is impossible to ensure that participants do not discuss the conversation with others once the focus group is over. The facilitators of the focus group therefore spent some time at the beginning of each focus group discussion explaining and emphasising the importance of maintaining confidentiality within the group. An example of the participant information sheet and consent form that were used for the study are provided in Appendix II and Appendix III respectively. The consent form included a line requesting participants' permission to record the conversation. As all participants were happy to sign this consent form, all of the interviews and focus groups were recorded, using an Olympus digital recorder bought specifically for the project.

2.5 Transcription and analysis of the qualitative data

All of the recordings of the interviews and focus groups were transcribed in full by an independently contracted firm, JHTS. A statement of JHTS' commitment to confidentiality is provided in Appendix IV. The transcripts were then coded by experienced qualitative researchers using the qualitative data analysis software programme, *Atlas.ti*. The coding framework employed was developed abductively, by going through each transcript one-at-a-time, rather than trying to impose a pre-determined framework on the data (i.e. the approach was 'bottom-up' rather than 'top-down'). The results of this analysis were then employed to write-up individual reports for each project and to construct an overall analysis of the projects collectively. Both of these analyses are presented within this report.

2.6 Quantitative data collection and analysis

Of the thirteen interventions, only one (the *CMP Back Pain Service*) fully engaged with the quantitative aspect of data collection. The reasons for poor engagement in the survey phase are largely unknown but are likely to be related to a lack of direct access to participants. Leaders of the interventions under evaluation were asked on at least three different occasions to comply with requests to facilitate survey dissemination and collection but only the *CMP Back Pain Service* responded. It should be noted that the *CMP Counselling Service* also attempted to participate in survey dissemination and collection but the small numbers involved precluded quantitative analysis. For these reasons quantitative data are included for the *CMP - Back Pain Service* only.

Participants were asked by the project facilitator to complete questionnaires before they were treated on the *CMP Back Pain* project (baseline) and at 12 weeks after the intervention (T2). The baseline questionnaire (see Appendix IV) was designed to capture data relating to demographics, self reported health status, education level, employment status and aspirations and perceived barriers relating to employment. Questions were also included to determine how participants had heard about the project and to explore their reasons for joining the project and what their expectations or hopes regarding participation in the scheme were.

The questionnaire delivered at T2 (see Appendix V), asked participants about their views on the service they had received, the support provided through the intervention and each participant's feelings about the likelihood that they would be able to return to work or education after participating in the CMP Back Pain Service. A combination of tick box questions and open response questions were employed in survey design. Each survey included a description of the project and a request for consent. On receipt of both surveys, questionnaires T1 and T2 were paired up before the data were entered into Statistical Package for the Social Sciences (SPSS) and analysis was undertaken. In line with ethical procedures, data were anonymised after entry into SPSS and questionnaires were kept securely on University premises with access only to members of the research team.

The data collected were used to provide descriptive statistics on the demographic characteristics of the clients using the *CMP Back Pain Service*, which included information on gender, age, place of residence, education and employment history and perceived barriers to

employment. It was envisaged that these data could then potentially be used to inform practice and policy on whether or not the service is providing support to the target population, whether individuals from hard to reach groups are being recruited and whether certain groups are dropping out of the programme. Other data collected were useful in understanding who benefited from the programme and in what ways, in order to design future interventions. As with other evaluations of this type, the data are limited by the absence of control groups. Due to the lack of involvement of the other projects in quantitative data capture there was no way of comparing the effectiveness of particular intervention types.

2.7 Limitations of the methodology

There are several important limitations to the research presented in this report, several of which have already been acknowledged, such as the power relation between interviewer and interviewee and the dynamics of focus groups. Others which merit reflection include the difficulty of maintaining control over conversations within focus groups (Morgan, 1988). The researchers found that this led to situations in which the conversation moved away from the topic in question and that they therefore needed to try to re-guide participants back to a conversation about their experiences of the specific project. In addition, as with all focus group discussions, it should not be assumed that the participants were necessarily expressing their own definitive, individual views. Focus groups are a very specific context in which individuals interact with others in the group. As with all social situations, individuals are likely to respond in particular ways as a result of being part of a group so it must be acknowledged that they may well have provided different responses on a one-to-one basis. Equally, the reverse is true of the interviews that were undertaken. It is, therefore, essential that the context in which the data were produced is acknowledged when reading through this report.

One commonly referred to problem with focus groups is the possibility of self-censoring, where individuals appear to refrain from making the contributions they might otherwise wish to make due to the nature of the group context (Jowett & O'Toole, 2006). This may be because they are particularly shy or, alternatively, might be the consequence of the emergence of a self-appointed 'expert' within the group (that is someone who presents themselves as able to, and is allowed by others to, speak on behalf of the group). This was not a problem encountered in all of the focus groups but it did occur in at least four. The facilitators of these groups did their

best to encourage the quieter members of the group to participate but this was not always possible.

Finally, the most important limitation of the research discussed in this report is one that is common to nearly all qualitative research and that is that the findings are very specific to the contexts in which the data were gathered. As the approach was not quantitative, and as there was no attempt to undertake 'representative sampling' (which would not have been possible with such small numbers of potential participants), it is, therefore, not possible to make any generalisable claims from the findings. The findings presented in this report represent only the experiences that participants in the research were willing, and felt able to, express. This report does not, therefore, provide a definitive account of the impact of each project on participants' lives. To achieve this kind of assessment, a more in-depth analysis with larger number of participants would be required, preferably taking place over a longer period of time so that long-term impacts of the projects could be explored.

2.8 Ethical considerations

Some important ethical issues, relating to anonymity and consent, have already been discussed. However, there are a few other ethical issues which it is worth highlighting. In particular, it is usually considered good practice in research to ensure that all participants understand how the data which they are helping to produce will be used. Whilst the researchers who undertook the interviews and focus groups on which this report is based were able to provide participants with a basic account of how the information would be used, they were not always able to answer participants' queries about the extent to which the report might inform future decisions about the funding of projects. This is important as it may have contributed to participants being unwilling to discuss the negative aspects of projects for fear that it might contribute to a decision to reduce or discontinue funding. If any similar research initiatives are undertaken in future, it would be worth considering the provision of some sort of feedback to research participants so they could at least be offered the opportunity to see how their views are employed.

The other significant difficult issue that researchers encountered related to the low literacy levels of a few of the participants. Perhaps due to the stigma attached to illiteracy within the UK, none of the participants actively stated that they were experiencing difficulty reading the

consent form or other, related, information. However, it became clear in a number of the interviews and in one of the focus groups that some individuals had struggled significantly with this task. Fortunately, in the few cases where this situation arose, the individuals in question were aided by others in the focus group or, in the case of the interviews with young parents, by their partners. For any similar research in future, this problem probably ought to be considered in more detail in advance (for example, provisions could be made for participants who have difficulties with literacy skills to provide oral consent).

3. Summary of the Research Findings

While the projects varied widely in terms of content, structure and length, the findings from the focus group discussions reveal a surprising degree of convergence in relation to the barriers that participants felt were preventing their movement into the labour market and the ways in which they felt the projects had impacted on their lives. Thematic analysis of each of the focus groups, or series of interviews, is presented here and issues common across and between the different intervention types are discussed further in Chapter 4. Table 3.1 presents some data on number of participants involved in each evaluation along with details of age and gender of those individuals. This information is included purely for background purposes, in order to contextualise the discussion of the findings for readers.

Table 3.1: Description of focus group attendees

	Number	Gender		Age range (years) where this information was available					
		Female	Male	14-19	20-24	25-34	35-49	50-64	65+
Accessibility Action	11	7	4	4	1		4	2	
Community Health Volunteers	5	2	3			1		3	1
Placing People First	7	2	5		1	3	2	1	
*Volunteering**	6	3	3						
*Steps into Work**	7	3	4						
*Personal Development Programme**	6	6	0			2	3		
Positive Steps	4	3	1	1	1		2		
*Young Parent's Outreach Worker**	15	10	6	12	2	1			
CMP - Back Pain Service	5	3	2					5	
CMP - Cardiac Rehabilitation	5	1	4					4	1
*CMP - Counselling Service**	7	6	1			1	2	1	
CMP - Smoking Cessation Service	4	3	1			1	3		
*GP Referrals**	5	2	2					3	1

* Some/all demographic data missing

As Table 3.1 illustrates, there tended to be more female participants than male participants in many of the evaluations. The exceptions were *Steps into Work*, *Placing People First* and *Cardiac Rehabilitation*. As we do not have data on the gender of the overall number of participants who were involved in the projects, we are unable to speculate whether this imbalance reflects overall participation or is a result of the methodological approach. The age

range of focus group participants tended to vary depending on the aims and scope of the particular project. For example, as might be expected, the *Young Parent's Outreach Project* had a much younger client base than the *Cardiac Rehabilitation* programme. Interestingly, the *Accessibility Action* project showed the broadest age range of all focus groups and also recorded the highest number of attendees, suggesting that this initiative may have had effects on diverse groups within community. Since the research was qualitative it is inappropriate to infer further regarding differences across and between the various interventions. The discussion will, therefore, move on to consider some of the common themes emerging from the qualitative data.

Each project is discussed in turn, by intervention type in alphabetical order, starting with *Accessibility Action*. A summary of the proposal for each project is presented first, in order to provide an indication of the aims and objectives of the project, as well as to highlight the funding received by each. Following this, an analysis of the data produced through the focus groups or interviews is presented. Then, where applicable, a case-study of a participant is included, in order to provide a more coherent account of individual experiences of the project. For the *Conditions Management: Back Pain Service*, an analysis of quantitative data is also provided.

3.1 Accessibility Action

3.1.1 Project Proposal

Intervention: *Accessibility Action*
Lead: Karen Lynn
Budget: £15,000
Aim: The community transport service will aim to develop a service into a capacity that is sustainable in the longer term.
Proposal: Community Transport is a vital service required in the Borough to fill those gaps in services not provided by commercial services. Infrastructure in the Borough is still largely 'project' orientated and needs over the next 2 years to transform into a service delivery function. The additional NRF funding will enable the current level of activity to be sustained and the service progressed to a new level of delivery commensurate with the need for community transport in the Borough. The service will be targeted at the most deprived wards of the Sedgefield Borough including: The Trimdons, Cornforth, West Ward, Shildon, Ferryhill (Dean Bank & Ferryhill Station) The financial and practical barriers to accessing transport, needed to gain employment opportunities, is a key contributing factor to worklessness. This is a particular issue in some more geographically removed deprived communities from the employment centres of Newton Aycliffe, Spennymoor, Shildon and beyond the Borough. By commissioning enhanced community transport provision, residents will be better placed to access job opportunities using affordable and environmentally sustainable ways. Activity should be focussed on residents who not only face financial barriers to transport but also those who are not provided with appropriate public transport. A new Borough wide Community Transport group will progress the recommendations of the 'Developing Sedgefield Community Transport' report. The group will look to work with employers to ensure that transport provision matches the shift patterns of employers on estates such as Aycliffe Industrial Park. This group will report progress to the LSP Transport Hub and the County Durham Community Transport group. Over the first nine months of the SIP period a new Community Transport Business Strategy will be developed by the group in partnership with current providers that will detail how the service will move to sustainability over the lifetime of the SIP. The strategy will include annual business targets that will map the services transition to sustainability. This service will pay for the production and progression of the business plan and provide revenue assistance to the Cornforth Partnership Community Transport service in the first instance to continue their service. Staff are currently in place to deliver this service.
WorklessnessOutcomes: 4 people to access employment opportunities

3.1.2 Summary findings from the focus group with participants in the *Accessibility Action* project

The participants in this focus groups were extremely positive about the contribution the provision of the two minibuses for community groups had made to the community and reported that the buses had both been well used:

> *'[W]e made extensive use of the bus last year, on about 32 occasions, but that's every village that gets a turn'.*

According to the group, the main beneficiaries of the project appeared to be older and younger groups of people, neither of whom often had easy access to other forms of transport, and women who did not have a license to drive. In relation to young people, the group particularly highlighted how the minibus had been used to take groups to areas that they would not normally access, as Table 3.1.1 outlines:

Table 3.1.1: Use of the minibuses to take young people out of the local area

'About six of us have used the mini bus and it's been a Godsend to young people to get out of the area and see people they wouldn't normally see'
'We've used the bus extensively over the last year since we joined….[I]t enables us to take children and young people on a variety of trips which they wouldn't have accessed before due to the costs of affording to go on trips'.
'I've worked with young people for a number of years and without mini buses it makes the job very, very difficult and you can't offer all those kind of opportunities where you're allowing young people to go to places they've never been before, developing confidence, you know realising what's out there in the world, what opportunities are there, those kind of things'.
'There's all sorts of places we want to go to and we're trying to tie it in with a place of interest so not only is it getting them out but letting them see what's in the North East…Everybody [sees] things they wouldn't have known, some of them would never have got to that you know, a lot would but some wouldn't….It's places they would never think about going for themselves…'
'I think it's been useful in broadening young peoples' horizons as well and taking them out of their comfort zone on some occasions. We've used it a lot to take young people to plays or to Newton Aycliffe so that's, from a cultural point of view, it's broadened their horizons. It's just a really valuable asset to have it all set up'.

As the quotations in Table 3.1.1 illustrate, the participants felt the use of the bus to take young people to places of interest beyond their locality not only had some benefits from a health and

fitness point of view, but also broadened their horizons, which participants believed had broad psychosocial benefits for the young people (see Table 3.1.3).

Another key way in which the minibuses have been used is to transport people to various other local projects and initiatives. As Table 3.1.2 illustrates, as well as allowing individuals to participate in training schemes and fitness projects that they might otherwise not have been able to, improving access through this travel scheme has also helped maintain high levels of participation in other projects. In addition to reducing the travel costs involved in other projects, several participants mentioned the increased flexibility and freedom the minibuses had provided. For example, participants explained that private minibus hire firms often required the buses to be returned in time to collect children from school, which made trips that would take more than a few hours each way virtually impossible. The community minibuses have therefore allowed people to access areas and opportunities they would otherwise have been unable to. As a result, the scheme has helped a variety of other local projects, which might otherwise have faced difficulties, to continue to run. As the final quotation in Table 3.1.2 illustrates, the scheme has also helped with applications for funding as use of the minibuses has helped to reduce associated travel costs.

Table 3.1.2: The use of the community minibuses to facilitate the participation in, and continuation of, other local initiatives

'I've used the bus to help us access training with the NVQ Level Three'
'We've got one person who lives in Spennymoor who would have to get a bus to Ferryhill and then a bus to Cornforth. By the time she got here, [it would be] half way through the course and then [she'd] have to leave again in order to get home'.
'It's just made the projects run smoother and it's reduced our costs in that sense because we haven't had to employ a driver or an extra worker which would have been more expensive.'..
'it's about allowing groups who wouldn't normally be able to bear the full costs of transport, I mean that's what community transport is, that's what it means'.
'It also affects huge bids I've put in because now I've costed out for using the bus. Obviously if we had to go back to using traditional transport then costs would go up like sky high and we wouldn't be able to do any of them'.

The focus group participants suggested both the opportunity for young people to see new places (see Table 3.1.1) and the use of the minibuses to facilitate wider participation in other projects (Table 3.1.2) had a variety of psychosocial benefits for the local community. As the

quotations in Table 3.1.3 illustrate, participants suggested providing access to these opportunities was boosting people's confidence and self-esteem, as well as breaking down social barriers between people from different communities.

Table 3.1.3: Psychosocial benefits of the *Accessibility Action* Project

'it's been brilliant because the residential weekends, we use them to sort of help our members to like, you know, use skills that they didn't know they had, it develops their self confidence as well those weekends'.
'that mini bus doesn't specifically help anybody to get a job…but it helps them in terms of developing their social skills, you know to be able to engage in courses, to be able to engage in different experiences and just develop all those personal/social things which actually do enable people to get jobs rather than you know being stuck in a community where they feel there are no opportunities or they maybe don't have any friends or they haven't been able to engage in any kind of experiences because they don't know what's out there'.
'We take young people up to fiestas and things like that where groups of young people from different youth centres get together and it's breaking down the barriers between villages and communities as well which is really important…[because] you still tend to stick, especially if you're a young person, you tend to stick in your village and you don't like mix with other young people….It gives you the opportunity to get out there and take part and show case talents or skills that you've got as well'.

The focus group participants also believed the community minibuses were helping people into employment by facilitating access to a variety of training schemes as shown in Table 3.1.4.

Table 3.1.4: Ways in which the scheme has helped to develop labour market attachment

'And you know the majority of people on those courses are now doing some paid work, it's not … A lot of them have had to voluntary hours as part of placements on the course but the majority of them have now gone on to get at least a few hours paid work as youth workers. The courses and having the bus to kind of develop the course and get the most out of it for people is obviously enabling people to get work'.
'We've also had a lot of older younger people who have done the Level One Youth Work and have progressed to the Level Two and without the bus they wouldn't have been able to access that'.

In addition to allowing individuals to access a range of training courses, discussants suggested that the *Accessibility Action* project had acted as a catalyst for some users of the service to undertake *MIDAS* training in order to be able to drive the minibus:

> *'I mean I think practically everybody on the Level Three courses are MIDAS trained but that's been a conscious effort to get people trained up so that you're not just relying on one or two volunteers'.*

This, in turn, has led to some knock-on employment opportunities for participants:

> *'From my point of view as well, I had my qualifications as a youth worker away from here but actually getting my MIDAS test and practicing for that in the mini bus, that helped me professionally…'*

Focus group respondents agreed that transport was a particular obstacle for many people in the community looking to return to the labour market (see Table 3.1.5). The issue of access to affordable, regular and reliable transportation corresponds to the findings of other focus group discussions, where transport was identified as a key barrier to employment.

Table 3.1.5: Transport as a barrier to employment

'Well I think their lack of transport. If we had the bus but I've been for that many jobs that all they put down is 'your name's on file' and that's it so I've had no proper work'.
'I think it's different reasons for different people. Some people it might be transport, some people it might be lack of support and you need like someone to guide you a little bit. I mean Michael would love to have a job wouldn't you where you just work a few hours a week but I mean he hasn't had that opportunity?'
'I mean I was working for S & E and they said, this is what they said, "Do you want to work as a volunteer?" I said "Yes I'll work as a volunteer" so I went on that bus and they said "You have to get in touch with the office" so I had to get in touch with their Head Office in Shildon so and I said "Well I'm only a volunteer" and they said "Well we don't do volunteer work" so but like I last said I'm willing to work but to start off with a short time then slowly build it up but then you need the, like I said transport'.

This particular project also appears to have promoted a sense of responsibility and partnership working within the community:

> *'I got my training through Cornforth Partnership, they funded our training so that like I was available as a volunteer [to help] if there was a shortfall in drivers. It's a two-way thing isn't it, in partnership?'*

Other benefits of the *Accessibility Action* project mentioned by participants included the environmental benefits of reducing the numbers of cars on local roads:

> *'[I]t saves everybody trailing about, you know using cars and petrol and in this day and age it's got other benefits, it gets cars off the road. I mean we take 16 villages out that would normally have gone in four or five cars you know'.*

Overall, the focus group discussion suggested that the *Accessibility Action* project had been extremely popular with the beneficiary communities (refer to Table 3.1.6). When asked to

discuss any negative aspects of the project, the main comments were that the buses could be used more (especially if more funding could be found for the projects using the buses).

Table 3.1.6: Participants enthusiasm for increasing future use of the community minibuses

'It's just really balancing the finances isn't it, then we could use it a lot more than we do. I think everybody could. That's the problem. It's not, although we are using it, it's not high use'.
'We could make a lot more use of them if we could drag in some more funding'.
'I want to use it more you know 'cos ten's not very many the same as … Although we've got all those 3--, that's not a lot in a year, do you know? It could be, it's a great asset, it's just finding the funding and another thing is volunteers, it's standing idle a lot, to be honest with you…'
'I mean we average once a month don't we? I mean we'd love it more but we just can't, we just can't get it'.
'[I]t could be used a lot more, I know it could and ideally they would be out most days'.

The popularity of the scheme was underlined by the palpable fear of participants that the *Accessibility Action* scheme might not continue. As Table 3.1.7 outlines, not only were participants keen to highlight what would be lost if the community minibuses were no longer available, they were also keen to ensure that those funding the scheme were made aware of the benefits it had brought to the community.

Table 3.1.7: Fear that funding for the *Accessibility Action* scheme might not continue

Points highlighting the negative impact of discontinued access to the project	Points highlighting the success of the project and the requirement for further funding
'without mini buses it makes the job very, very difficult and you can't offer all those kind of opportunities where you're allowing young people to go to places they've never been before, developing confidence, you know realising what's out there in the world, what opportunities are there, those kind of things'. *'[It] would awful if we'd lost the service, it really would. It would affect people…. I mean just listening to the group it would affect them quite badly, and us as well'.* *'the bad point is if the bus got stopped then, like I said, there'd be no day trips'.* *'we're a charity so it was ideal for us to be able to use the bus and get out and about and we've been on residential weekends and ...If we couldn't go on them you know it would be a sort of a real shame really so it's excellent that we've got that opportunity'.*	*'I think funders often look for the hard outcomes of how many people have got a job because they've been able to use the mini bus, well they don't look at all the soft outcomes in terms of people having those new experiences, having the different opportunities'.* *'[I]t's important that people who fund these kind of schemes actually hear the experiences of people who have used the bus or with organisations that have…[There are] a lot of knock-on effects for people, actually, from the bus, it's not just the fact of them a) getting a job, it's social and health and everything isn't it? …it's improving people's quality of life and the people who really need some improvement in their quality of life'* *'A lot of people when they go away on our activity weekends, I didn't even realise but a lot of them it was the first time they'd even been away from home for the weekend'.* *and it was like a holiday to them, it was like a massive adventure and you know for them to like not be able to do something like that would be really sad'.* *'Because a lot of people take it for granted, you don't realise that some people are so dependent on this facility because it's a bit of a lifeline really when you stop and think about it'.*

As with the other projects being evaluated, the concerns of participants that funding for the scheme they were involved in might not necessarily be ongoing underlines the importance of ensuring short-term funding for local initiatives does not damage community relations and individual expectations by causing the sudden closure of popular schemes. The participants' enthusiasm for feeding back their experiences of the scheme to funders also highlights the potential for community engagement in the planning processes involved in rolling out local projects.

3.2 Condition Management Programme - Cardiac Rehabilitation

3.2.1 Project Proposal

Intervention: *Condition Management Programme – Cardiac Rehabilitation*
Lead: Alison Learmonth
Budget: £152,875 between four condition management programmes
Aim: The programme aims to promote quality of life, reduce morbidity and CHD hospital admissions as well as encouraging and enabling patients to return to the workplace.
Proposal: Circulatory disease and other long-term conditions, which prevent people from working or cause them to leave employment and end up on incapacity benefits can be managed and prevented by secondary interventions such as cardiac rehabilitation. The service focuses on: • People with long term conditions (angina) • People at work who may drop out • Returners to work. In this way it would complement and if necessary augment the Pathways to Work Condition Management Programme run by Jobcentre Plus. The project involves developing an out of hours phase 3 *Cardiac Rehabilitation Programme*, with a focus on those at work but who may drop out the workforce if their condition deteriorates and who are not able to access the current service. The out of hours service will mirror the current service by offering individualised exercise prescription, risk factor education, stress management and provide a support network in a community setting. The CHD NSF calls for rehabilitation to be made available to all patients with heart disease. Currently, the PCT offers community cardiac rehabilitation to all patients with stable angina. For those patients unable to attend these programmes, there is currently no alternative solution for their management. Between June 2004 and June 2005 the PCT estimates 40 angina patients that were offered a place on the cardiac rehabilitation programme were unable to attend. One important group are unable to attend because they are in full time employment. Patients diagnosed with angina who continue in employment are unable to attend or choose not to participate in the current programmes due to work commitments. These patients are disadvantaged and due to an inequity of service are more likely to have an increase in severity and/or frequency of symptoms. This could result in a higher incidence of sickness time and possibly lead to inability to remain in employment. The service would prioritise people who are in work but may become out of work, but would offer space to others who prefer out of hours sessions if available. Preference will be given to people from the 10% most deprived SOAs.
Worklessness Outcomes: 206 people across all four condition management programmes to return to work or vocational training. Health Outcomes: 24 people to get out of hours cardiac support.

3.2.2 Summary findings from the focus group with participants in the *Condition Management Programme - Cardiac Rehabilitation Project*

The response to the *Cardiac Rehabilitation Programme* was without exception very positive. All of those who contributed to the focus group discussion were pleased that they had taken part in the 12 week course. The programme included a broad educational component, which included advice on diet, medication and relaxation as well as a comprehensive exercise regime. Representatives from several outside agencies, including dieticians, pharmacists and relaxation/massage therapists, came to speak to the group. Due to the nature of the intervention, all respondents had been referred to the project through their GP or nurse after presenting with symptoms associated with coronary heart disease (CHD) or after undergoing major surgery for CHD. In terms of participants' prior expectations of the project, several admitted that they had initially felt rather ambivalent and others even said they had been so sceptical that they had not expected to be affected by the programme at all. Only one individual said (s)he had initially been keen to take part, but this was on the basis that (s)he felt it would be a good way of expressing her/his gratitude to all those involved in her/his care pathway rather than because (s)he necessarily felt it would help. Hence, as the quotations in Table 3.2.1 illustrate, the participants all had very low expectations of the impact this project might make on their lives.

Table 3.2.1: Expectations of the project and reasons for taking part

'Well, I didn't hope to get anything out of it, I just thought professional people are dealing with you, go along by your mates, see what they're going to do…'
'I wasn't expecting to come out like bouncing and everything like that, you know'.
'The thing is, I was very sceptical myself about coming'
'I looked at coming onto the course as doing my bit for, I had to do something because there had been so many people involved, and I suppose coming to something like this is your contribution of saying, I suppose, thanks to everybody who's helped you along'.

As already acknowledged, the course adopted a holistic view of coronary heart disease and involved education, health promotion and exercise components as well as presentations by dieticians, pharmacists and relaxation experts (see Table 3.2.2).

Table 3.2.2: Participants' descriptions of the programme

'How to look after yourself, you know, and what not to do'.
'It wasn't only that you were learning, it's your lifestyle, like walking, exercise like. They said do the exercise, it helps to keep the fat down as well. You don't do exercise just to build your muscles, and keep your build fitter. But it actually improves your lifestyle, improves your eating, burns your fat off… Everyone says well you should know that bit. Everyone doesn't know everything like do they'.
'Teaching us all about the fats, and salts, and everything in your diets'.
'And she told us all about the different tablets, the reason why you're taking tablets'.

Table 3.2.3, below, illustrates that the benefits of the initiative were multi-fold. The course represented a learning opportunity, which enabled self-reflection and self-development. Participants learnt about the specifics of an effective exercise regime for cardiac rehabilitation (including the need to warm up and down), a healthy diet and the ways in which various medications interacted and functioned.

Table 3.2.3: Perceived benefits of the programme

'Health-wise, getting you motivated into exercising, I think, and making you think'.
'You know, gets your eyes open…and like I say, they're tip top'.
'Yes, that's what I would say, from my point of view, making you think because I've always exercised all my life, I still do, but it makes you think'.
'That first ten minutes a day doing the exercise, I felt it in the back of my legs, my shoulders. I was walking but I wasn't using the muscles that I should have been using, and they were telling us what exercises we should be doing after three weeks before the pain went away. It was unbelievable, just the small exercises that we're doing, I thought oh, this is just baby stuff, you know, going on. But it does work'.
'It's a different type of exercise in a way being done where you walk. I walk a lot as well, you know. You come here, and you're warming up, you learn how to warm up, shove yourself, not too hard, you know… Get everything working, and then wind it down at the end of the session, you know. It's a different type of exercise altogether'.
'They've given us the foundations, and now it's up to us to decide what we're going to do with it'.

As with most of the projects, the importance of a competent, knowledgeable and enthusiastic facilitator or instructor was highlighted by the participants as critical to the success of the project. Focus group attendees described how the instructors engaged with participants,

joined in with group activities and were friendly and *'easy to talk to'.* The quotations in Table 3.2.3 illustrate how participants felt more engaged with the project, as a result of the facilitators' decision to adopt interactive learning techniques and to encourage participation.

Table 3.2.3: The importance of a supportive group facilitator

'…[They are] pushing you all the time, you know. The lasses have been marvellous, you know. The instructor, she's done her job right, she hasn't tried to rush us through it'.
'They actually have done the exercise we do… They didn't stand on the floor just watching you do it, they actually do it themselves'.
'No, they've done a good job on us, they haven't tried to run us through it. I can't say anymore about them, just that they were great. They took some slack back. It worked both ways. We had a bit of fun with them, you know, and that's it, we had a bit of a laugh, which is another good thing'.

As with many of the other employability projects, participants reported that one of the central benefits of their involvement was the peer support that they had received. By meeting with other individuals in similar circumstances, or with the same problems, individuals were able to share their thoughts and feelings, which often helped with the realisation that they were not the only one in their particular situation:

> *'You think you're the only one, and then you see somebody else's problems'*

Several respondents suggested that taking part in the programme had brought about significant changes in their day-to-day lives in terms of diet and exercise regimes. Table 3.2.2 has already illustrated that some participants reported changing their exercise regime after engaging with the project and the quotations in Table 3.2.4 demonstrate that participants also reported significantly adapting their diets.

Table 3.2.4: Changes invoked due to participation in the programme

'I changed my diet from the day when I got told what the fault was. I was fourteen stone then before I went for the operation. I went down to twelve. That was in three months. Basically, what I had when I was there was none of the fried stuff, bacon, sausages, no pies, no cakes, no biscuits, no fish and chips, and just apples and oranges… I don't even eat salt now'.
'It's good for me, it's getting me out of the house, and getting me some exercise, you know'
'In our family you got up from the chair, you went for a walk, a three mile walk, you came back, and you sat down, and turned the telly on. But now when I come back, I call that my cooling down period…Coming back from walking, jogging and walking again now, and I do the last ten minutes walk just to bring my heart rate down, slow my bloodstream down. Before I would have just jogged home and went in, had a beer in my hand - I don't do that now. They're only small things but, to us, to me now it's very important big things. If I hadn't come here I wouldn't have done it. There are a lot of things that we've done here the last twelve weeks I wouldn't have thought about doing at home'.
'I found a big difference on it, and what I found a big difference was this week we had a talk on your health, what you eat, all the fats in your food, and one thing and another - it was an eye opener. You go to the doctor, it's all right, they're busy people, you know, we can't expect them, but they don't give you the information that we got on this course. They couldn't give you the same information'.

As the last quotation in Table 3.2.4 illustrates, several of the participants expressed frustration at not having received the kinds of information provided through the project from professionals within the NHS. When asked to comment on why the course had worked so well, participants cited a number of reasons which correlated with the perceived benefits of the project. These reasons are set out in Table 3.2.5, each of which is accompanied by some illustrative quotations.

Table 3.2.5: Reasons for the projects success

Reason for the project's success	Illustrative quotation from the focus group
Open and interactive discussion rather than lectures	*'They'll talk to you all the time as well, like not just lecturing you'.* *'It's up to us if we decide we want to take it up. They're not telling you you've got to do it. It's our option as to whether we want to do it or not'.*
Diverse range of speakers with expertise in the key areas covered by the project	*'Like the pharmacist, can't remember the name, from Boots chemist, she came to tell us about the tablets and how they worked and the reason why you take the tablets. I took blood pressure tablets which I thought was for my blood pressure. It isn't. The tablets I was taking, they're [?] to keep your heart healthy…You didn't know what the tablets actually do for you. But she was there about half an hour, thirty-five minutes'.*
Enabled informed choice	*'You're given the information to understand why you have to take tablets and avoid smoking, heavy drinking and fatty food'.*
Enthusiastic and knowledgeable facilitator	*'They'll talk to you all the time as well, like not just ignoring you. They actually have done the exercise we do… They didn't stand on the floor just watching you do it, they actually do it themselves'..*
Peer support	*'And we've all like watched ourselves. We've had a laugh, haven't we? You have to have a laugh, you have to carry on'.* *'You think you're the only one, and then you see somebody else's problems'.*

In relation to employability, many of those on the *Cardiac Rehabilitation Programme* had already returned to work before they began the weekly classes. For example:

> *'Actually, I went back to work before I came here… I run my own clothes alteration shop. But I just went back ten until three at first, but now I've built it up, I'm nine until four, next week I might go back nine to five'.*

In one instance, questions around the impact of the programme on movement back to the labour market were irrelevant as one participant had retired some years earlier. For another participant, movement back into the labour market was not a feasible option as a different health issue remained a problem and precluded a return to full time employment:

> *'I can't be doing it. I don't feel I could because I've a back injury, that's what's stopped me from working'.*

At least one of the focus group respondents was considering a change of career direction. This participant reported that he now felt ready to retrain in a new area:

> *'I'm thinking about re-education now to something less stressful… It's like that's another avenue that I know is there for me to access, I suppose. So it's like I don't feel as though I've struggled personally to get to where you*

are, there's always been someone there to show you the way, which has been great'

In summary all of those who took part in the focus group reported that the project had effected positive change. A number of the focus group attendees were keen to endorse the rehabilitation programme to others, as illustrated below, and many had already enrolled on another programme called *'Fitness for Life'.*

'*I think people who have had the same problem as we've had and [who] don't come on these courses, they've got no interest in life to me, because when I had this problem, I've changed my lifestyle, the way I eat, drink. I used to go at the weekend, five pints, no problem. So as soon as got diagnosed, gone, that stopped'.*

The 'Fitness for Life' programme appealed to many of the participants as it offered a chance to exercise without having to join a gym which can often be prohibitively expensive:

'If you go for these [gym memberships] where you have to sign up, it costs £30-odd for a month, and then if you miss out, you still have to pay that £30-odd, you know what I mean. There's no choice, that's where they let themselves down. They ask you to pay £30-odd a month - it's expensive, ain't it'.

Participants were grateful for the opportunity to continue their fitness training with the 'Fitness for Life' programme:

'It would be a bit of a shame if say after twelve weeks it just stopped, and that's it, no more… At least there is a follow-up system'.

In comparison to many of the other NRF projects, the opportunity for follow-up support through a related project was provided and this was something that seemed to be appreciated by the *Cardiac Rehabilitation* focus group attendees and is likely to help participants to continue to follow a healthy lifestyle.

3.2.3 Case Study from the *Condition Management Programme - Cardiac Rehabilitation*

George is 59 and lives in Newton Aycliffe. He has been a motor mechanic since 1970. George was absent from work for 11 weeks after he was diagnosed with coronary heart disease (CHD) and underwent a triple heart bypass. He was referred to the *Cardiac Rehabilitation Programme* by a nurse specialist. Before the course began George felt '*dubious'* about the objectives and did not know quite what to expect. During the first session, however, he immediately felt more relaxed and comfortable due to the welcoming and sociable nature of the group. Regarding the group facilitators George said: '*They were very good indeed. They welcomed us. They talked to you on first name terms. They'd sit us down to take our blood pressure. They were very sociable. They explained what was happening it was just a good laugh. It made it a lot easier. You felt comfortable as soon as you'd met them basically there was no looking down their noses at you'.*

Throughout the course, George learnt more about warming up and down before and after exercise and strengthening the body as well as the modes of action of his medications and the importance of a healthy diet. George believes the success of the course lies in how issues are explained which leads to insight and understanding of CHD and increases the likelihood of individuals adhering to medication and exercise regimes and starting to eat more healthily. George was glad that, rather than lecturing participants and adopting a prescriptive stance, the course leaders engaged with the group and 'talked with' rather than 'speaking at' the group. He also valued the support from his peers. George believes that the course has had direct impacts on his life*: 'I was a bit disappointed when it finished, to be honest with you. I was quite happy to go down nearly every Monday really…From start to finish I can't criticise anything to be honest with you. I've no criticism whatsoever'*.

When asked about the outcomes of the project George said 'I got a lot of physical [benefits] out of it but it took a lot off my mind as well. I now understand what my tablets are for, I understand more of what the exercise is all about. It's not just doing it, it's knowing why you're doing it'. George believes the program should be extended throughout the community as a preventative strategy to target those most at risk from CHD: 'I know it's an illness project but there's a lot of people obese and things like that and they should be on it…They'd understand

it more… For me personally they should extend it to people before they get to my sort of problem'.

3.3 *Condition Management Programme - Counselling Service*

3.3.1 Project Proposal

Intervention: *Condition Management Programme - Counselling Service*
Lead: Alison Learmonth
Budget: £152,875 between four condition management programmes
Aim: The project seeks to deliver a counselling service for people with stress/anxiety/depression to help the workless move closer to the labour market and for those in work but suffering from mental ill health to stay in work.
Proposal: The greatest priority is given to mental health because of the increasing evidence that people with chronic conditions experience depression and anxiety. Treating anxiety and depression is therefore a vital first step. Accompanying programmes related to the most common causes of physical illness complement this approach, and have been developed following discussion with relevant stakeholders and steering groups to fill gaps in existing services with a focus on worklessness/keeping people in work; and the potential for mainstreaming. Currently access to counselling services varies greatly with provision in 4 practices using PMS funding, but not in the other 7. The proposal is to use the plan for an accountable cost-effective managed counselling service prepared by the Pioneering Care Partnership, using the cohort of trained counsellors who recently completed their training, with appropriate supervision. This would build capacity creating 8 experienced and accredited counsellors by the end of year 2. The proposal has been developed using the Guidance and Frameworks for a Managed Care Counselling Service produced by the Association of Counsellors and Psychotherapists in Primary Care (2002). Services would be delivered within GP practices, or in the Pioneering Care Centre. Consistent access to counselling services would contribute to the PCT meeting the NSF on Mental Health Standards 1, 2, 6 and 7. It would also help ensure that the Job Centre Plus Pathways to Work Programme is able to offer Cognitive Behavioural Therapy interventions safely, with consistent access to counselling for underlying problems or issues where this is necessary. The service would prioritise: people who are workless, and people who are in work but suffering from stress and may become workless, drawing from 10% most deprived SOAs preferentially, and complementing the Pathways to Work programme. For example clients undertaking brief interventions with Pathways may have counselling follow-up.
Worklessness Outcomes: 206 people returning to work or vocational training across all four condition management programmes. Health Outcomes: 870 referrals for counselling.

3.3.2 Summary findings from the focus group with participants attending the *Condition Management Programme - Counselling Service*

Individual interviews rather than focus groups were used to evaluate the *Counselling Service* due to the sensitivity of the issues involved and the perceived need for individual anonymity and confidentiality. Without exception, the respondents who were interviewed had heard about the *Counselling Service* through their GP (see Table 3.3.1) and this was sometimes cited as an area of potential concern, as the discussion following Table 3.3.1 explains.

Table 3.3.1: How participants heard about project

'My GP referred me to a counsellor down at the doctor's, and then she couldn't really help me, so I was referred to the one that I'm seeing now'.
'Well I went to the doctor's when I was depressed, and I needed another party to listen to me and how I felt, and he listened, and he was hundred percent'.
'From my doctor - I'd gone to my doctor and she suggested counselling might help'.
'Really[I was] just [looking for] some help forward with my life and that. That's really why I went to my doctor to see if there was any kind of help I could receive'.

Concerns around access to the *Counselling Service* were raised by several of the interviewees, many of whom felt that having to access a counsellor via their GP was difficult and time consuming. As the extract below illustrates, some of the interviewees felt that the referral process could be made more streamlined and efficient, especially in cases where individuals recognised that they needed to access counselling:

> *'So why has the middle link got to be a doctor? Again, I agree with the fact that somebody might not know that they have a problem, an issue, they require counselling, but for learners and the educated people that do, there should be an alternative there, thinking, 'look I need help, I know it's very professional, I need counselling, I can get in touch with a counsellor'. [Then] there's no need to go through the GP. And when you look at the GP, and the constraints upon the GP, in the respect that how many other patients there are seriously ill, that their time is taken up just to arrange a referral appointment, then I just think it's poor for the referral doctor'.*

Another participant described her/his frustrations in negotiating access to her/his GP:

> *I mean, as I say, I couldn't get through to my doctor. I mean my doctor's lovely but I just couldn't get past the receptionist'.*

Difficulties in securing an appointment with a GP could demoralise already vulnerable individuals further, reducing their abilities to seek help and, in some cases adding to and compounding existing problems. To circumvent this problem the same participant suggested making counselling services available through other non-clinical routes such as via a drop-in centre or a helpline.

> *'Well I would say if it was more accessible without having to go through your doctor. If I'd known there was someone, say like there's Women's Refuge you can go if you're getting, if you're suffering violence. But for people who are affected, you know, it's the psychological stuff. So I would say that if there's somewhere, somebody you could contact if you're in that situation, if a woman is in that situation and can't cope and it's affecting their mental health'.*

Overall, interviewees were apprehensive about the counselling sessions before they began, as quotations in Table 3.3.2 reveal. Some reported not knowing what to expect, while others noted that feeling awkward or embarrassed while waiting for their appointments, due to the stigma that they perceived to be associated with attending a counselling service. Several respondents were concerned about how their interaction with their counsellor would work and some were worried that the counsellor might be patronising or condescending, as the final quotation in Table 3.3.2 reflects.

Table 3.3.2: Expectations of the Project

'I don't know really. I just thought I'd be able to get my problems sorted out'.
'I felt that I did need, talking to someone would help the situation I was in. But I wasn't sure because I'd felt that I needed practical help, housing. I needed help with housing, a housing issue, you know, to be able to get out of the situation that I was in'.
'I was very apprehensive of it at first, you know, talking about my situation and personal details and everything, but the counsellor was very good and I felt very comfortable with him'.
'So I could have a good cry, weight lifted off my shoulders. What I liked about him was, I asked him a question and he answered me and it was nice, like a conversation between the two, and that's what I liked'.
'Well, I was hoping they were going they were … towards me and I was also hoping that they weren't going to be patronising with that head tilt'.

After negotiating their initial anxieties about attending a counselling service, nearly all of those interviewed reported being happy with the service that they had received and many cited psychosocial benefits such as feeling more confident and more equipped to draw on their own

personal resources to cope in difficult situations. Talking to a third (neutral) party unconnected to the client was perceived to be important:

'Well, it was somebody for me to talk to without any bias'.

Table 3.3.3 provides selected quotations from participants to illustrate the key benefits of the counselling service.

Table 3.3.3: Benefits of the *Counselling Service*

'Yes, I did benefit. I felt it was really useful…. So, it did help a lot, talking about my situation, more than I thought it would, actually…. So talking about those, the situation about going back to work and realising that somebody understood how I felt, and that it was quite normal to feel like that, and he seemed to be able to put it, you know, the way I felt and, that I wasn't sort of so, not abnormal or unusual as I thought I was, you know, and that it was quite common and, you know. That helped a lot'.
'Yes, it did, it helped me a great deal to talk about different things. Yes, I found it really helpful…. She just really helped me. I was really pleased to go back every time to see her. I felt relaxed and comfortable'.
'I think it prevented me from having a breakdown actually. I was ready for it every time when it was coming round; knowing it was coming was keeping me going really'.
'I have only the highest regard for the Service, and when I earlier said to you, I have no idea as to how extensive it is, what was behind that was I hope that this will be something that will continue, and then I hope that it'll be something that will be expanded, to be quite honest, because I know that it gave me the courage to cope, to go back, to believe that I would be able to do it again, and I did, yes, and so I'm very grateful. And, believe me, the problems in the work situation have not gone away but what has changed is my ability to deal with them'
'Oh yes, definitely. Just getting over the problems that I've had and everything and trying to look forward to the future, but yes, she really helped me in that way, as well, deciding what I wanted to do and what goals I wanted to achieve'..

While Table 3.3.3 highlights generic benefits of the *Counselling Service*, Table 3.3.4, below, demonstrates individual aspects of the programme, which were felt to be important to the success of the service. The table is divided into three main categories: psychosocial benefits (such as stimulating self-development and critical reflection, feelings of increased confidence and developing coping strategies); professionalism of the counsellor (for example, themes relating to confidentiality, sensitivity and development of rapport) and accessibility of the service (including themes relating to expedience and flexibility).

Table 3.3.4: Positive aspects of the *CMP Counselling Service*

Positive Aspect of the Service	Specific Example	Illustrative Quotation
Psychosocial benefits	Development of coping strategies	*'I've not been removed from the situation that brought about that level of distress in me, but I recognise that I cope so much better that I am so much better at being able to challenge individuals, as the situation comes up'.*
	Increased self-confidence	*'Having had the counselling, it sort of like prepared me well enough. I did handle the situation very well. I learnt a lot about myself….It made me look at other things as well'.*
	Feelings of empowerment	*'I'm no longer dismissing it or excusing it or rationalising it but I'm now meeting it head-on, so to speak. So I do think that I have been empowered, yes, to act responsibly towards myself as well'.*
	Stimulus for self-development	*'Yes, rediscover, refocus. If you like, even realign myself, and I'd even come to a point where I blamed myself so much'.*
	Opportunity for self-reflection	*'I think that the counsellor I worked with, she listened, she asked questions, and very often her questions triggered a chain of thoughts for me. Oftentimes, I went away thinking about what had unravelled in the meeting'.*
	Flexibility	*'the preferred CBT methods sort of suited me in some respects; however, there were other methods used after, and during, to be fair. So I would say there was an eclectic range of strategies used'.*
Professionalism of Counsellor	Confidentiality	*'Oh, yes, there would have been professionality and confidentiality, that wasn't even questioned'.*
	Listening Skills	*'Just that they do really listen and do a lot for me, sort a lot of things out for me'.*
	Empathy	*'Yeah, so that's good, and he seemed very understanding, and like the way I was speaking, he seemed to grasp the things I was trying to talk about and the situation I was in'.*
Accessing the service	Expediency	*'I'll tell you what the other thing was, it was swift in all aspects; swift referral, swift response, but my appointments were swift. I wasn't sat out waiting in the surgery for ten or fifteen minutes to be seen'.*
	Flexibility	*'Yes, the times were flexible. There was no rush. '..*

Only one respondent felt that (s)he had not benefited from her/his experience with the *Counselling Service:*

> *'I didn't particularly think that I got helped really in that because I had an accident and I was talking about that but I didn't seem to be getting anywhere with that when I was talking to the woman who was counselling me. I don't know but we just didn't click if you know what I mean'.*

Aside from the short duration of the service offered (six sessions), the interviewee suggested that another reason that the *Counselling Service* had not been successful in her/his case was because (s)he did not feel at ease with the counsellor and, as a result, a relationship of mutual respect and trust had not been developed. This case highlights the importance of establishing a rapport between counsellor and client, as illustrated in Table 3.3.5. It is notable that the interviewee had not felt able to request another counsellor and this suggests that, considering the vulnerability of some of the individuals involved, it may be prudent for any future counselling interventions to ask for feedback on the client/counsellor relationship after the client's first session and to make it clear that if individuals were feeling dissatisfied with their experience, alternative counsellors would be available. The selection of quotations presented in Table 3.3.5 are from different individuals all of whom believed that the relationship between client and counsellor was a pivotal factor in the success of the *Counselling Service* in their experience.

Table 3.3.5: Importance of establishing rapport with counsellor

'I had a lady called Liz, and she was phenomenal, you know. She really was. She, in so many ways, released me back into my life and somehow everything has been, in so many ways, restored. I was at a point where I considered I could not continue. You know, all of those things diminished and became of no consequence against a deep-seated unhappiness at a situation'.
'He weren't patronising. He enabled me to adopt my own skills and strategies to overcome some of the difficulties I'd encountered'.
'The success for me was the individual, and that was it. That, to me, was paramount to me moving forward, and I can honestly say I have. I haven't addressed all of my issues, and I know I'll be going back, but I'm better off now, and I feel a lot better now, than I did without my six weeks with her'.
'It was good because I found talking to Liz, talking to somebody who you don't know I felt it was good for me. She was a really nice person and, to be honest, I never cry and she's actually the first person who's ever made me cry, which is really what I needed to do'.

As illustrated in Table 3.3.6, of those interviewees who were in work or who had taken absence for sickness, several believed that the *Counselling Service* enabled them to return to their employment with a renewed sense of confidence and self-belief. The quotations set out in Table 3.3.6 reflect examples where individuals' perceived ability to work had been affected in a positive sense either in maintaining work or returning to work after sickness absence and other examples where participants desire to work had been increased.

Table 3.3.6: Impact on employment

Impact on Employment	Illustrative Quotation
Helped to maintain employment	*'I was thinking I was going to have to pack my job in because the son had some ill health problems, you know, so I was finding it difficult.…So yes, that did, it did help a lot, you know, and I've felt a lot since, having counselling, going back, I feel as if I can relate to people better, you know, rather than bottling it. You know, I had everything bottled up before'.* *'Well, yes, I didn't actually leave my employment, but it actually maintained me in that in the respect...You know, I'd informed my organisation, who were fully supportive of it, and actually, after the end of the sessions, I later found out that they would have provided payment of an extension of said sessions'.*
Facilitated return to work after sickness absence	*'Yes, I have. When did I? It was March. I was off for about three month. March to, I think it was June I went back, so I've been back all the time since then, and I've felt a lot better since I went back'.* *'Yes, it did. Yes, because I talked like that issue through, and for all I was very nervous about going back, you know, we sort of went through the pros and cons and I had to give it a go and, you know. Just discussing it with someone that it was difficult to go back and just it helped me feel that, I mean I felt really'.*
Increased desire to work	*'He gave me the confidence. I thought right, the next few weeks I'm going to go back to work. Then something else happened at home. I thought I wish I could see Peter just to get it off my chest. I thought I can't go back to work. I should go back to work but inside me is pulling me back, I can't. I can't'.*

One respondent worried about returning to work because of a lack of understanding and support offered by her/his line manager and other colleagues:

> '*I felt like saying well that person's in their young 20s, I'd love to do what she does but I can't, I do my best. No, not do your best, you've got to do your best. And it's like pressure. And it's like, you've only got an hour-and-a-half to do that, hurry up, hurry, hurry, hurry. And I panic, I think, 'oh my god, if I don't get that done for them then…'. If they say, 'look,' they say, 'look we know you've been depressed, this is what we will do and we would work with you.' I'd do anything. I'd do anything. I wish they could say, 'look, we do care, you as a colleague, that is the honest opinion, we'd love you to come back, we would give you hundred percent,' I'd be back like a shot. But there's no support'.*

The above quotation highlights the need to consider the contexts within which individuals are situated as well as focusing on helping them, as individuals, with strategies to tackle the difficulties that they face. As this particular interviewee explained, s/he would have been far

keener to return to employment if s/he felt that s/he was returning to a supportive environment. This suggests that, at least in addressing worklessness for people facing mental health problems, working with employers to increase awareness about the role they can play may also be important.

The one major complaint about the project, which was mentioned by all of the individuals who were interviewed, was the length of the programme. Without exception respondents believed that the programme of weekly sessions over a six week period was insufficient:

> *'After quite a few weeks of not seeing him, that I slipped back a bit….I probably need a long time for counselling….I feel I've gone back a little bit instead of going forward, because he did give me confidence about myself, but now it's gone back. You know, I mean six hours is a lot of his time, but it's not a lot, because you're in there an hour and then, but he did help'.*

In this intervention, more so than in any of the other twelve projects, the issue of continuity and follow-up is critical. It could be argued that because counselling services encourage individuals to reflect on personal and sensitive issues in-depth, to leave clients without the possibility of a follow-up after the six week period is unethical and has the potential for negative consequences as, indeed, some of the participants suggested they experienced. As the final quotation in Table 3.3.7 illustrates, the limited sessions available was off-putting to some participants. It should be made clear, however, that individual counsellors did try to be more flexible and on more than one occasion suggested that a client should revisit her/his GP to ask to be referred for further sessions (see quotation 1, Table 3.3.7).

Table 3.3.7: Problems with the limited length of the *Counselling Service*

'She told me that right at the start and she said you are, you know, you'll have six sessions with me, and if we feel at the end of that time that there is a need, we can actually seek for perhaps an extension'.
'I don't know, really, just maybe a longer time, longer than six weeks, and I don't think six weeks is long enough really, because when I did the assessment after it the assessment only changed by one point so it was pointless'.
'Well, for me, it wasn't long enough, and again, it's the only, and I will use the word negative, aspect I have relating to the service, and it's the fact, whether rightly or wrongly but it's my opinion, that before they even know what your issues are you are already told how many sessions you're going to have'.
'I would rather have had twelve sessions or twelve weeks and paid for half of them, or done the twelve and paid. That's what my suggestion would be, alternative options'.
'Yes, a follow-up, like how are you doing and I would say, 'look, I'm as far back as China, I'm as far back as ever because of this stupid six week thing.' So what have I got to do, go through the process to get another six weeks, all over again? 'Am I going to get you?' 'No, I'm not guaranteed'.'
'Yes, I feel I've gone back a little bit instead of going forward, because he did give me confidence about myself, but now it's gone back. You know, I mean six hours is a lot of his time, but it's not a lot, because you're in there an hour and then, but he did help'.
'But then when I came to the last one that felt very strange because, as I said, I didn't know, I didn't have another house to go to then even, you know, and I felt like I was being, I was slightly cut off, you know, but then he said I could be referred again by the doctor, because I did feel like as if I was left out on a limb….But I just, I did feel a bit like vulnerable when I had to stop. But then I was told that I could be referred again by the doctor'.

Whilst the majority of interviewees felt happy with the service they received, several respondents offered comments on how to improve the *Counselling Service*. The main concern, as already discussed, was the need for a service lasting more than six weeks, or at least with the potential for the service to be extended if both the counsellor and the participant felt it would be useful. Aside from these complaints, other concerns raised by interviewees (see Table 3.3.8) included the fact that the service was offered in a clinical environment, which one participant felt was rather off-putting and uncomfortable. One interviewee suggested that the sessions should be longer than one hour in duration to enable the counsellor and client to get beyond the superficial and to explore to explore more complex issues. Another participant explained that s/he would have liked to have been provided with practical, as well as psychological help. This suggests that it might be useful to try to ensure that the various

different services and sources of advice available are better connected, so that facilitators of projects are able to direct clients towards other services,appropriate dependent on his/her needs.

Table 3.3.8: Participants' suggestions to improve the *Counselling Service*

Suggestions to Improve the *Counselling Service*	Illustrative Quotation
Make counselling environment less clinical	*'I would try and make it less clinical…. Again, I would look at something…called a conducive environment…. I'm not saying the environment that I was in wasn't the right one but, again, it's clinical…. And it can be a barrier. It wasn't to me because I went in open but, again, how many other people are put off'.* *'Yes, it was, I felt strange about going to the doctor's surgery….I was surprised that it was going to be at the doctor's surgery….And I felt a bit, you know, as if, when I was sitting waiting as if people knew I was going for counselling and things like, you know. And, I suppose, wherever you go it'd probably be like that'.*
A different way of accessing counseeling rather than through a GP	*'I would say it was very good and very useful, very helpful. But at the same time I would like to think there was some sort of contact, some person people could contact before having to get to the stage of going to your doctor or, you know…'*
The need for practical help and advice as well as psychological help	*'The only thing I didn't was more, as I say, the practical, the housing side of it and financial advice that I had been to a solicitor for but were unable to get'.*
Length of individual counselling sessions	*'Well, to be able to talk longer when I've got an appointment, that would be good…. Well, I normally have an hour, but sometimes you need longer than that but obviously you can't because they see that many people don't they, so'.*

Despite the fact that a number of the participants vocalised ways to improve the service, overall interviewees were keen to express their gratitude at being afforded the chance to participate in the counselling sessions, as demonstrated in Table 3.3.9. As with many of the projects, it was clear that participants were keen to ensure that the project would receive more funding in future.

Table 3.3.9: Appreciation of the service provided

'Don't stop the Service. Expand it if you can. Because I think there are a lot of people like myself who need someone who will sit and listen and who will draw perhaps out of them things that they don't even know are there and then release them'.
'I came tonight because I wanted the primary care service to know that this is so valuable and greatly appreciated, and that's why I came out'.
'Well, I would like to recommend my counsellor. I don't know if she does any formal kind of training of other counsellors, but to be fair, she was fantastic'.
'I mean I was grateful that I was even being able to have some counselling'.
'So it really is a good service for anybody out there who needs it…. No, I would just like to say anybody who wants to do something like that, to go and talk to somebody, I would definitely recommend it to anybody because the service is that good; I mean they're so helpful. There's not a wrong thing you could say about them'.

Finally, one participant felt it would be useful if she/he could get in touch with other people in the same position to share experiences and to support one another:

> *'I think it would be nice if there was like a small group of us that's all got to be kept confidential, say four people, and we can all have like a little team, with having Peter there and talking about our problems and sharing a cup of tea and a cup of coffee in the, say three other people and myself have got problems, depression, I think it would, like teamwork'.*

The participant quoted above believed it would be beneficial to set up a support group, co-ordinated by a counsellor, which would enable a safe and comfortable environment to discuss problems and to share experiences. A support group such as this may provide clients with some kind of follow-up support once their individual sessions had ended.

In summary, the main feedback was positive but there were real concerns about the limited length of the service currently available. In addition, several of the interviewees felt the fact that the service could only be accessed through a clinical environment was problematic. As the quotation below demonstrates, the interviewees did not have unrealistic expectations of the intervention and did not necessarily expect the counselling alone to enable them to improve their health, well being and employability:

> *'Well, I am doing things to get back into work like positive step themes and things like that…. Because I get referred to different people in that sort of sense and they're helping me cope with different things and getting me more confidence. I'm doing courses and things like that now to do with, I've just*

started doing volunteering so I doing courses associated with that. So that's helped me get my confidence back and stuff like that which is very good'.

These findings suggest that strategies should continue to focus on the complexity of worklessness by implementing a range of joined up interventions, which tackle the physical, social, psychological and practical aspects of the issue.

3.4 *Condition Management Programme - Back Pain Service*

3.4.1 Project Proposal

Intervention: *Condition Management Programme - Back Pain Service*
Lead: Alison Learmonth
Budget: £152,875 between four condition management programmes
Aim: The proposal aims to extend the current back pain service to focus on people who are workless but also to enable those people employed but experiencing back pain, to stay in work.
Proposal: The programme will foster appropriate links with other services (e.g. advice, guidance and support.) Key elements of this service would be: 1. Physical assessment and intervention through specialised physiotherapy 2. Psychological assessment and support through clinical psychology 3. A vocational focus in personal objective setting 4. Close links to organisations providing employment skills training and pathways into work 5. Effective referral pathways both from and to organisations such as Job Centre Plus, Pathways to Work etc. Core service elements would include the provision of physiotherapy time to deliver physical therapy and clinical psychology time to provide cognitive interventions. These elements would dovetail with existing services and develop pathways across sectors to ensure effective. Sedgefield PCT already offers a Back Pain Service. Although not primarily focused on preventing people dropping out of employment or returning to employment, those it does see show a 1 in 3 likelihood of return to work. Combined with more dedicated pathways to the relevant organisations to introduce more vocational skills training etc, the numbers of potentially workless or unemployed seen and staying in or return to work should significantly increase. At a start up level, this service would need the services of a senior physiotherapist for up to half a week together with one or two sessions of clinical psychology time. The service would prioritise people who are in work, but may become out of work. Preference will be given to people from the 10% most deprived SOAs.
Worklessness Outcomes: 206 people returning to work or vocational training across all four condition management programmes. Health Outcomes: 635 unemployed clients treated for back pain.

3.4.2 Summary findings from the focus group with participants who joined the *Condition Management - Back Pain Service*

The feedback gathered through the focus group discussion regarding the *Condition Management Programme (CMP) - Back Pain Service* was, without exception, positive. The service adopted a holistic perspective involving an educational component and relaxation techniques as well as a comprehensive exercise and stretch regime. The main aim of the programme was to encourage individuals to manage their pain using exercise and stretching techniques rather than pharmaceuticals. After the four day intensive course, participants were given complementary free gym membership for four weeks so that they could continue with their rehabilitation. General feedback responses regarding the service included comments such as: '*the programme of exercise and particularly relaxation has helped considerably*'; '*I thought it was a good course'*; and '*it was really beneficial'.* As illustrated in Table 3.4.1, some participants reported that they had joined the programme on the recommendation of family or friends. However, most participants had been referred by their GP.

Table 3.4.1: How participants heard about the programme

'I was told that I would need a spinal fusion, which I wasn't too happy about, so I discussed the various options with my physiotherapist and with the consultant. And the consultant said that I might possibly be able to try and prevent the surgery by trying to strengthen my own back. He wasn't sure whether I could but it was certainly worth a try, and that's how I came to be on this course'.
'*I've had back pain on and off for about ten years. I went to see my GP because I thought enough's enough, and he referred me to this course through Greg Henderson'* [the programme facilitator].
'I was referred by the doctor to see Greg. Basically I've never had problems with my back all my life…I had x-rays on it and they said there was some wear and tear, and so I went along to see Greg. And he referred me to this intensive course they run at Ferry Hill'.
'*I've suffered from back pain for about 20 years, chronic back pain, and I've been referred to various people. Physiotherapists, surgeons and all kinds of all functions….Perhaps like you I didn't want to go down the path of surgery and I was referred to the back pain clinic following a period where I had a severe muscular spasm, which was difficult to manage'.*

Participants explained that the main reason they had taken part in the five, consecutive day course was to reduce the severity of their back pain and to decrease reliance on analgesics for pain relief:

> *'I did take painkillers. They made me feel very light headed, so I didn't want to take them. So I went and they suggested I did back clinic'.*

In terms of expectations regarding the programme, several participants were '*apprehensive*' before the sessions began and many reported not knowing what to expect. There was a feeling of scepticism amongst some individuals, which is captured in the final quotation in Table 3.4.2.

Table 3.4.2: Participants' expectations of the *CMP Back Pain Service*

'I must admit I was rather cynical at first but I'm quite positive at the end of it…That was my priority, just to have a better quality of life, yes'.
'I think you do, you are a bit sceptical when you go but. Because it's a group I suppose it does help as well'.
'Well, I must admit, I didn't expect to get much out of it at all'.
'I wasn't sure when I first started, I was a bit…apprehensive, yes'.
' I thought, oh I've had this bad back now for about 12 years and five mornings of physio probably isn't going to make a world of difference'.

Despite many of the focus group attendees feeling dubious or cynical about the course before they joined, there was an overwhelming feeling that the *CMP Back Pain Service* had been a success. Like the other condition management programmes, the service adopted a holistic view of health, which was reflected in the structure and content of the programme delivered. For example, the course involved a comprehensive exercise regime, coping strategies and practical advice on relaxation techniques as well as an educational component which covered information on the anatomy of the back, the aetiology of back pain, and an overview of how analgesics work.

It was noteworthy that respondents perceived the five consecutive day format to be helpful:

> *Otherwise, if you're just doing half a day a week, then that's over five weeks and you might not be able to make it every week and…'*
>
> *'If it was a weekly course over a month…then you would lose that integration'.*

As indicated in the quotations above, several of the participants expressed the view that a different type of delivery (such as a weekly session over a 5 week period) would not allow the same level of continuity, learning and understanding. As indicated in Table 3.4.3, respondents believed that the referral process was efficient and the course was broad-ranging in its content, which incorporated sessions by physiotherapists, pharmacists and psychologists and was generally felt to be well conceived and delivered. One respondent reported that a trainee GP had sat in on the course and suggested that this was an effective means of disseminating knowledge further in the health community regarding management of back pain.

Table 3.4.3: Positive aspects regarding the course structure and content

Positive aspect of the course	Illustrative Quotation
Efficiency of the referral process	*'It was very efficient, the service, actually, because from referral to actually getting a date to come along, I think was within four weeks or something like that. It wasn't long at all'.* *'And then the NHS gets hammered for lots of things but that was very, very efficient for me as well'.*
Organised structure	*'I mean the preparation that's gone into the course, you could see by the amount of information that you've got, it had been really well thought out'.*
Interesting and varied content	*'I found it very interesting because every day was something different, somebody giving you a talk on something different, combined with the exercises. That's what I liked about it, it was varied'.* *'The educational aspect was very good because he explained the mechanics of how the back works and the causes of pain and went through the different painkillers that people take…It was good, yes, even though you think you know'.* *'The talk every day, he has, and it makes you feel a lot more positive about coping with things, I found….Well, most of them how to cope with the pain when it happens, coping strategies, but there were a couple of very valuable talks, weren't there, on various medications to take, things to do when you get a flare up of pain. And I found that quite useful, and just sort of putting it all together, I thought it was a very positive experience really'.*

Overall, participants noted a range of benefits including reductions in pain, decreased reliance on analgesics and improved quality of life, as shown in Table 3.4.4.

Table 3.4.4: Perceived benefits of the *CMP Back Pain Service*

'Yes, well I've stopped taking painkillers. I had been taking them. You know, sort of going to bed, then getting up middle of the night and taking more. But that's improved, dramatically, within the space of six weeks… I feel a lot better now'.
'There's still a little bit at the lower back but the rest of it definitely has improved, and I've been going to the gym as well, and the exercises. And when I feel it coming on, I do the stretching exercises, and that seems to work. So it's really quality of life between…'
'Since I've been doing them [the exercises] properly, I've definitely noticed a big difference, a decrease in the pain'.
'But it's made quite a lot of difference to the way I look at the problem, and it's obviously an ongoing thing. My back hasn't got immediately better but I can see a slight improvement and I just think that if I continue with the exercise regime that it's going to bring long-term benefits and hopefully improve my back for the long-term'.
'I mean they talked about every aspect really didn't they of every day living. How you deal with things at home, driving, shopping, working. Everything really, you know, so it was very helpful'.
'And the peer support'

Resonating with the findings of other focus group evaluations within this report, increased self-confidence was perceived to be an important benefit of participation in the project. A number of respondents reported that they had begun to feel more confident in themselves and their ability to manage pain as a result of the project. Quotations to evidence these themes are laid out in Table 3.4.5.

Table 3.4.5: Aspects of confidence

'Even the exercises that you were given, you would never think to try that….Because you'd be frightened that it would start your back pain off. So that was good. That would give you confidence to try different things'.
'I think sometimes it gets quite depressing when you think like it's never going to be cured, but that it makes it more manageable, and so you know that like there are things that you can do to make it a bit easier, and it doesn't have to be the worst case scenario all the time. So that aspect of it I think was good. That made you a bit more positive about coping with it'.
'I used to come out of here after the three and half hours, whatever it was, feeling really great. Feeling positive and feeling good'.

When asked to comment on the most valuable aspect of the programme, participants agreed that the support offered by both the group facilitator and other group members was important.

Another focus group attendee commented that the educational component was helpful to understand how back pain arises and how to treat it successfully without relying on medication. The exercise component was also thought to be useful as several of the participants explained that they had previously felt anxious about doing much exercise at all, for fear of worsening their back pain.

As with the feedback relating to several of the other interventions, there was a sense that participants valued the group dynamic and the opportunity to discuss common problems and coping strategies with each other. As Table 3.4.6 illustrates, the value of peer support was appreciated by all of those who took part in the focus group.

Table 3.4.6: Peer support

'And I think the group thing, that works, doesn't it? Because you get together and you realise that other people are having the same problems'
'You felt more relaxed with the people you were with, and when you did the final exercises, it was more of a laugh as well'.
'Certainly the group approach is a good approach. I mean, rather than individual'.
'I think so because sometimes you feel quite isolated and you think, 'am I the only one that's having pain like this?''
'And you look at others [involved in the project] and you think, 'oh, I'm not as bad as that.' And you get chatting and you think, 'oh well, I've tried this and, you know…'.So it's like learning…. You know, it's learning from other people, and sort of well, 'have you tried this? Have you tried that?' And you're picking up different things'.
'I found that when you're doing the exercises it's much easier when you're doing exercises with other people rather than just on your own'.
'I think you try a little bit harder don't you?'

As illustrated in Table 3.4.7, participants had absolute confidence in the methods used by the group facilitator and everyone in the focus group agreed that the support offered through the project had been excellent. It was also clear that they had a lot of confidence in the expertise of the other facilitators involved in the project.

Table 3.4.7: Facilitator support

'I think we were extremely fortunate that we got Greg Henderson because he's probably the best physiotherapist with back pain in the North'. *'He's a marvel isn't he?'* *'Demonstration is valuable isn't it, yes?… And obviously he goes around and if you aren't doing it right he tells you'.* *'Yes, you try different things, don't you? But I think, like you say, you did have confidence in Greg. He knew what he was talking about. You know, obviously he's doing research. He's auditing everything and he's had quite a few success stories, and he did relate those to you as part of the session'.*

In relation to the specific impact of the project on their lives, focus group attendees cited a range of responses, as shown in Table 3.4.8. One respondent reported the course had helped her/him to maintain fitness levels. Others suggested that the programme had helped in terms of pain management and reducing reliance on analgesics.

Table 3.4.8: Self reported outcomes of the programme

'I use less painkillers. I can manage my back pain better, makes me more confident, and obviously, as a result of that, I'm not taking time off work. So in that sense it was a good investment'. *'The programme of exercise and particularly relaxation has helped considerably. To such an extent I reduced my medication and then I've stopped it. And I found the whole process valuable, particularly going along with other people who had similar problems and sharing their problems with them. I must admit I was rather cynical at first but I'm quite positive at the end of it. I wouldn't say that it's removed the pain, it's still there, but it's manageable'.* *'I mean that's what stopped me going to exercise classes for about ten years. I've always been really frightened that I'd hurt my back. So it's a vicious circle. Don't do any exercise. So, by not doing any exercise, my back becomes weaker. So this week's course, being shown how to do the exercises properly, being given the various talks, I've found really helpful'.*

For some participants, issues relating to employment were not relevant, as a proportion of the group members were retired. For others, there was a feeling that the *CMP Back Pain Service* had provided an opportunity to learn how to manage back pain to avoid taking time off work, as the first quotation in Table 3.4.8 and some of the quotations in Table 3.4.9 illustrate. One participant stated that the course had helped her/him to reflect on working practices that might be augmenting his/her back pain, such as bad posture and sitting at a desk for prolonged periods. It is clear from the quotations in Table 3.4.9 that all of the participants who were

working were keen to avoid taking time off work and, therefore, welcomed the ways in which the project had enabled them to better manage their back pain at work.

Table 3.4.9: Impact on employment and participants' work ethos

'It's made me look at my working practices a bit more because I do an office job so I'm sitting at my desk a lot of the time, whereas now I try and force myself…to get up regularly and walk around, which is what Steve [the facilitator] had recommended. I try to sit properly. And I think I'd always had my chair and my workstation set correctly at work but you know how it is when you get to work, you're really, really busy…you don't always think oh I must get up and just walk around the office for five minutes - it doesn't happen. But I've tried to be more aware of that since I've done this course, and I think it has helped'.
'And I've had no time off work since then, so, touch wood. Not that I had a lot of time. I was similar to you [referring to other focus group participant]. *When it's bad you think well, when I can't get in the car I can't go'.*
'There's the work ethos though isn't it? I mean you go to work anyway'
'I used to say I might as well be miserable at work than at home'.

In contrast to some of the other interventions evaluated in this report, the *CMP Back Pain Service* offered a number of different avenues for following-up participation in the intervention, as Table 3.4.10 illustrates. These included free membership at a local leisure centre for a specified period and the opportunity to attend a regular class led by the course facilitator. The 'Healthy Back Class', as it is known, is offered on a weekly basis (at a cost of £2 per session) for those who feel that they need additional follow-up support or a refresher exercise session.

Table 3.4.10: Opportunities for follow-up

'Because as well as the week's course that we did, and the gym, there was the offer of coming here [to the weekly back class] *as well, which I haven't taken up'.*
'I think if you've got a problem, knowing that he's here and that you can come along and it's just a bit of a refresher, also, again it's the reassurance that he's a qualified physiotherapist. Because you don't always know who's holding these exercises classes'.
'You don't need to be referred. You can just pop in'.
'Because as well as the week's course that we did, and the gym, there was the offer of coming here [to the weekly back class] *as well, which I haven't taken up'*
'Because if you feel you're not doing the exercises, and sometimes you do do things that you think, is that right? Whereas if you can come, you can do it again as a group and it refreshes what you're doing and how you're doing it'.

Overall, participants agreed that the course had been very beneficial and they felt that few changes were necessary. The concerns that were raised were relatively minor. In relation to the venue, those participants who undertook the course in a school building complained about the noise. Some participants also felt that better advertising of the intervention should be undertaken, and some participants suggested omitting the psychologist's talk from the course as it was deemed to add little. These concerns are illustrated in Table 3.4.11.

Table 3.4.11: Possible improvements

Suggested improvement	Illustrative quotations
Advertising/marketing to the general population but also to the health community (GPs and nurses)	'*But some of the GPs don't know about it. Because I think that's one of Greg's things that he needs to get to more GPs. Because I know somebody who, when I was doing the Pilates classes said, oh I can't go to that my GP's told me that I can't do any exercise at all, whereas, and I was saying well that's ridiculous, it doesn't matter what's wrong with your back*'.
Content	*'Well, we all did an evaluation of the course at the end of it, and I felt the psychologist was a waste of time. I thought she was far too informal and chatty, instead of being focused. She talked about her holidays and what she'd done on them…. Too superficial on the whole'.* *'I think if anything could have been dropped from it, it probably would have been that…. I don't think it really, perhaps, added anything…. she was talking the circle of depression and pain, and I think we all know about that. I think we all know how we feel when we've got a bad back don't we? How it can get you down. So she talked for quite a while about that, acute pain and chronic pain, so I suppose if any aspect of it wasn't going to be there it possibly would be that particular point'.*
Venue	*'I think the venue is very difficult. I don't know what your experience of Ferry Hill was but I was at Sedgefield Community College. And we found that on occasions [unclear] rooms and slotted into another one at very short notice because it was a school as such, and the external noise occasionally was a bit off putting when we were doing relaxation. The kids were whooping…'*

As will be clear from this overview, the participants in the project tended to be extremely enthusiastic about the intervention. Summing up this positive feedback, one participant said:

> *'I don't think there's very much negative we could say about it. I think it's all positives really. Certainly from my point of view it certainly helped me'.*

3.4.3 Case Study from the *Condition Management Programme - Back Pain Service*

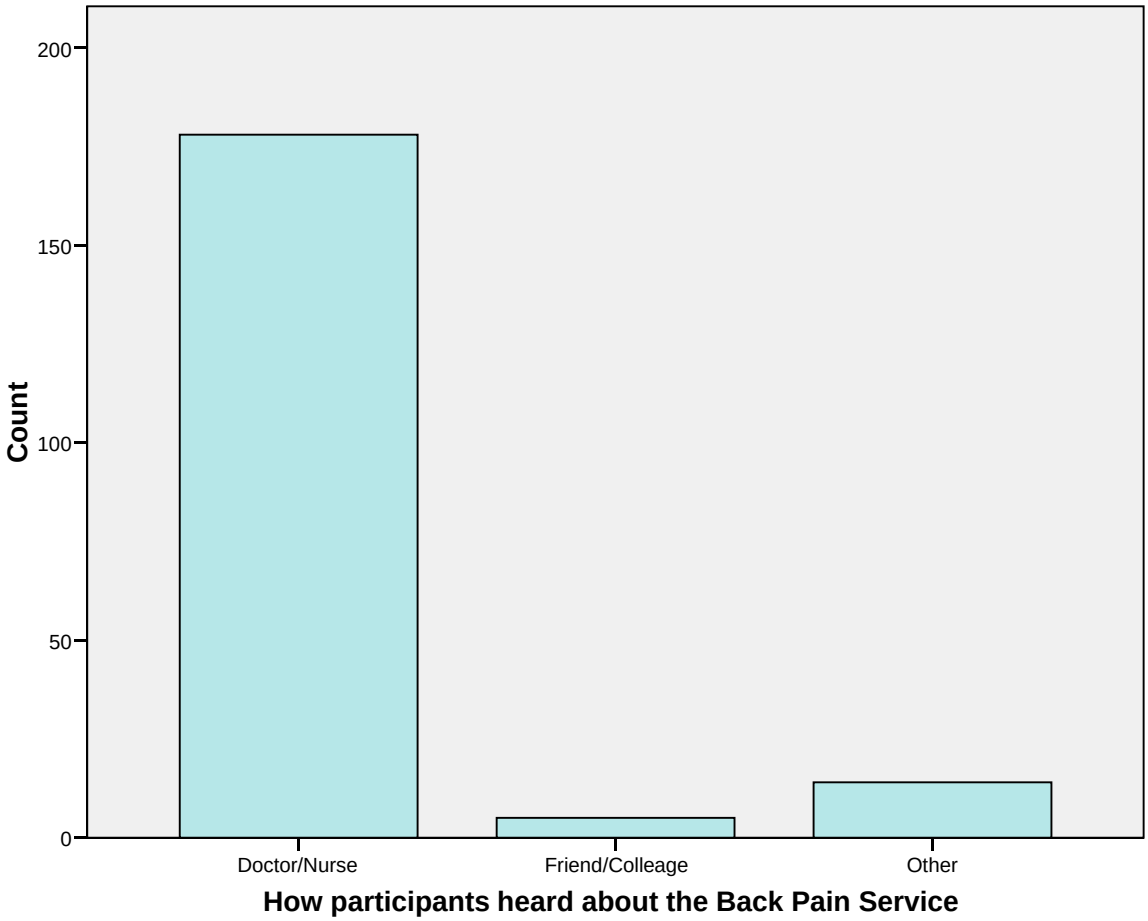
Tony is 63 and lives in Spennymoor. He is a retired police officer. For some time Tony has suffered from pain in his lower back. He was referred to the *Back Pain Service* by his GP, although he had also heard about the course from his son who had encountered his own problems with back pain. Before the course began, Tony had no specific expectations but said that he was *'quite pleased to have been able to go on it'.* The main outcome for Tony was an improvement in his general health and wellbeing. He also benefited from meeting and talking with other people with the same condition. Tony was impressed by the interactive format of the programme and the way it was run as a five day intensive course.

Although Tony is retired, he believes that the way in which the course teaches people to live with pain without relying on analgesics is likely to facilitate continued employment or a return to the labour market for those of working age. The benefits of the programme that Tony himself experienced were multi-fold: a reduction in back pain; knowledge of pain management strategies and relaxation techniques; and the opportunity for follow-up if needed. Tony said: *'Everybody I've spoken to certainly got improvement out of it. Whether it will come back, well, they'll have to just keep going because I know he does do a weekly class so if you do have a problem you can go back and be reassessed'.*

3.4.4 Quantitative Findings from the *CMP Back Pain* Focus Group

Questionnaires were completed by 228 participants who attended the *Condition Management Programme (CMP) Back Pain Service* at initial consultation (prior to the intervention) and 12 weeks after participation in the intervention. Over half of the sample were female (59.2%, n=135) and 97.4% were of White British ethnic origin with the remaining proportion stating ethic origin as White Irish (n=4) or Asian/British Asian/Indian (n=1). As illustrated in Figure 3.4.1, respondents mainly heard about the *Back Pain Service* either through their GP or nurse (78.1%) with a small number of individuals hearing about the service from a friend or colleague (2.2%) and the remainder (6.1%) via another source such as a physiotherapy clinic or a family member.

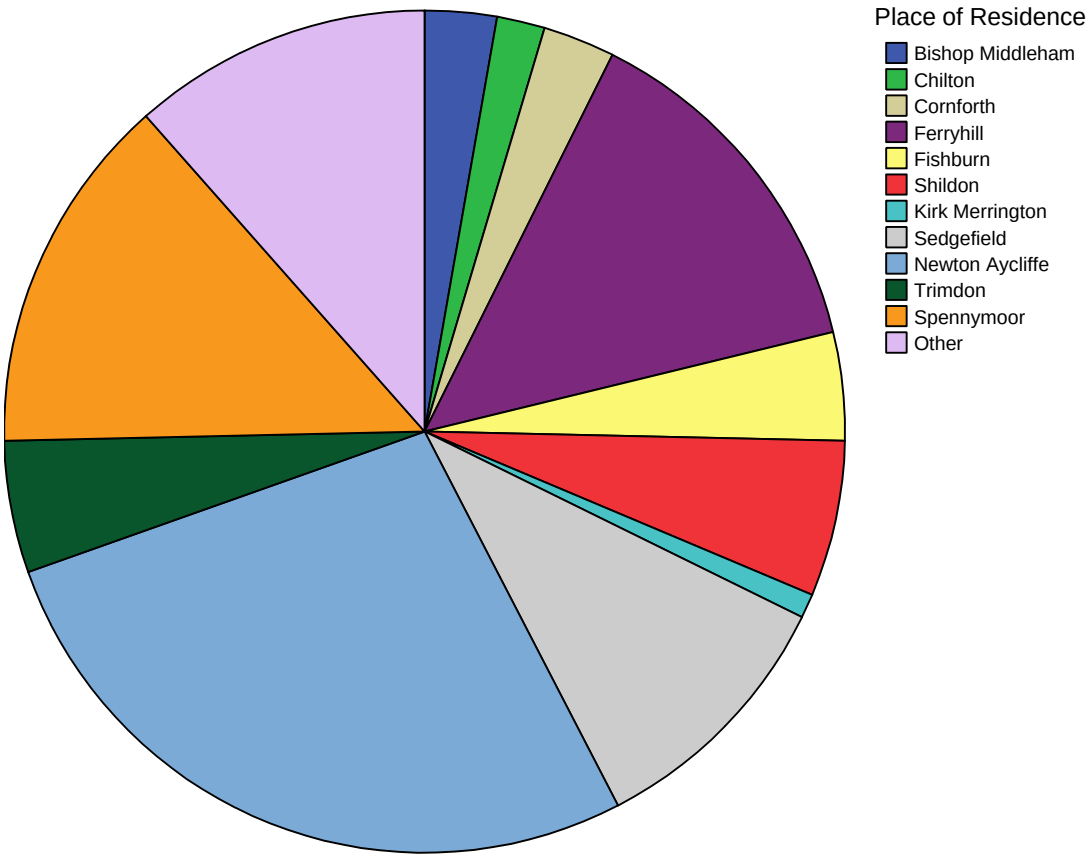
Figure 3.4.1: Ways through which participants heard about the *CMP Back Pain Service*



Survey respondents tended to come from areas within the Borough of Sedgefield but a small proportion came from areas outside of the Borough, such as Bishop Auckland, Darlington, Coxhoe, Quarrington Hall and Heighton (see Figure 3.4.2). A considerable number of

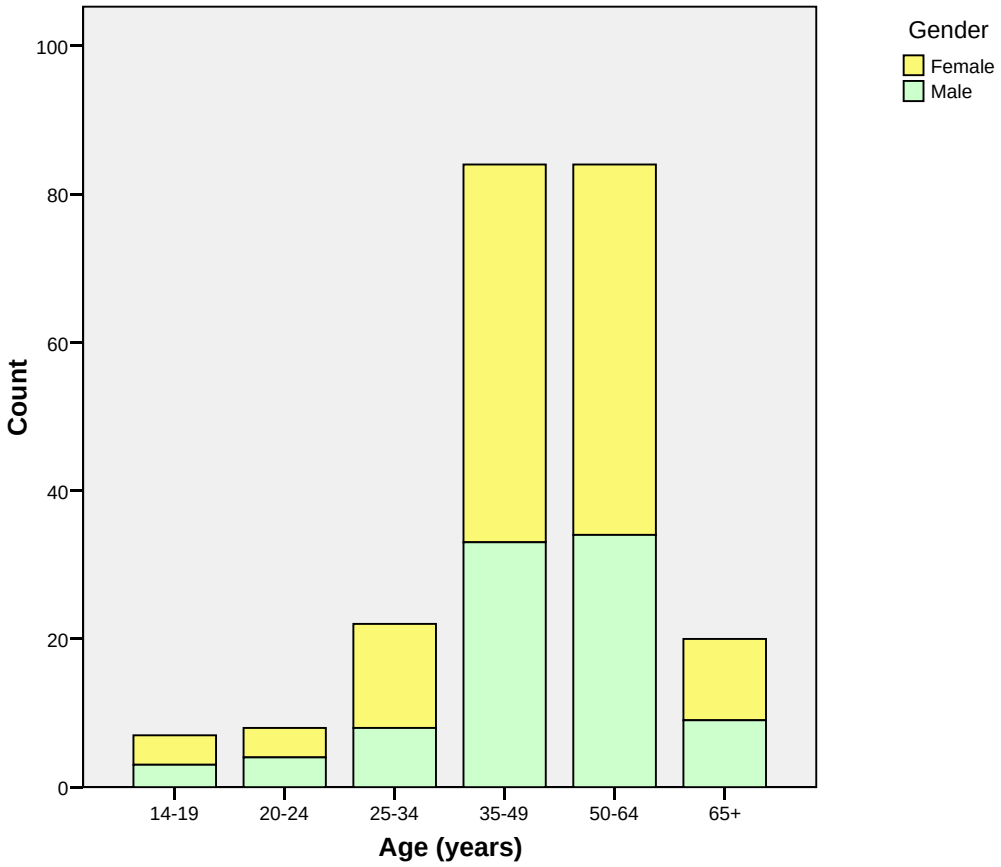
participants came from within the 20% most deprived super outputs areas in the country (IMD 2004) for example: Spennymoor (13.2%, n=30) , Ferrryhill (13.2%, n=30), Trimdom (4.8%, n=11), Fishburn, (3.9%, n=9) and Chilton (1.8%, n=4).

Figure 3.4.2: Participants' places of residence



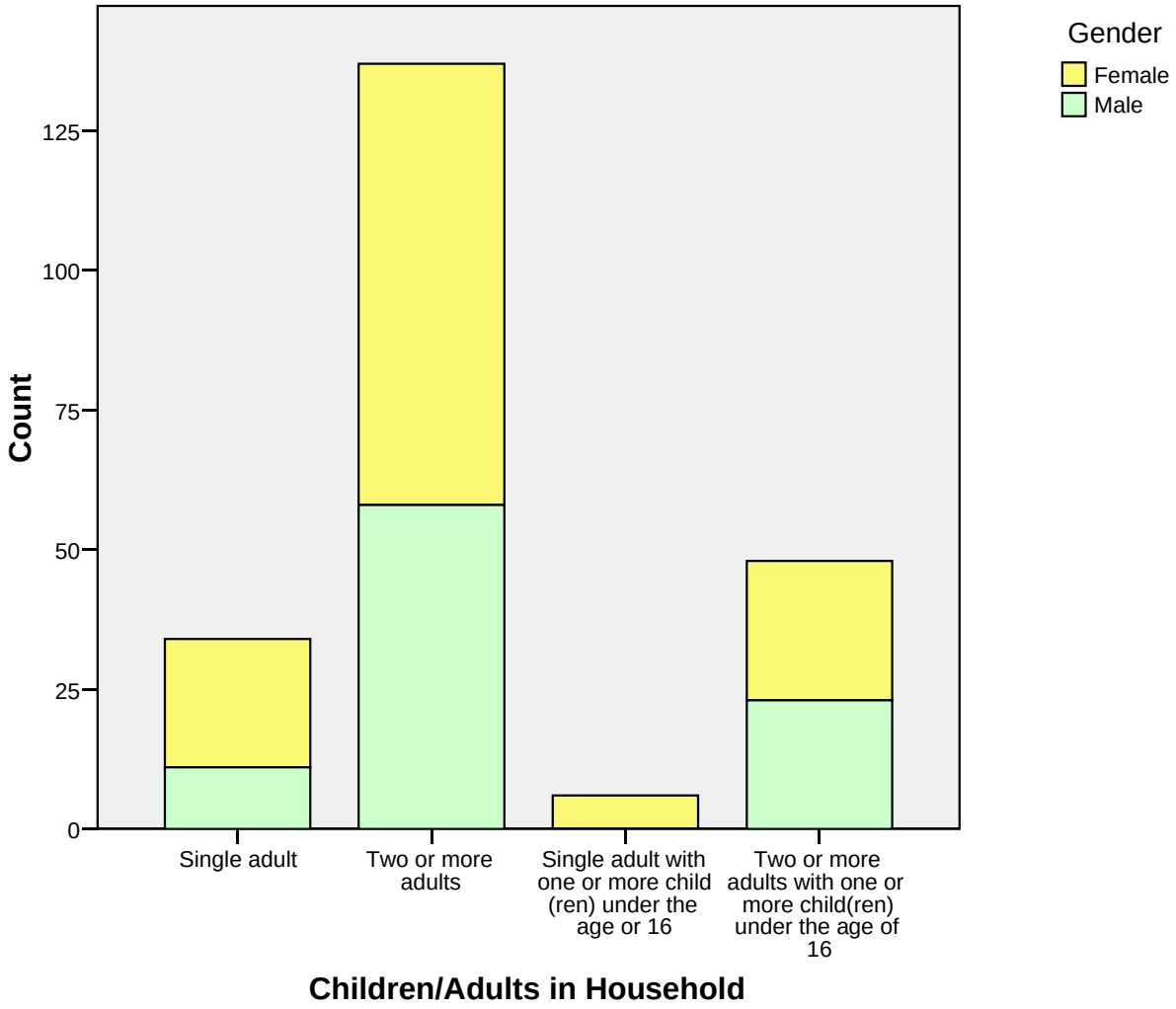
Interestingly, the age spectrum of participants was broad with a range from 14-19 to over 65 years of age with a mode for women and men of between 35 and 49 years and 50 to 64 years respectively (see Figure 3.4.3).

Figure 3.4.3: The age ranges of participants involved in the *Back Pain Service*



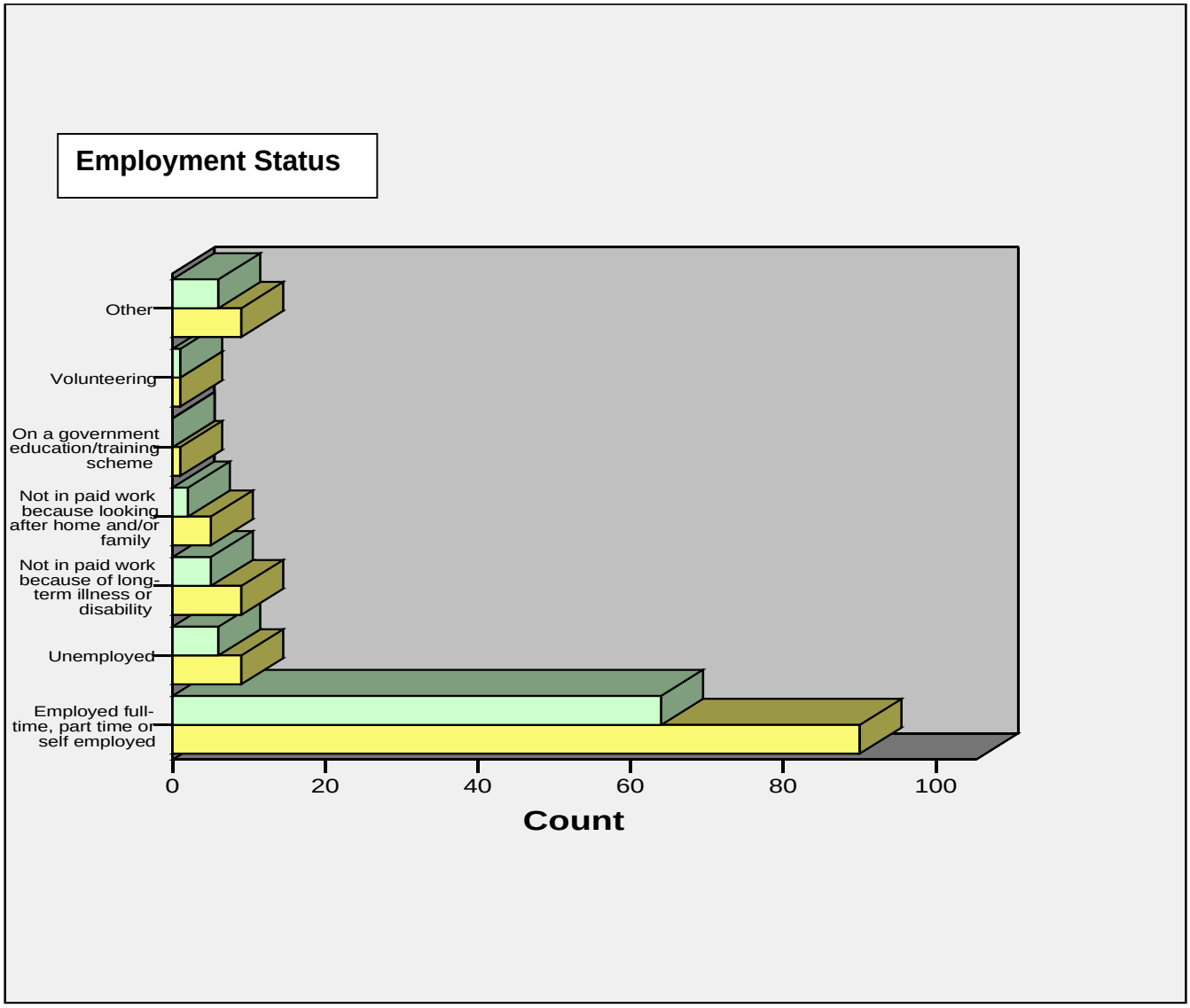
In terms of household circumstances (see Figure 3.4.4) the majority of both men and women who participated in the *CMP Back Pain Service* lived in a household with two or more adults. More single women (n= 23) or women with one or more children (n=6) took part in the intervention than single men (n=11) or lone fathers.

Figure 3.4.4: Household Circumstances



Respondents were asked about their current employment status and the majority of participants identified themselves as being in full-time, part-time or self employment (67.5% of all participants). A similar proportion of respondents were either retired (identified as 'other' in Figure 3.4.5) or unemployed (in both cases 6.6%, n=15). A proportion of respondents were out of employment due to long term sickness or a disability (6.1%, n=14) and 3.1% of the sample were not in paid work due to commitments to look after their home and/or family (n=7). Of the remainder one participant was taking part in government training/education scheme and two others were volunteering.

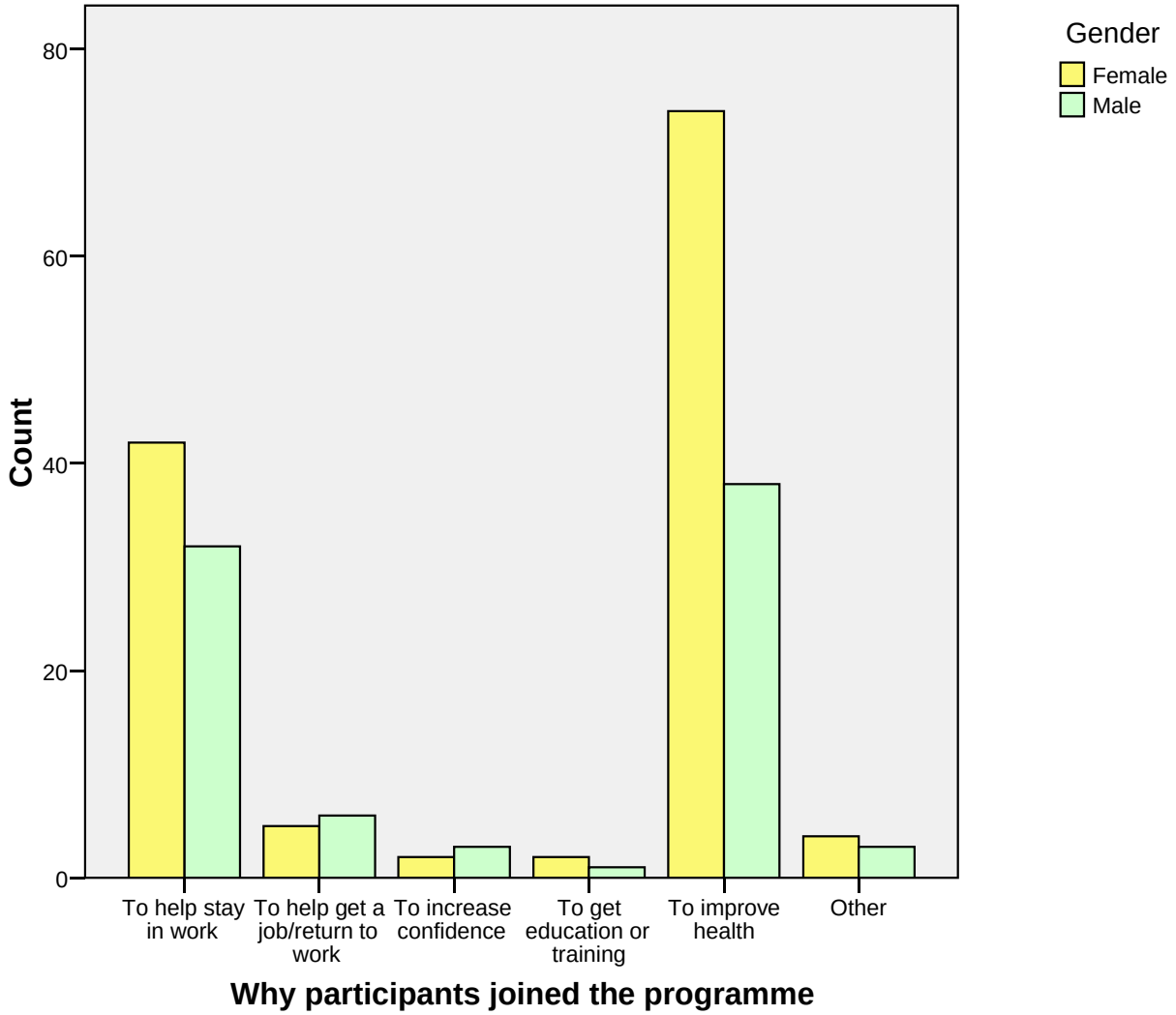
Figure 3.4.5: Employment Status of Participants



Respondents cited various reasons for joining the *CMP Back Pain* project (see Figure 3.4.6). The most important reasons for both men and women were to improve health (49.6% of total participants) followed by maintaining employment (32.5%). Other reasons (in order of frequency) included: to help to gain/return to employment (4.8%), to increase confidence (2.2%) and to get training/education (presumably about his/her condition, 1.3%). Of those participants who defined their reason for joining the *CMP Back Pain Service* on the multiple response questionnaire as 'other' the majority stated that their intention was to learn how to manage pain and how to deal with any future episodes of back pain. For those participants of working age, 62.5% of respondents (n=110) believed that the *CMP Back Pain Service* would

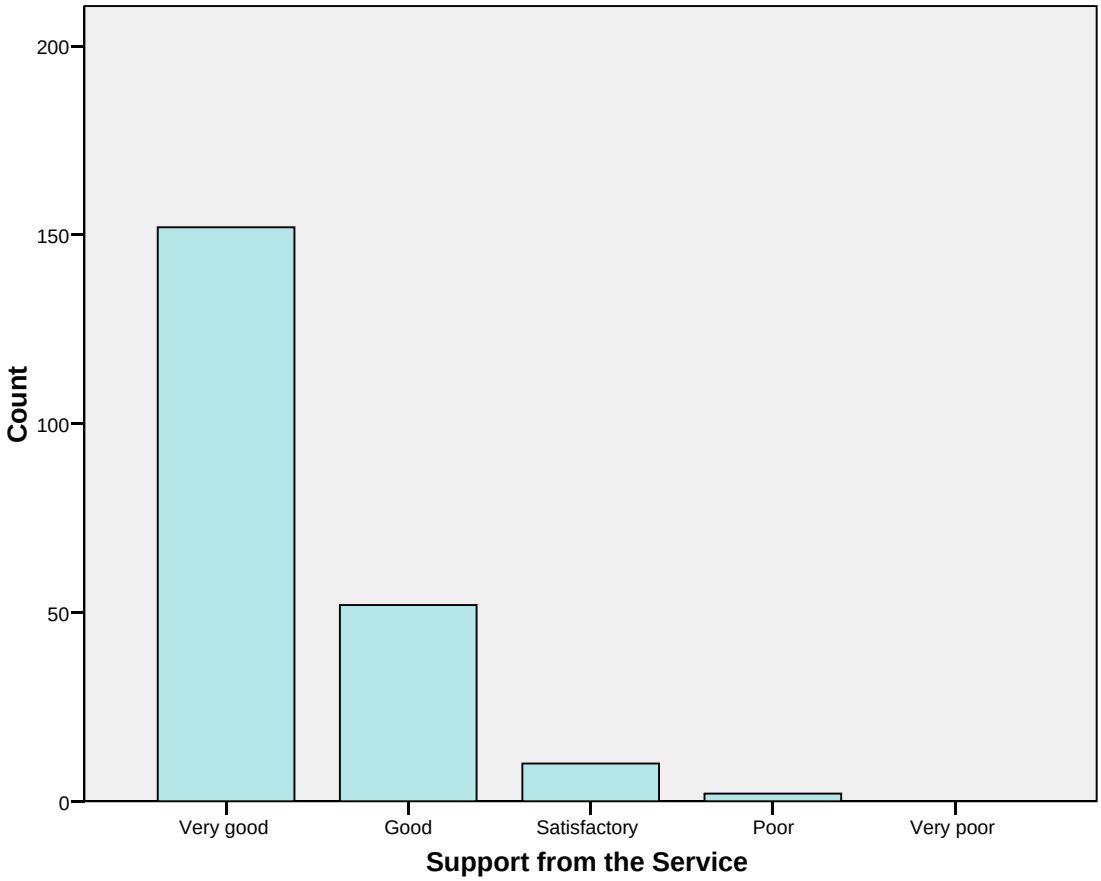
enable them to get a job or to maintain employment, 11.9% (n=21) thought the course would have no effect and 25.6% (n=45) said that they were unsure what to expect from participation in the course.

Figure 3.4.6: Participants' reasons for joining the *CMP Back Pain Service*



When asked to comment on the service received in the questionnaire delivered at T2 (12 weeks after the intervention), 67% of respondents (n=152) reported that the support delivered by the CMP Back Pain Service was 'very good' with an additional 23% participants believing that the service was 'good'. As Figure 3.4.7 illustrates less than one per cent of respondents (n=2) were unhappy with the support that they had received from the service.

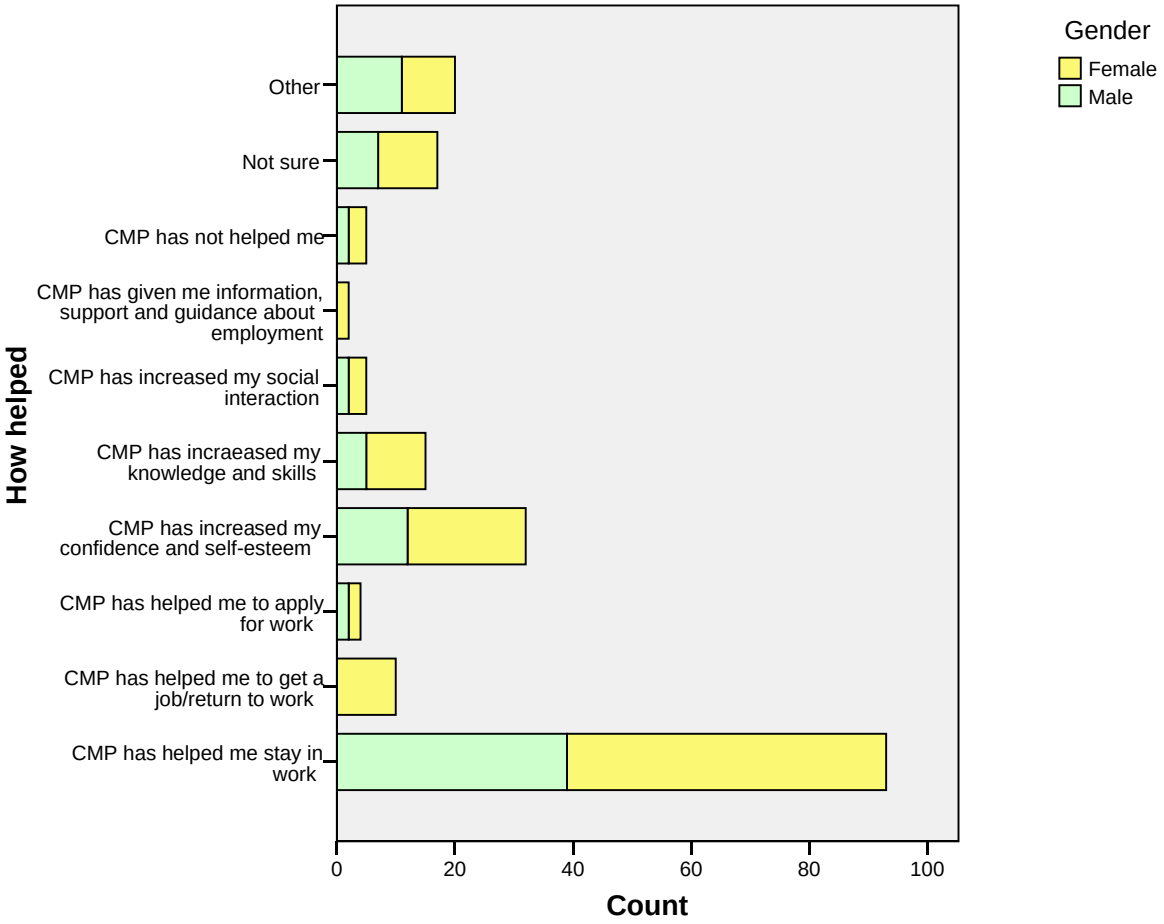
Figure 3.4.7: Participants views on the support received from the *CMP Back Pain Service*



Respondents volunteered a plethora of ways in which the CMP Back Pain programme had helped (see Figure 3.4.8). For both men and women, the main way in which the service had helped participants was in helping them maintain/stay in work (45.8%), thereby avoiding sickness absence (women, n=54; men, n=39). In terms of moving into or returning to the labour market 4.9% of those who answered suggested that the CMP Back Pain Service had helped in this way (n=10, all women) and a further 2.0% of respondents stated that the programme had actually helped them to apply for work. Other ways in which the service was perceived to help participants included (in order of frequency): increasing confidence and self-esteem (15.8%); increasing knowledge and skills (7.4%); increased opportunities for social interaction (2.5%); information, support and guidance regarding employment (1.0%). A small proportion of participants stated that the service had not helped them in any way (2.5%) and 8.4% of participants were unsure whether the programme had helped them. The remaining participants (9.9%) suggested that the service had helped them in other ways such as

facilitating return to the gym/exercise; improving mobility and helping participants to relay information about the condition to others.

Figure 3.4.8: The ways in which the *CMP Back Pain Service* helped participants



Participants were asked to state whether movement into employment or education was facilitated by participation in the *CMP Back Pain* course. Of those who were now in work or education (n=60), 46.7% (n=28) felt that they would have secured the job or training opportunity without involvement with the *CMP Back Pain Service* but 53.3% (n=32) believed that they would not have been successful without having participated in the programme. Data were missing for 168 individuals as this question was deemed to be irrelevant as respondents were either in full time education, looking after family/home or retired. For those who were not currently in work (n=35), 34.3% (n=12) felt that the service had made them feel closer to getting a job while the remaining 65.7% (n=23) reported that they did not feel closer to the labour market. Again, for 193 respondents this question was not relevant.

With regard to intentions of moving into employment or education, for those participants where this question was relevant (13.1% of the total sample, n=30), 70% (n=21) stated that they would be applying for a job, while 10% (n=3) hoped to enrol of an education or training course; 16.7% (n=5) planned to undertake voluntary work and 3.3% (n=1) intended to start a work placement.

Figure 3.4.9: Participants' intentions regarding the labour market

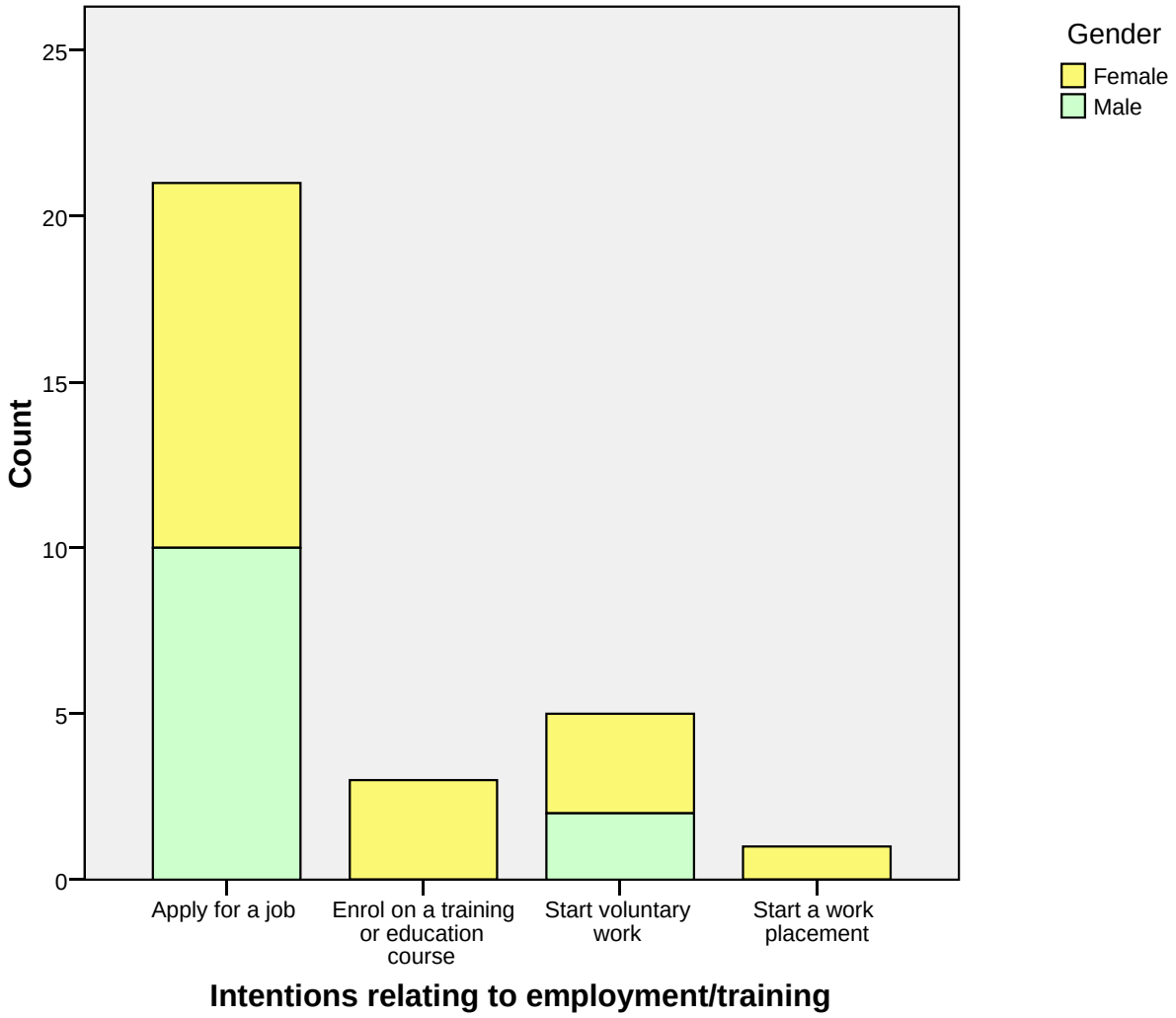
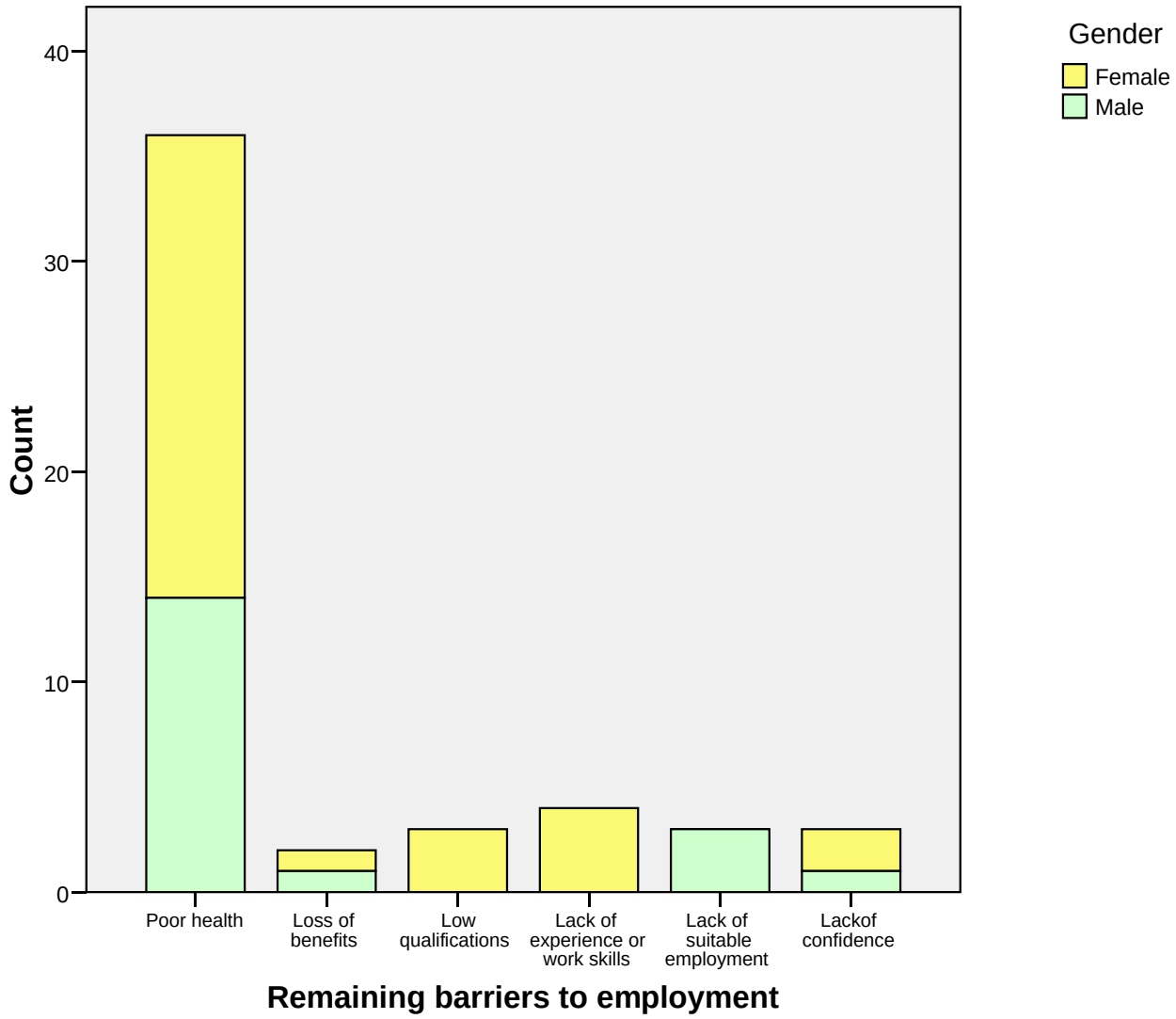


Figure 3.4.10: Perceived barriers remaining to employment



Of those participants for whom movement into the labour market was an issue, a range of remaining barriers were cited. These included (in order of frequency): poor health (69.2%); lack of experience or work skills (7.7%); lack of qualifications (5.8%); paucity of suitable employment opportunities (5.8%); lack of confidence (5.8%) and concerns about loss of benefits (3.8%). Less than two percent of participants stated that they perceived no barriers in terms of attachment to the labour market. As illustrated in Figure 3.4.10, demand side concerns were more important for men than for women. In addition, women were more likely to be concerned about lack of experience or work skills and low qualifications than men.

3.5 *Condition Management Programme - Smoking Cessation Service*

3.5.1 Project Proposal

Intervention: *Condition Management Programme - Smoking Cessation Service*
Lead: Alison Learmonth
Budget: £152,875 between four condition management programmes
Aim: To extend the smoking cessation service to offer a dedicated service to people with long-term conditions who are out of work, where smoking exacerbates their condition.
Proposal: Specialist Stop Smoking Advisor working with the above group would complement the current smoking cessation team. The post would work closely with the existing team, with Integrated Teams and GPs, and the Pathways to Work Programme. The service will prioritise people who are in work but may become out of work, but would offer space to others who prefer out of hours sessions if available. Preference will be given to people from the most 10% deprived SOAs.
Worklessness Outputs (combined with other condition management projects): 206 people returning to work or vocational training. Health Outcomes: 103 people to see a stop smoking advisor with 63 people quitting per year after 4 weeks.

3.5.2 Summary findings from the focus group with participants involved with the *Condition Management Programme - Smoking Cessation Service*

The findings emerging from analysis of the focus group discussions suggested that overall participants were happy with the support provided by the *Smoking Cessation Service*. All respondents heard about the project through work, either through their occupational health department or via their nurse:

> *'She's a nurse, yeah, so she rang to promote the scheme that she was doing and asked if there would be any interest. And her timing was impeccable because it was just before the smoking ban was going to come into effect so there were a lot of people who said, 'yeah, yeah,' they would like to try and stop in readiness for that. So that's how it came about really'.*

For two participants, expectations of the project were low due to an earlier negative experience with another smoking cessation programme:

> *'Well, it was a little bit different for us really, wasn't it? Because at first they were sending somebody else in. So they came in and, to be quite honest with you, it was a total waste of time. They didn't bring anything with them so they said come back, obviously what was available is the patches, there's tablets. There was no counselling. They never came back and there were quite a lot of people interested then because, as you say, their timing was good… And the next thing we knew our employers told us that Emma was coming. So she came out and discussed with us and then set the group away, she was really good. But, at first, we were tremendously let down and a lot of people at work didn't go back the second time round'.*

As the extract above illustrates, due to the failure of an earlier smoking cessation scheme (which did not provide either counselling, nicotine substitutes or follow-up) the participants believed that many of their colleagues failed to engage with the project as they expected the service to fail them again. Clearly, individuals could have been discouraged from taking part in the *CMP Smoking Cessation* project due to these earlier negative experiences. It was unsurprising, therefore, that several participants reported feeling dubious and somewhat cynical when they first began the NRF project. Despite low expectations of the *Smoking Cessation Project* several people decided to '*give it another go':*

> *'I find it excellent but we did have a really bad experience. When Emma came – I've got to be quite honest with you – we were very negative to start with at first with her. So she had a tremendous mountain to climb with us…'*

For those who did take part in the intervention there was a recognition that to succeed in giving up smoking, the desire or need to quit the habit was crucial:

If you don't want to stop it's pointless going to the meetings'.

Similarly, the timing of the project - before the national smoking ban came into practice - was felt to be important in participants' decision to join.

> *'They were going to stop it totally on our site on the 30th June, and we all knew that from the Christmas that it was going to be a no smoking site, so every single one of us got ourselves set up to do it, right? So you've got to have to time, so you set yourself'.*

The NRF project provided participants with a number of strategies to help combat their habit as illustrated in Table 3.5.1. These strategies included counselling, nicotine replacement therapy, medications to reducing craving and diary reports.

Table 3.5.1: Participants' thoughts on aspects of the intervention

'I think the Champix[1], I found, it takes the craving away and it's not on your mind all the time'.
'Well, it [the Champix] *actually kills the receptors, you see. It keeps you happy so your want for nicotine isn't there'.*
'Because I'm on the nasal spray, and I've just started winding it down now but …Like this week I could be killing for one, me…I'm fighting it all the time'.
'Well, I was on them two and a half months and I've had a couple of lapses but I'm still staying on them. But they definitely do help'.
But the thing was there was always an email or a telephone number if you wanted to ring her through, you didn't have to just wait. I think that helped me. If I needed to ring her for something she would have been there. And I didn't have to but just knowing there was someone there 24/7 for me type of thing'.

One focus group respondent was keen to advocate the *CMP Smoking Cessation Service* funded by the NRF ahead of similar services offered by GPs:

> *'I stopped before. I stopped through the National Health at the doctors, and it was with nicotine replacement, and I was off them for eighteen months and then went back on. But the aftercare, there just wasn't any'.*

[1] Champix is a pharmaceutical that works by reducing a smoker's craving for nicotine by binding to nicotine receptors in the brain and reducing withdrawal symptoms. In addition, it reduces the satisfaction a smoker receives when smoking a cigarette.

Table 3.5.2: Thoughts about the project

'I was on sixty a day, eighty, to a hundred on a weekend, and I'd never had a cigarette to my mouth. I even went on a fortnight's holiday in Spain and they were all still smoking and I never had any. So I find the tablets excellent. But you do, don't get me wrong, I can sit down but that's not for want of a cigarette, it's the habit. So I try to fill that habit in with something else. I put a … [unclear]. It used to be a pen [tapping with the pen] and just used to annoy people. So that stopped. So now it's just a book, I just pick it up'.
'It's replacing the habit with your hands isn't it? If you dig a hole and you don't do anything to fill it, then you're going to fall in it aren't you. So you've got to find something else. So I literally have since Saturday and I've had a really stressful week this week and I could have had a cigarette on Monday. I was in a situation that I would never want to be in again'.
'They do make you stop and think about why you're smoking because that was one of the things that had, because when you're asked what do you want to stop smoking for, I don't think reasons like for your health or for your children or for money, I don't think…'
'And I think what made me think about it was the fact that I didn't want that cigarette to be in control of me.
'I tell you what I found great, did you, the diary, the blue sheet. Did you not get that? Oh, that was excellent. That was for four weeks. It would tell you what to expect'.
'I definitely think that if it hadn't have been for the counselling in the classes that everybody would have just carried on talking about it'

One of the central benefits arising from participation in the project was increased confidence and positive thinking. This observation resonates with findings from other focus groups. Participants were taught how to deal with negative thought patterns as well as learning relaxation techniques. In addition, as one of the quotations above mentions, the facilitator introduced the idea of keeping a diary to monitor the stimulus for cravings. A list of possible physical and psychological signs and symptoms to expect during the withdrawal period was suggested as a useful improvement to the smoking cessation aids already provided by the project.

Table 3.5.3: Benefits of the project

'I found that I'm not as stressed now as I used to be. If ever I was getting stressed out, the first thing I picked up was a fag and I must have had five or ten off the trot. I don't get like that anymore. I find the sessions at work, it's amazing. You come out of there feeling better, I think'.
'We came out of those sessions feeling a lot more positive, I felt. Positive thinking. I felt a lot better in myself, I thought, after those sessions. I mean that's what keeps me going to stop me picking a cigarette up as well is that they're checking on me'.
'And it's mental, it is, it's all in your head and I think you've got to try. Like I said, the whole time you're going through it. It's the same with your thoughts, and I have to literally turn negativity round to positiveness now'.
'So that was another big benefit of that. That it was work related, that's right, yeah'.
'I'm calmer, definitely, definitely calmer really'.
'Building confidence up in yourself'.
'She had about five or six of them that stayed with her right through the course and have still stopped smoking as far as I'm aware. So I do think it was a success'.

Participants reported that the continuous support provided by the project, the monitoring and weekly meetings all helped to keep them engaged with the project and motivated to continue. As well as having positive impacts on those receiving support through the intervention, participants reported that they were able to pass on the advice and knowledge gained through the service to their family and friends, as demonstrated by some of the quotations in Table 3.5.4.

Table 3.5.4: Contingent effects on friends and family

'The knock-on effect from our group is that everyone of them, James' wife's now stopped, my friend Tracey's stopped, David's wife stopped, Dot, she started them. So in a sense everything that we were getting in the counselling there we got them to go … stopping now with them'.
'So she's been getting the help, counselling, that we have and we pass it on. So really looking at it from an outsider's point of view they feel better when they come and talk to us now because we just tell them what went on in the class'.
'Outside of that group you didn't get to discuss it really. My wife smokes but she's cut down a hell of a lot. I would tell her bits of things that would happen… She was part of it. It was just great to talk about it'.

Table 3.5.5 highlights how the group agreed that one of the most important factors in the success of the project was the enthusiasm, knowledge and support delivered by the course facilitators. This finding corresponds to the results of other focus groups, in that respondents believed that they would not have benefited in the same way if the facilitator had been less 'hands-on' and not so committed to the intervention. Participants in this project believed that having the option to contact the group facilitator if they felt cravings or needed support was particularly helpful and prevented them from returning to smoking.

Table 3.5.5: Participants' perceptions of the group facilitator

'I found the weekly sessions with Emma were really helpful…It was every week but because I work three shifts I could only get there every other week or every three weeks sometimes but I found after every session I felt better'.
'You can ring her any time'.
'Emma as a counsellor has been excellent as far as I'm concerned'.
'She asked us if we had any problems and she'd talk it through with us or ask us to explain and then she'd give us a scenario from another group…and that helped people'.
'She spoke to us individually as well. As a group, if I arrived first she'd be talking to you about your smoking and then she'd move onto the next one'.
'I think to have the right counsellor matters'.
'They do help you to change your mindset about different things. One of the things that Steve used to say quite a lot was, if we said, 'oh, if you're in this situation and that's the situation where you would reach for a cigarette'. Steve said, 'what would a non-smoker do in those situations? Because a non-smoker still gets stressed and they still get in those situations where they get anxious'.

As well as reporting the benefits of the support received from the group facilitator, there was a sense across the group that participants felt encouraged by the support they received from other group members. By discussing shared problems and concerns, individuals were able to motivate one another and overcome obstacles and barriers. Conversely, participants reported different experiences regarding the support that they had received from their employer. It should be noted that participants of the focus group came from two different companies and there appeared to be some significant differences in the level of support provided. One participant said s/he was grateful for her/his company for arranging the *Smoking Cessation Service*, whereas others felt that they should have received rather more support from their

firm's Personnel team. Focus group extracts to evidence these themes are illustrated in Table 3.5.6.

Table 3.5.6: Type of support received through the intervention

Type of Support	Selected Quotation
Peer support	*'Yeah, and the fact that you were doing it at work as well. You've got the support of your work colleagues. You're all doing it together so you're all trying together aren't you. When somebody says I want one somebody else would try and talk you out of it and things like that. It was good'.* *'Yeah, we all helped each other, didn't we?'* *'We talked about it, it really helped'.*
Facilitator support	*'There should be an award of recognition for counsellors like that'.* *'I think all the support and everything was there'.* *'So, she did, she had a very difficult task, and she's done great'.*
Employer support	*'I asked them to arrange, to start a new one up for other people, mainly for myself as well because I had to sort them out and I thought they would have wanted people to try and stop smoking but it really doesn't affect them does it. If you want to have a fag in your dinner, it doesn't matter to them'.* *'Our employers, not once has my Human Resources said, 'how are you getting on? Or followed it up'* *'There's no support like that from them for us'.* *'You were just on your own type of thing'.* *'Work's done nothing but the way I look at it is work's been good enough to, it was them that arranged a session for them to come in.*

Participants were impressed with the follow-up they received after the programme had finished. Again there was a consensus that this was due to the conscientious nature of the group facilitator. As Table 3.5.7 illustrates, participants were able to speak with the facilitator and request support as and when it was needed.

Table 3.5.7: Participants thoughts relating to follow-up

'I don't have any prescriptions or anything but they've started another one at our place. So to keep an eye on me, just so I know she's checking that I'm not having one, it helps me so I still go'.
'I'm finished but Emma's still coming to see me. To be honest, she said though it's only because there's another group of people in our place that are wanting to go on it or she wouldn't - in her defence she did say she would meet me somewhere and do a one to one in my lunch hour or whenever so there was that though as well'.
'But she wouldn't be in the company, do you know what I mean, but they are good like that, they don't just cut you off. Because that was my concern. Three months and that's it whether you've stopped or not, you get no more tablets on prescription…'
You can't put a timescale on it can you? Really, you're going to need support for years.
Even if it's a phone call after it's all finished. She's told us that we're quite welcome to do that.

In terms of possible improvements to the project, one respondent drew attention to the high drop out rate that initially occurred:

> *'There was a lot of interest to start with and then everybody was making excuses, that they didn't have time to come to the sessions and couldn't get there for one reason or another. And then, if they missed one week, they tended not to come back the next one'.*

This was, perhaps, a consequence of the failure of the earlier smoking intervention but may also have related to individuals' circumstances. As suggested earlier, some participants felt that they required more support from their employer so it might be beneficial to ensure that employers are fully engaged with the aims of any similar projects that run in future. In line with the findings of other focus groups, participants suggested that it would be beneficial for the project to be extended. One possible scenario suggested by participants involved setting up a weekly drop in or phone in service, as the quotations in Table 3.5.8 demonstrate.

Table 3.5.8: Possible improvements to the project

'It would be good if they could extend it'.
'It would be good if they could extend it and take somebody's diary right the way through. That was an excellent tool'.
'I just think the continuity because there were gaps so I think if it had been…'
'I think it's the company. When it's finished I think they should clear to have Emma come back one day a month. Even if it's for one day a month just at a certain time, and if you want to see her see her, I think that's good because the aftercare from the doctor situation like you saying that is rubbish'.
'Just tell them if you have any input into this that they should … the fact that people who stop might like a follow up call and if their employers are prepared to allow that to happen or in their own time'.

As these findings suggest, participants' comments and views on the *Condition Management Programme - Smoking Cessation Service* were very positive, particularly for those participants who had encountered a negative experience with other smoking cessation services in the past. This project was focussed up-stream with respect to the worklessness agenda. So although all participants were in employment at the time, the *CMP Smoking Cessation Service* had the potential to prevent possible job loss in the future due to ill health associated with the effects of smoking (such as coronary heart disease, stroke and cancer).

3.5.3 Case study from the *Condition Management Programme - Smoking Cessation Service*

Susanne, a 43 year old woman from Newton Aycliffe, has been employed with a manufacturing and distribution company for twenty seven years. Susanne heard about the *CMP Smoking Cessation Service* through the on-site nurse. The sessions involved weekly meetings over three months. Susanne felt because she had no expectations or preconceived ideas about the programme that *'it probably worked better for me, I didn't have any. I didn't know what to expect*". Susanne believed that she really engaged with the programme as she had her own reasons for wanting to give up smoking. Since the sessions were held at her place of work and were out of office hours, Susanne thought that they were easy to access and worked well.

The atmosphere during the sessions was laid back and flexible. The sessions involved chatting to the nurse advisor, discussing coping strategies and completing spirometry tests (to measure vital capacity as an indicator of lung function). Susanne said: *'If you were finding it hard they would try and talk you through what you could do to help, then we did the blow tests and I thought that was excellent because I knew someone was keeping an eye on me. Then of course we had different tools: they showed you what your lungs were looking like if you carried on smoking and then you got your little freebies now and again, you know a toothbrush one week and a chart another week. It was good and if you wanted to be there for five minutes, or twenty minutes or half an hour it was up to you'.* Referring to the support provided by the group advisors Susanne said: *'it was fantastic and if Emma wasn't there, Steve would be there, most times they were both there but if one couldn't make it the other one did…I haven't touched a cigarette for fifteen weeks'.* Susanne felt supported not only by the advisor but also by her peers: *'You could stay and wait for other people to arrive to see how they were getting on, if they were finding it hard. It was however you wanted it to be really'.*

For Susanne, there is continuity and follow-up with the *CMP Smoking Cessation Service* because a new 12 week course has started at her place of work and she is able to attend to do a spirometry test there to self-monitor her progress. To summarise her experience, Susanne said: *'To be honest I just think the course itself and the people who run it are fantastic. The good thing for me personally was the fact that it was in my own time. I know some of the group* [referring to the focus group discussions] *said it was in work time but I think*

when you're using your own time you put more effort in because it's up to you then…it's definitely good'.

3.6 Community Health Volunteers

3.6.1 Project Proposal

Intervention: *Community Health Volunteers*
Lead: Jane Hartley
Budget: £33,789
Aims: 1. To develop an initiative as part of a formal volunteer based programme to encourage volunteering as part of a phased programme of support to people from targeted groups through an optional route approach thereby increasing skills, confidence, employability and employment opportunities. 2. To develop a cohort of *Community Health Volunteers* who will undertake a comprehensive accredited training package to enable them to act as local community health champions at a neighborhood level and work with individuals and groups to increase their awareness of lifestyle issues and provide them with support to change lifestyle.
Proposal: The *Community Health Volunteers* service improvement provides an opportunity to put in place the building blocks to help with the roll out of the Health Trainers initiative in the NHS from 2007/08 onwards and presents an opportunity to: (i) Address local health needs through helping to change lifestyle in areas of greatest need and thereby help address some of our health floor targets. (ii) Tackle lifestyle issues through a community based softly/softly non statutory approach (iii) Build capacity of local people through building their skill base, qualifications and experience which helps meet the post 16 learning agenda & learning floor targets (iv) Help move local people into jobs thereby addressing the local economy floor targets It is envisaged that the health trainer initiative could link with the wider agenda of moving people off incapacity benefits in two main ways. First by providing the one support needed by people on incapacity benefits to address their health and motivation issues at a community grass roots level – currently a gap in the area. Second by providing an opportunity for people on incapacity benefits to strive towards becoming a health trainer themselves. It may be they start as a volunteer and gradually move towards full accreditation and employment
Health Outputs: Help 100 residents; 30 to increase levels of exercise; 20 to participate in weight management; 25 to improve general health Worklessness Outputs: 14 participants per year; 7 into work; 10 with qualifications

3.6.2 Summary findings from the focus group with participants involved with the *Community Health Volunteers* project

The participants who attended the focus group to discuss their thoughts and feelings regarding the *Community Health Volunteers* intervention were very positive about the success of this project. This project differed from the other schemes aimed at tackling worklessness, in that it was designed to offer volunteering opportunities for participants while at the same time developing relationships with the local community through which health promotion support and advice could be delivered. A multiplicity of benefits was reported for those directly involved in the project, their families and the wider community. These benefits included increased self-esteem, confidence and social interaction, which promoted a sense of usefulness and self-worth in several participants. Of those participants who were of working age, a number reported that their attachment to the labour market had increased.

Focus group attendees heard about *Community Health Volunteers* through a range of sources: the newspaper, other employability projects and by word of mouth as shown in Table 3.6.1 below.

Table 3.6.1: Ways in which participants heard about the *Community Health Volunteers* project

'I saw an advert in our local paper, and I do suffer from on and off depression, so I thought I needed to get out of the house and do something for me, so that's why I started'.
'I think with me, it was more boredom, because I've decorated the house a couple of times and stuff like that, and someone had mentioned about this advert, but hadn't seen it, and I was here anyway, I bumped into Bev and starting to talk to her, and that's how I got on it'.
'Mine was, I was out of work, and I joined the Work Management Programme, I thought it was brilliant, the way that it worked, the way that it was put across, so through that, I got to speak to Bev, and I thought, yes, I would…
I was on the Passport to Health course here, sort of help me get back to work and stuff, and I was here doing that and I thought, why not try this? And that was it'.

Similarly participants joined the project for a number of different reasons which included the notion of '*doing something useful*', seeking to boost self esteem and confidence and finally, on a more practical level, having '*something to do*' or '*getting out of the house*' (see Table 3.6.2).

Table 3.6.2: Reasons for joining the project

Reason	Example
Satisfaction, Self esteem	*'Some sort of satisfaction I think, you know, helping people and being useful really'.*
Social interaction	*'With me, it was just meeting people, getting out and then everything else was just secondary really. I just enjoy talking, meeting people. You meet a hell of a lot of really good people, and you hear a lot of good stories, so it's excellent, yes'.*
Wanting to make a difference	*'I think with me it was I had the old … mentality if you like, and it was a case of …, you know, a man didn't go to the doctor's, you know, you didn't ask for help, you just got on with it. And it just, like I say, I thought, well maybe I could help change people's perception, especially in the village where we live, because that's really like that now, isn't it, still like that'.*
Confidence	*'I've done lots of courses over the years, and I really enjoy courses, and in fact I'd like to be a full time student … [laughter/talking together). And just help me with a bit of my confidence, you know'.* *'I think with me it's like confidence, you know, getting your confidence back, because I've had depression. I've still got depression, not half as bad as I have over the past few years and stuff, but it has really helped, all the bits of volunteering that I've done. I mean my health's not 100% either, but I feel as though as I'm at that stage where I can actually, you know, get some paid employment and stuff. So I think it's been brilliant for me'.*

As illustrated in Table 3.6.3, the project seemed to fulfil the expectations of all those involved in the focus group. Participant responses were extremely positive and the importance of having an attentive, organised and enthusiastic facilitator was believed to be integral to the project's success.

Table 3.6.3: Expectations of the project

'Well the only, I mean it was just with my son-in-law that I knew what was going on here, and I think it's been, served up to my expectations, every course that I've been on I've enjoyed, and I thought they were well run'.
'Definitely, especially had such a brilliant mentor in Bev and [?] on the course, I mean they're superb'.
'Everything about the course is brilliant, I loved it, you know'.

When asked to talk about her feelings about the project one participant responded:

> *'Every course I've done here* [at the Pioneering Care Centre] *is useful, it's been extremely well run, and the people on the course are just brilliant, we all gelled really well. And I think at first I felt slightly inferior, because there were quite a few people, well everybody I think was more intelligent or more*

> *educated than I was. Because I remember the first day I thought, I was nearly in tears when I come down the stairs, because I couldn't understand how to fill the forms in. These little things we had to fill in because I've never studied, I left school at 15 and I've never studied. But Bev came after me and she said, you're doing brilliantly, you know, so I went back and absolutely brilliant, I really thoroughly enjoyed it'.*

The quotation above serves to illustrate the importance of the support, knowledge and advice delivered by the project facilitator but also imparted from the group members themselves. Further examples of peer and facilitator support are captured in Table 3.6.4:

Table 3.6.4: Peer and Facilitator support

'Very supportive'.
'And I haven't done anything, I've been on little courses but I've never done any studying really since I was 15, so there was a huge difference. So it was quite easy to feel intimidated until you got to know the people and then realised they were absolutely super'.
'She [the group facilitator] *supports you through everything'.*
'She [the group facilitator] *always builds your confidence up when it's low. She has the knack of making you feel important enough to be doing something'.*

In terms of specific benefits of the Community Volunteers project, a range of responses was received, relating mainly to psychosocial effects (increased confidence and opportunities for social interaction) but also in relation to increasing job skills and experience. Many of the benefits described are likely to impact, either directly or indirectly, on employability as demonstrated in Table 3.6.5. It should be noted here that two members of the focus group were either retired or did not need to work.

Table 3.6.5: Perceived benefits of the project

'You know, but it was just that first initial thing, it would have been easier not to come back, you know, but I wanted to do it, and my confidence just went sky high after I'd settled in the course'.
'It's just being able to talk and get on with people. Again, this is a personal thing, is that I've had a lot of illness in the family this year, so for like the beginning of the year especially, and I was living in London looking after my dad for three, four months, and Bev [the project co-ordinator] *even though I wasn't here, was still very supportive. It's just nice to be part of the network or team, whatever you want to call it, it's great, and I still haven't done any…'*
'X [participant] *and I have started with the volunteering as far as getting sort of, you know, clients, and so we're seeing the fruits of it, and as far as I'm concerned, it's brilliant, they want sessions and that, and they're really working for people in the community. I say that, and it's making a big difference, and it just gives me loads of satisfaction to just see it, it's brilliant, because I really, really enjoy the job as well, you know, volunteering, I think it's brilliant…. I think it's been worth it for me, it's given me confidence as well, working with people…',*

As illustrated in Table 3.6.5, discussants cited a number of psychosocial benefits associated with participation in the project. A central theme was confidence. Unpacked further, sub-themes emerging from the notion of confidence included developing a positive attitude (as shown in the first quotation of Table 3.6.5); self-development (see second quotation, Table 3.6.5), and personal interaction (as evidenced in the final quotation of Table 3.6.5).

When asked to describe barriers to employment, attendees at the focus groups cited practical concerns such as a paucity of specific job skills, health problems and psychosocial issues such as lacking self-confidence or indecision regarding type of employment. Quotations to evidence the central issues of concern for focus group attendees are laid out below in Table 3.6.6.

Table 3.6.6: Perceived barriers to employment

'I think lack of computer skills. I mean to switch a computer on, and I know that's going to hold me back now, but now I've got a laptop, I'm sort of starting to learn. I mean there's a job at school I could have applied for, but yes, I needed IT skills, and I haven't got them yet, so that's, and I did go on a course in the Learning Centre, for a basic course, which was fine while I was there….But it's just one of those things that will not sink in. But that's what's holding me back, so now I'm sort of starting to practice every day in case Bev manages to find me any employment, at least, you know, if I can do the basic things, get your files and your emails and that, but that's what's holding me back from employment. *'With me, I just didn't know what type of work I wanted to get into. I wanted to change from what I'd been doing, and I just didn't know what I wanted to do. Again, I wasn't pushed because the financial restraints weren't there, because my wife's working anyway, so it wasn't a case of you must take a job, get into a job, you know, just for the money. So I kept hanging on, and then in the end I made a big mistake and I took a job just for the simple fact of to get a job. I thought I've been out of work a couple of months now, I should really get something, and I took the job at Orange, and it was the worst thing I could possibly have done. It was so soul destroying, and I ended up making myself bad, just because I hated it that much. I only stuck it out three months…No, it wasn't me that, you know, phoning people up, just so you get your calls, no good. The money was really good, but soul destroying'.* *'For me it was, I had to get out of the house because it was absolutely doing my head in. And I wasn't particularly well, but I suppose I had enough push to get out, but it was to me like a full time job, or even like a part time job at the time, it was just a mountain to climb. So I think it was just things like this, doing little bits and little courses and gradually build yourself up again…I think I had the motivation, and I mean even when I first started going on courses, and the first one was just a massive mountain just to go on a little course, you know. Did that, but then I started getting used to doing courses, and I was getting that, you know, addicted to certificates. But then not having the confidence to volunteer, you know, because that was the next step, so I managed to do that and do youth work, the transform team, and things have just like sort of ballooned off from there. So I think at the minute, I'm just at the stage where I'm sitting and maybe just waiting for opportunities to happen, see what happens from here'.*

Through the *Community Health Volunteers* initiative, participants felt that volunteering in health related projects had created opportunities to acquire skills, experience and confidence to return to the labour market (see Table 3.6.7).

Table 3.6.7: Employment opportunities

'And at the beginning, there was no, I never thought about employment, that was never, because I don't need to work at my age. But now I feel I'm ready, and so Bev's keeping her eye in case there's any jobs come up, because I think now I know enough to go out into the workplace again, that would be nice'. It makes you realise there's a world out there, you know, because I live quite a little sheltered, safe little life, and I think sometimes I want to be part of the big world again, so I definitely feel that now, I'm ready'. *'You forget that there's like nice people out there as well, I think there are very nice, from what I've met on the scheme, some lovely people, and that sort of gives you a little boost as well, because with me, I suppose what started me off was I was around a lot of people who were negative and bad for us and stuff. So I got rid of them, and then you go out there and you think, well you know, somebody's smiling at you and, you know'.* *'Well I'm not interested in going back to work, so it doesn't affect me, but it has given me the confidence to be a voluntary worker, which I really enjoy…I'm interested in working with the Red Cross, that's very interesting, so I'm hoping that develops'.*

While the project clearly benefited the participants themselves there was a sense amongst the focus group attendees that their involvement in the project had knock on effects which impacted on family members and the wider community. One participant described how his positive experiences gained through the project had encouraged his son to take part in the course. Other participants expressed how the project had affected their local community as demonstrated in Table 3.6.8 and the final quotation of Table 3.6.5.

Table 3.6.8: Effects on family or community

'My son, I volunteered him for the course, I think he was down on the same course as Darren. And he didn't do a lot of volunteering, but the course was enough to bring him out of himself… he's now in full time education, so he's doing a college course at Bishop, and he's really enjoying it. So he's not been able to do that for about four or five years, so that is a really marked difference between prior to the course and post course, it is great… Yes, I think that was the main thing, is he's meeting people….He was a bit of a, well definitely a recluse, he wouldn't go out unless he had people with him, and people he trusted, but he's now doing driving lessons, so I mean that's all come since doing this volunteer training course. *'Changes other lives, isn't it?'* *' Throughout the course, you could see the difference that was going on'.*

In terms of possible improvements to the project the only issue mentioned was ensuring long term funding as evidenced in Table 3.6.9.

Table 3.6.9: Possible Improvements

'There is one thing, and I don't know if this is the right place for it or what, but it's only something I've heard, is that like Bev, who's the coordinator, is on a fixed short term contract, that seems so short sighted to me. I think it's the end of March, that's it, she's finished, and it just doesn't seem right'.
'I don't know if it's funding or this is an experiment or whatever, so I think that's so short sighted'.

Concerns around the sustainability of the project were also apparent. Participants were keen to voice their belief in the project and the need for further funding to make the results of the community health volunteering initiative long term, sustainable and accessible to all localities in the area.

It was interesting to note that participants of the *Community Health Volunteers* project had also been involved in other employability projects such as Passport to Health and Groundwork. This observation highlights the inter-relationships between individual projects and draws attention to the opportunity to adopt a broad ranging approach to the issue of worklessness that transcends traditional boundaries.

3.6.3 Case Study from the *Community Health Volunteers* Project

Sue, a 58 year old mother of four children from Newton Aycliffe, left school when she was fifteen and has been employed in a range of areas including office, factory, nursery and shop work. Sue felt that the only barrier that has stopped her from progressing in employment is her low confidence and self esteem: *'From as far back as I can remember I've been in employment but I've never had very much confidence. I was never quite sure whether I wasn't bright enough or whether it was a lack of confidence 'cause I often feel this blank coming down in my head. It's like a sheet that comes down in my brain and that's it. I can't get past that and I think I'm useless. I don't try things because I know I'm going to fail so it's easier not to try'.*

Sue became involved in the *Community Health Volunteers* project when she saw an advert in the local paper and telephoned the coordinator to arrange an interview. From there she started the next available course. On the first day of the course, Sue felt upset and intimidated due to the experience, education and qualifications of others in the group. She was reassured by the project coordinator who Sue felt was a '*super mentor*' offering endless support, advice and encouragement. Once Sue settled into the seven week project she enjoyed it immensely and experienced huge benefits from her involvement. When the course ended she said that she had felt sad and missed the weekly meetings. When asked about the specific benefits of the project Sue said: *'For me personally, confidence building and getting out into the real world again because it's easier not to bother. But when you do bother, you realise there's a nice world out there. It's nice to feel part of a group. I feel more equal to them now than I did when I started'.*

Despite the project finishing months earlier, Sue explained that the group facilitator had offered continuous support by keeping in regular contact and advising participants of any relevant employment opportunities that become available. Sue hopes to work as a health volunteer in both group and face-to-face settings. Being involved in the *Community Health Volunteers* project seemed to have helped Sue enormously: *'Mentally I feel so much better, my concentration's better, everything's better'.*

3.6.4 Case Study from the *Community Health Volunteers* and Passport to Health Projects

Jo is a thirty-four year old man from West Cornforth. Several years ago, Jo split from his long-term partner and mother of his son, which triggered a period of severe depression and anxiety. For the next two years, Jo tried to maintain his job working in the NHS but found work increasingly stressful and ended up feeling as if he was *'banging my head against a brick wall'*. In addition, Jo began to suffer from some physical health problems relating to food intolerances. Yet, Jo felt unable to leave his job as he perceived this to be an admission of failure. However, after being on sick-leave from work intermittently over a period of two years, Jo was eventually made redundant and placed on incapacity benefit. Jo immediately decided to try to find something which would encourage him to interact with other people as he feared his depression could grow worse if he remained at home. Through searching on the internet, Jo found a short, local course relating to counselling adolescents.

After undertaking this course, Jo soon heard about various other community projects and courses through his local job centre and he decided to enrol on '*Passport to Health'*. Of the various courses on offer, Jo felt that this one seemed to offer the gentlest opportunity to 'get back into things,' whilst some of the others were 'really pushing people to get straight back into work,' for which Jo did not yet feel ready. Along with some courses relating to depression run by MIND (which Jo's GP referred him to) Jo said this project helped him to regain some confidence and it was through Passport to Health that Jo found out about the *Community Health Volunteers* project. Although Jo had some reservations about this project and still felt he lacked confidence, he was encouraged to participate by one of the organisers, who explained that he would not be obliged to carry on if he was unhappy. The remit of the project was initially unclear as it was the first time it had been run, but Jo really liked the fact that the period of training culminated in 'getting out there and actually doing something'.

Eventually, Jo built up enough confidence to secure his own voluntary placement doing some youth work in the community for a couple of hours a week. Since then, Jo has taken on further voluntary placement work, including two face-to-face positions as a voluntary health trainer in the local community. Reflecting on all the different projects and courses he has been involved in, Jo said one of the most helpful aspects has been meeting other people 'who have their own stories and their own problems', as this helped him to feel less isolated and alone.

Whilst Jo's physical health has not improved, his mental health has and he now feels 'a little bit more resilient, a little bit more able to get out there and face people and do things'. All of these experiences have helped Jo to realise that he has skills that he can use to help others, even when he is himself unwell. Jo is now thinking of looking for employed work as a health trainer.

3.7 *GP Referrals* Project

3.7.1 Project Proposal

Intervention: *GP Referrals*
Lead: Gary Cooper
Budget: £53,000
Aims: To extend free leisure centre activities for GP referrals for 3 months, also to coach and develop young people in targeted areas by providing opportunities for specifically targeted residents of the Borough to gain access to certain physical activities free of charge.
Proposal: The extension of free use of facilities to referrals is not designed to increase the numbers of referrals, this will still be dependant upon the GPs themselves. The scheme is designed to allow extra time for referrals to 'get into the habit' of exercise and thereby be more willing to make a significant life style change by continuing with exercise after the referral has finished. At present Sedgefield PCT award over £55,000 to the Fit For Life Campaign, which consists of both GP and Back Pain referrals. The Council allocates £16,000 to part fund the co-ordinators role. The £55,000 is allocated to pay for coaches and venues for people on both referral schemes. Although the scheme's operate individually in essence those referred receive either a concessionary fee or free use of either the fitness suite, fitness classes or water based activities for up to 10 weeks. Upon completion of these courses the referrals can choose from a variety of membership options. At present the vast majority of referrals, some 87% opt out completely with only 13% taking up an option. Each referral, by taking up an option will make a significant life style change, however, more importantly a referral can make a life style change through home exercise, gardening, walking and dieting. The impact of this project upon the NHS, the health of the borough and the national drive for improved health is difficult to assess, According to the national press reports the cost of obesity to the nation is estimated at 7 billion pounds per annum, therefore, the outcome has to be a healthy population of Sedgefield Borough. This scheme will benefit people with chronic conditions, and with disabilities. It will also benefit returners to work and people over 50. The G.P referral scheme also complements the PCT's 2 NRF applications the first being the 'Healthy Lifestyle Initiative' where the aim is to ensure delivery of the 5 strategies and action plans and the 'Health Maintenance (Condition Management)' which looks at a strategic approach to worklessness, which the latter will be monitored and evaluated externally by Durham University.
Worklessness Outcomes: 50% of working age referrals able to continue or return to work. Health Outcomes: 1000 *GP referrals* per year, 80% of referrals to make a significant life change, engage 1000 (yr 1) and 3000 (yr 2) young people. Signpost 50 juniors to sports clubs.

3.7.2 Summary findings from the focus group with participants in the *GP referrals* project:

From the opening stages of this focus group, it became clear that many of the participants in this focus group had joined the project with the aim of improving their health or losing weight (for health reasons), as the extracts in Table 3.7.1 illustrate:

Table 3.7.1: Reasons participants gave for joining the *GP Referrals* project

'I'm 84 and I came just to improve my health. I've angina and I just wanted to keep myself fit'.
'I felt as though my health, I have Rheumatoid Arthritis and Osteoarthritis and I found it very difficult, I had two knee replacements and I thought I needed to change my lifestyle basically. I just thought I've got to do something'.
'I came because I'm diabetic and I just, the doctors [said] 'you've got to lose weight'…'
'I had to pack in smoking I had Emphysema. And I came because of my lungs. And I've put the weight on because of stopping smoking.'..

Whilst not all of the participants had succeeded in losing weight, one participant reported that they had and others felt that their physical health had benefited in other ways as a result of the project, as Table 3.7.2 illustrates.

Table 3.7.2: Perceived improvements in physical health resulting from the *GP Referrals* project

'My knee was sore [and] I gave up work, I retired quite early and I became … I was very active, I used to play squash and everything else and I just gave up everything and became a couch potato. And my knee got worse and worse. And since I've been coming here I now know it's much better'.
'Well I've lost some weight because diabetes and being fat are a vicious circle. [But] as I say, I have lost some and that's good for me. That's means that I can slowly start reducing some of my insulin intake, because it's quite high at the moment what I take. And with losing some weight I can slowly bring down my insulin a bit. See how it goes from there'.
'I'm more agile now than I was before I came. I am, I'm definitely more agile, but I haven't lost any weight…'

In addition to the immediate physical health benefits that participants mentioned, it was clear from the focus group's discussion that this intervention, like many of the others, also had a range of important psychosocial benefits for participants. In particular, personal interactions

with other participants (and staff) involved in the project seems to have provided a level of stimulation and motivation to continue exercising that many of the participants felt they would not have experienced had they been left to their own devices (see Table 3.7.3).

Table 3.7.3: Psychosocial benefits of *GP Referrals* project (motivation and stimulation through social interaction with others)

'I found here being in company, it's a lot more … better, nice people and I thought I could do it better. I've more incentive to do things I think'..
'I've got more incentive when I see a lady of 84….If she can do that she's an inspiration'.
'I just think it brings everyone together you know, to come into these places like this and utilise all these things'.
'You do, you push yourself and it's nice. And you see the same old faces week after week'.
'I don't think I'd bother coming if I had to come and do an hour on my own'.
'Being in a group like this makes you do the exercise that you wouldn't do at home, enjoy other people's company…especially when you live on your own'.

In addition to acting as a source of motivation for individuals to undertake regular exercise, some participants also suggested the psychosocial benefits of this project had resulted in improved mental health:

> *'I think mentally it helps….Mentally I think more than [inaudible] [I] can get a bit depressed and I think coming out into an environment like this tends to stimulate you more, mentally as well as physically'.*

> *'I think mentally it does stimulates, and I think that's a good thing…I'm mental anyway [laughter]. As long as you've got a good atmosphere with all the rest of the people you feel more relaxed. Even though we've all got certain disabilities, we're all together in that'.*

As with several of the other projects, the focus group's discussion suggests a crucial element of the success of this project has to do with the enthusiasm and approachability of the staff involved. As the extracts in Table 3.7.4 illustrate, participants spoke highly of the staff involved in the project and of one individual in particular who seems to have been able to motivate participants whilst taking into account each of their individual circumstances and limits.

Table 3.7.4: The importance of the relationship between staff and participants in the project

'he's very easy and thoughtful about it, he realises our age. And then sessions in the gym where you're more or less left to your own devices, under Steve's supervision'. *'And he keeps an eye on everybody and he suggests things gently. At first when I came, I came because I have a bad knee and I think there was a wastage of muscle around the knee and it was really painful. And so my exercises to start with concentrated on the knee. But he did suggest that I did some more upper body exercise, and I felt that really had helped'.* *'It's nice here because the staff are friendly as well. And they make all the difference'.*

Despite the positive feedback in relation to the staff that participants had been in contact with through the scheme, they also suggested there was a lack of checks in place to see how participants were progressing (refer to Table 3.7.5):

Table 3.7.5: The need for continuous monitoring and support

'There's no formal check on how we are progressing. *'My doctor didn't even send me here, I came via the hospital, the hospital sent me. They couldn't continue physiotherapy, so they referred me and I only see my doctor once a year, in fact I saw him in the Chinese Takeaway the other evening and told him what I was doing [laughter]. But there's no check on just what progress'.* *'Now whether when I go to the doctor he will question … All I have to tell him is that I'm doing okay….They don't even check up when they give you tablets'.* *'You have to fight to get into see them [GPs}'.*

As most of the participants in the focus group appear to have been retired (or close to retirement) and not, therefore, looking for work, there were few direct accounts of the impact of the project on individuals hoping to return to employment. However, one participant said that the scheme had helped her/him to continue in a job they already had by improving their mobility. The focus group did report that others who had been involved in the GP referral scheme (but who were not at the

focus group) had been able to return to work as a result of the initiative:

> *'I know quite a lot of people that's used this. They work and find they've had a bad back and they've come and they've gone back to work'.*

'And you have access back to work. It is a good instrument to get people back to work. It's excellent'.

Aside from those of retired age, and those already in employment, at least one member of the focus group was actively seeking work. However, the discussion suggested that some members of the group were rather despondent about the lack of employment opportunities in the local area:

'[T]here's no jobs really in Ferryhill…'
There's nothing here.
…you can have Stockton, Durham, Newcastle.
There's no permanent jobs really.
No.
That's the sad thing.
The Government keep saying it's there but …'

One of the factors perceived to be a key barrier to employment was transport. Not only did poor access to good transport services act as a limitation on employment opportunities, it also has implications for potential participants of local projects such as the GP referral scheme, as the quotations in Table 3.7.5 illustrate.

Table 3.7.5: Problems of access to employment and opportunities provided by schemes such as this project

'Transport is a big issue. *Nobody has a car round here. There's no buses …* *You can't rely on them.* *… they're few and far between. I get a taxi to come here'.* *'My issue was getting here but I overcame it because I booked a taxi'.* *They keep changing the times* [of the buses] *and everything don't they?* *'The Government keep saying leave your car at home and take the bus but there isn't a bus.* *And by car it costs you £13/£14 a day.* *[Inaudible] two different buses?* *Yes and sometimes the buses aren't running…'*

As the final extract in Table 3.7.5 indicates, for those already unemployed, the cost of transport to and from local projects may prevent participation by some of those most likely to benefit. Furthermore, the focus group's discussion suggests the lack of flexibility in the timing

of activities being run as part of the GP referral scheme may further limit participation (see Table 3.7.6).

Table 3.7.6: Lack of flexibility in the GP referral scheme

'Most of them are in the mornings. Most of the … the GP referrals are mostly mornings aren't they? *Yeah.* *I'd like to see a big change in the access there, I think.* *So you could come in afternoons'.* *'Because I volunteer you see in places and sometimes it classes. I can't do a Thursday because I do the Credit Union, I'm cashier there. And then I have meeting with the borough councils sometimes I volunteer as a tenant. So it's trying to get things where you've got access.* *It's the same when you're working, it doesn't matter whether you're a volunteer or a worker you still have the same trying to get everything to … because I do enjoy coming, and then I've got something else that I'm interested in also social with housing and things like that'.*

As well as greater flexibility in the timing, and perhaps some help with transportation, the focus group participants felt the GP referral project should provide some capacity for those wanting to continue participating in the scheme beyond the standard 12 week period:

> *'After the 12 weeks the only issue I'll probably have is, like I say, if I'm working, [inaudible] start working when do I come? Because apparently you've got a cut off time. And I find that probably a little bit unfair. If you start working…'*

As with the other projects then, continuity of the scheme seemed important to individuals. So although many of the participants expressed good intentions in terms of continuing to exercise after the project had ended, and possibly joining gyms, there was a sense that it seemed unfair to be encouraged to participate in this kind of scheme only for it to suddenly end. Some participants also suggested that factors such as the expenses involved in joining a gym would be likely to prevent them from continuing with some of the activities the scheme was promoting. This perhaps underlines the importance of embedding single projects in broader and longer term strategies of engagement with individuals, rather than hoping one-off projects will stimulate individuals to make long-term lifestyle changes.

3.8 *Personal Development Programme*

3.8.1 Project Proposal

Intervention: *Personal Development Programme*
Lead: Shaun Meek
Budget: £30,000
Aims: The course seeks to improve confidence, motivation and aspirations of participants in relation to employment.
Proposal: Jobcentre Plus have awarded their New Deal contract for 18-24 year old and 25 plus to Action for Employment, whom have sub-contracted part of their provision to two organisations operating within Sedgefield Borough. These are S&D Training operating from Shildon and the Council's own training service located at Spennymoor. Sedgefield Borough Council is also funding a number of initiatives to support the hard to reach individuals who need a structured and supportive infrastructure to help them back into work. This project is a small intervention that enables the organisations involved in the above measures to be able to refer clients onto a personal development programme that complements and supports other initiatives. The course acts as a catalyst to encourage the unemployed to take responsibility for their own lives and build up their self-confidence to take action. Research has shown that if the unemployed can make positive changes to their thought process they can significantly improve their prospects of gaining employment. Training provided by a competent facilitator enables the clients to reflect on their lives, develop positive self talk and set personal goals. The programme on its own is not sufficient to resolve a complex range of barriers holding back an individual, but if introduced along with other interventions can change people's lives and help them raise their aspirations. The programme would be delivered throughout the whole of the Borough, although the Super Output areas would be targeted. Throughout the period of the project courses would be delivered at Ferryhill, Trimdon, Newton Aycliffe, Shildon, West Cornforth and Spennymoor This activity is an excellent opportunity to enhance existing provision delivered through Jobcentre plus contracts and other interventions supported by NRF. Those participating in the programmes may come from several sources: Existing New Deal clients; Clients on programmes funded by ESF funding; Clients identified by Jobcentre but not eligible to participate in funded programme; Those clients on incapacity benefit; Clients using Sure Start/Children Centre services
Worklessness Outputs: 48 beneficiaries will attend the *Personal Development Programme*; 20% of participants will progress into employment or further learning.

3.8.2 Summary findings from the focus group with participants in the *Personal Development Programme* (*PDP*) project

Focus group discussions were generally very positive about the value of the *Personal Development Programme* (*PDP*). The central benefit seemed to be the improvement of self-confidence. This finding resonates with other focus group discussions, which highlighted psychosocial benefits relating to improved levels of confidence and self-esteem. As the extracts in Table 3.8.1 illustrate, participants were unsure about what to expect from the programme and, as a consequence, at least one individual reported feeling nervous before the *PDP* began.

Table 3.8.1: Expectations of the programme

'I think we were all nervous as well though weren't we, like don't know what to expect things'.
'Not really, I mean we knew we had certain people coming in but we didn't really know, you know what I mean, what it was all about so, but she was okay [referring to the facilitator], she was all right wasn't she?'

However, having experienced the course all of the participants were positive about the benefits of the *PDP*, particularly the effect the workshop had on improving self-confidence. Respondents volunteered that they felt more at ease, confident and motivated after taking part in the *PDP*, as the quotations in Table 3.8.2 illustrate.

Table 3.8.2: Perceived benefits of the *Personal Development Programme*

'I think she fetched us all out, she fetched us all our of our shells I think…'
'So give it a go, so I think it's just opened everybody's mind up to thinking, well at least we can give it a go, you know what I mean, so there's nothing to be scared off really'.
'Motivation, confidence, you know changing your way of thinking as well…'.
'It made you think about yourselves and you did feel more confident'.
'It opened our, it opened our eyes and our minds a little bit, so obviously if you're blaming yourself, you can do it do it, do you know what I mean kind of thing, so it was good'.
'And it made all us think, it's like obviously time for you, time for, you achieve what you want to achieve, you know what I mean…'

Developing self-confidence was a recurring theme throughout the discussions and seems to have been the most significant benefit of this particular programme and is consistent with the project's aims, as outlined in the proposal. A number of sub-themes emerged from discussions around the notion of confidence namely: self-awareness, self-consciousness, self-criticism, positive attitude, self belief, motivation *etc*., all of which are presented in Figure 3.8.1, below. Extracts that illustrate the emergence of these constructs within the data, are presented in Table 3.8.3.

Figure 3.8.1: Sub-themes relating to self-confidence

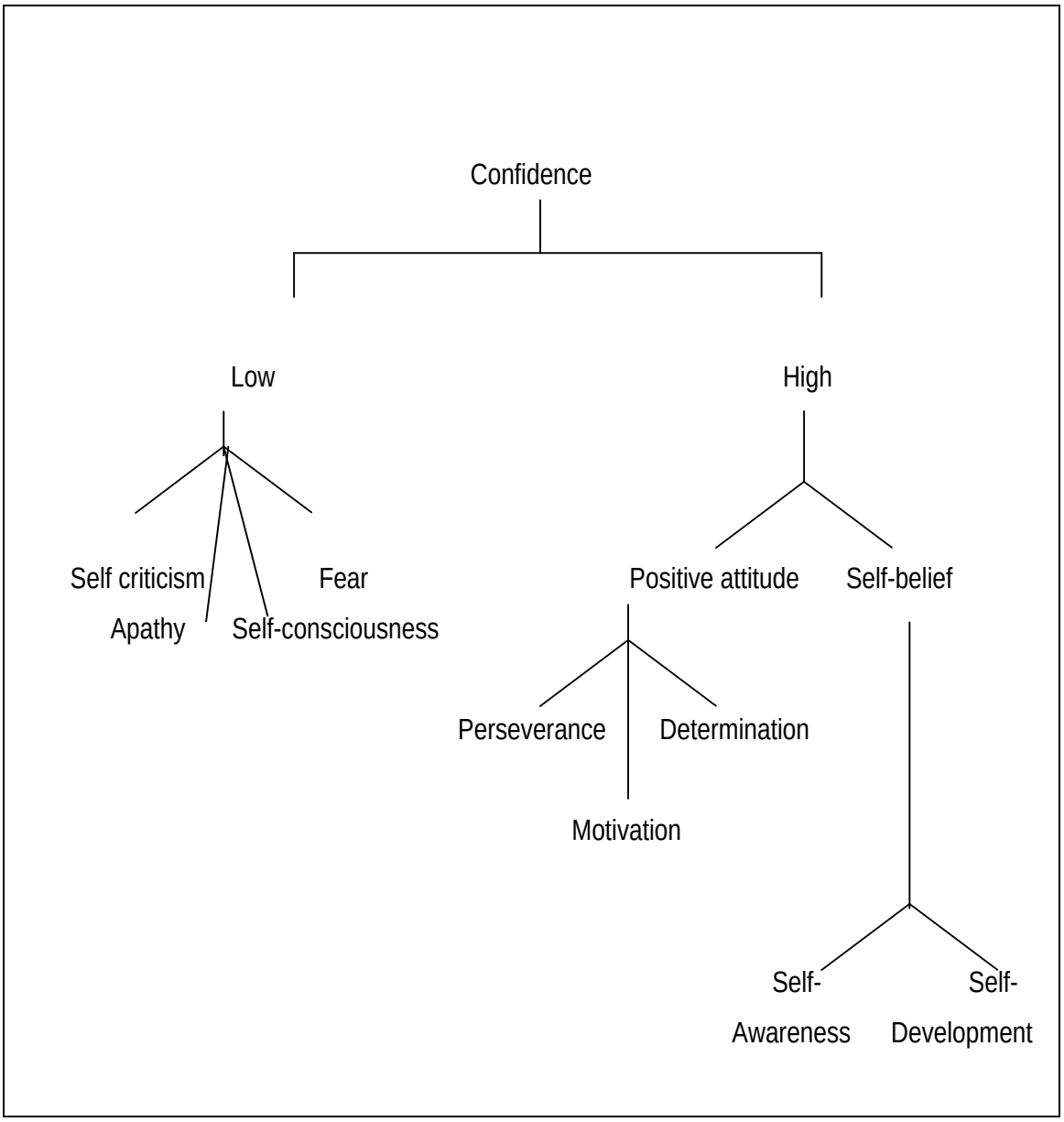


Table 3.8.3: Aspects of self confidence

Confidence	Aspect/sub-theme	Transcript extract
Low	Self-criticism	*'I feel stupid on that comment'.*
Low	Self-consciousness	*'Everyone's looking at me, more or less, sort of thing'.*
Low	Apathy	*'You know just like, like fair enough and you're like, why should I bother, I'm getting kicked, I'm asking for help and I'm not getting it, you know'.*
Low	Fear	*'It's not overwhelming as it was…'*
High	Positive Attitude	*'I think it's just opened everybody's mind up to thinking, well at least we can give it a go, you know what I mean, so there's nothing to be scared off really, there's more people, you know'.*
High	Self-belief	*'It makes you think that you can actually do it yourself, even if you have nothing then basically you can actually, eventually end up doing what you want to do'.*
High	Self-awareness	*'It made you look at yourself as a person instead of just kind of like somebody's mum or somebody's …'*
High	Self-development	*'I'm going to get learning, they want to take us Monday, I want to do a course to learn to read and write, so it's made me step ahead hasn't it, like I've stepped on type of thing rather than, so it's done me good I would say, definitely.*
High	Perseverance	*'I've tried to get in the college at Bishop and I've phoned them loads of times and left messages and I've waited for loads of messages, I've tried, I have tried'.*
High	Determination	*'…it can make them say, yes I can do that, do you know what I mean, just to have the will power to stick it and like obviously just take the knock-backs as, you know, and you have got more determination to like do whatever it is you want to do'.*
High	Motivation	*'It just made us all like think and that obviously you can do more and get motivated, do you know what I mean.'*

From the participants' perspectives, the main problem relating to the *PDP* seemed to be the limited time in which they were expected to work their way through a large amount of material. Some of the participants suggested minor amendments, such as the inclusion of page numbers, would have helped with this to some extent. However, the main message that the attendees seemed to want to get across in the focus group, as the quotations in Table 3.8.4 illustrate, was that they all agreed more time should be allocated to delivering the *PDP* to enable the diverse and lengthy material to be absorbed and to enhance the overall experience.

Table 3.8.4: Perceived weaknesses of the *PDP*

'I just didn't think we had enough time to go over everything, do you know what I mean, to like do it all properly and to take everything in, so I definitely think like another couple of days would have been beneficial like, so'.
'The whole course should have been a little bit longer'.
'There wasn't enough time to take it all in. I mean obviously she wasn't given much time to go over everything, but like we'd sort of forget like started on something, then she'll be like, oh right, well we'll have to get this done – but she was just rushed, she just didn't have the time to do put everything properly. But she covered all the important things in it, but obviously I mean we didn't get to read every single page, do you know what I mean'.
'There's only one problem I would say with this, it hasn't been long enough'
'Like obviously, you know, whatever little section we do, and then it seems, feels like, it's like right we've got … [unclear] with the rest because we need to get this other thing done, so we're not getting that one thing finished, do you know what I mean, before we're starting the next, because there's not enough time to do it'.
'There's just not enough time'.
'I'd like to do something like this again, because I don't think it's enough'.
'Yeah, we don't have enough time …'
'There was too much for like a two-day like programme wasn't there. If it had been over like weeks it'd be okay'.
'You need more time to get through it really you know. So even if she had like more hours in the day than what she had, we could have like got. I mean don't get us wrong, she went through the book and covered all the main points, but we couldn't, we didn't, have the time to sit and like read it all and then do the little exercises she wanted us to sort of, you know, sort of show us so that we can overcome the barriers, do you know what I mean, that we all feel we have? But, yeah, just need more time really to take it in and get through it all properly, do you know what I mean, so you feel the full benefit of them.
'It means you can actually go more in depth at some of the different bits of it, of the course'.
'That's why you need it longer, so that you can actually put more into it, and you can get more out of it'.

It was clear that participants felt that they had established a rapport with their peers and all were keen to maintain contact after the Gateway program finished. The group had become closely knit and participants appeared to be supportive of one another. Indeed, it was noticeable that throughout the focus group session the attendees assisted and encouraged one another in completing the questionnaires and participating in the focus group.

Table 3.8.5: Evidence of peer support

'Obviously we all just sort of help each other don't we and, even just with spelling and things like that do you know what I mean, like obviously I've asked loads, how do you spell this, do you know what I mean and I don't know how to spell that, and just daft things like that'.
'We're all going on the razz'.
'But I think it's like, it's showing everybody's in, like there's a lot more people in the same boat, do you know what I mean, and that obviously you can sort of do it now'.
'And obviously like, you know like, I mean mainly [Blank - participant] has helped [Blank – another participant] a bit more, and we've all like, you know what I mean chipped in a little bit so, whereas if it was massive it would have been a bit harder, especially for the teacher as well'.

The focus group attendees seemed to engage well with the *PDP* workshop and enjoyed the style of the workshop. The use of real life narratives in the *PDP* seemed to have been particularly successful as the participants found the stories interesting and could relate to individuals having problems and then developing the skills and mindset to overcome specific hurdles or barriers. When asked to comment on the optimum number of people in the group the consensus was that small groups are preferred as provides the space for some one-to-one tuition to take place, where participants require it, and also helps create a less threatening environment:

> *'I mean I think they could manage with a few people if you maybe had someone, you know, extra to help and like obviously, somebody else to help Christine say, yeah or whatever, but I think it was just right this size'.*
>
> '*Because for the teacher I think it would have been worse, trying to get round everybody and help everybody, do you know what I mean, so.*

Overall, the group was satisfied with the *PDP* support material (a 46 page booklet) although, as mentioned earlier, participants felt the usability of the booklet was undermined by the absence of page numbers:

> *'The book, the pages needed numbering, definitely yeah… Because obviously we were trying to follow the pages and as she was moving up the different activities, we were like 'right what's that?' you know what I mean and she's got a bit lost. I mean it wasn't a big problem…'*

As with many of the other projects, participants engaged with and seemed to respect the group facilitator, which is likely to have added to the success of the workshop. Aside from increasing the length of time dedicating to the *PDP*, suggestions about how to improve the *PDP* included scheduling the workshops before the other sessions of the Gateway

Programme, rather than towards the end of the programme. As the following quotation illustrates, for many of the participants the rationale for making this switch was that they felt they would have benefited from the increased levels of confidence the *PDP* helped them achieve when embarking on other aspects of the programme:

> *'I think it might have been better to do a course like that before doing the coursework, like CVs, letter writing, like do a confidence building course first, and then go onto the other course'.*

The style of the *PDP* and the techniques and examples used within it all seemed popular with the participants, as the quotations in Table 3.8.6 illustrate.

Table 3.8.6: Style of the *PDP*

'It was interesting, some of the stories …'
'I'd heard of it was interesting and it's like, it's like they feel more or less like true stories in there aren't there as well'.
'It makes you think that you can actually do it yourself, even if you have nothing then basically you can actually, eventually end up doing what you want to do. And all you really need to do is just more or less have the confidence and go for it'.
'And I think when like she sort of brought the things out, like when she did the brick wall thing, and we were all right like, our fears what was either stopping us, you know, like she got us to write on each little, them sticky notes like what was stopping us, and like sort of obviously did like the big wall thing and put them on, and like obviously, you know, and like sort of let us see all our things, and then she says, oh sort of come up with like a solution to how you could take them away, so you could knock the wall down and it would be like'.

One term/concept that the *PDP* facilitator had apparently used and which the participants seemed to particular like was 'energy drainer'. When asked to expand on what this meant one participant explained:

> *'It's like obviously just sort of the people that's bringing you down, they're just doing it to make themselves feel better, in a horrible way like but, I think it just sort of, it showed us it's only because of your, you lack the confidence and you've a little bit more negativity*

In other words, identifying the concept of 'energy drainers' seemed to have helped some of the participants to recognise how the behaviour of others might affect their own situation and, as result, it seemed to help them to guard against negative interactions. When asked how they felt about moving back to employment or education, all participants were positive. For example:

'Oh yeah I'm looking forward to it'.

Several participants reported that they were planning to undertake further courses (educational and vocational) to facilitate their pathway back into employment. Quotations which capture participant's hopes, plans and ambitions are included in Table 3.8.7, below.

Table 3.8.7: Movement back into work

'I enrolled on a childcare course, so I can now do what I've always wanted to do, and hopefully open my own crèche'.
'…like now I'm taking a step ahead, I'm going to get learning through this course. I'm going to get learning, they want to take us Monday, I want to do a course to learn to read and write, so it's made me step ahead hasn't it, like I've stepped on type of thing rather than, so it's done me good I would say, definitely'.
'I want to do like business admin, like because obviously I mean I haven't got no qualifications, I didn't do any GCSEs, because I got kicked out of school and, I mean I've done various jobs, do you know what I mean. I've always got like an idea what I want to do, but I know I've got to go and obviously do the training and get the skills that I need and the qualifications I need to move into that, do you know what I mean. I'm obviously going to start at the bottom and just work my way up really'.

Despite being positive about moving into education or employment, a number of participants reflected on the barriers that have, in the past, impeded their pathway to employment. As the first quotation in Table 8 illustrates, one participant felt geographically isolated in her village by the barriers related to infra-structure and the low provision of travel to/from the village. For most of the participants, however, the issues preventing them from working were less tangible and seemed to relate more to problems with low self-confidence and motivation, as the second quotation in Table 3.8.8 illustrates.

Table 3.8.8: Perceived barriers to work

'Mine is like travel, obviously in Fishburn it's tough like but … [unclear] they're like few and far between. At least we've got like … [talking together] for the one and … sort of thing. So it takes a while to get a job in my local area do you know'.
'But I've always sort of, had an idea of what I want to do in my head, and what to do it, but I've just sort of, I've never really gone for it. I mean sometimes it's been things, stresses of personal life, that has sort of stopped me as well and other daft little things and that, but I think it's [the PDP] just sort of opened everybody's eyes to give them motivation and think, well the things that, you know you sort of want to do it, you've always thought about it, just give it a go, and even if it doesn't work out at least you've tried, do you know what I mean'.

As well as helping each participant individually, several members of the focus group reported that the *PDP* session had more distal effects relating to their social networks of family and friends. Several participants reported that their family members had noticed positive changes in their behaviour and/or attitude, as the quotations in Table 3.8.9 illustrate, suggesting that the benefits of the *PDP* potentially expand beyond the individual participants.

Table 3.8.9: Effects of the *PDP* on family/environment

'I think it just helps your family doesn't it, when you're like, when you're more positive obviously that has a knock-on effect, do you know what I mean, yeah?'
'Right well let's try and get you to the, come out of yourself whereas they [your family] are constantly trying to [get you to come our of yourself] and you just don't seem to want to and then all of sudden they're just kind of…'
'Aye my son has [noticed a difference in me]. He's 14 and he asks me everyday how it goes and, in his own little way, I feel, well I know he's proud of me, do you know what I mean. He hasn't said, but just little things he's says, and he's very proud, because I've got off my backside and done something. It's nice to know that'.

In summary, the most notable finding from the focus group was participants' feelings of increased self-confidence. Clearly, any project aimed at self-development is likely to be designed to encourage these kinds of changes and the reoccurrence of themes relating to confidence (in its many different guises: positive thinking, self awareness, motivation, determination etc.) suggests that the intervention has been successful in this sense, at least for the immediate period following the *PDP*. However, given the timing of the focus group (which took place only one day after the participants had completed the final stage of the *PDP*), it is not possible to assess how effective the *PDP* has been at assisting movement back into employment or even at securing longer-term improvements in self-confidence and motivation. Most of the attendees expressed hopes of being in employment or education in the near future but the timing of the focus group means that we were unable to explore whether participants did actually achieve these desires. Finally, participants were keen to express their gratitude to the NRF for funding the scheme.

3.8.3 Case Study from the *Personal Development Programme*

Katherine, a 27 year old, single mother from Spennymoor, had been on income support for approximately two years when she joined the programme. She left school without any qualifications and has since held down a series of short term jobs in catering and retail. Katherine wanted to get back to work but was afraid of returning to a low paid position that she did not enjoy and which offered few prospects. She heard about the *Personal Development Programme* (*PDP*) from an advisor at the job centre who offered her a leaflet about the Gateway programme. Before joining the project, Katherine felt low in confidence and self-esteem and believed that she was lacking in the necessary skills for employment.

The *PDP* involved two sessions which were designed to build confidence and self-belief by equipping participants with the necessary skills to overcome barriers to education or employment. The course material included exercises to develop a positive mental attitude, to take responsibility and to build self esteem. Katherine had no expectations about the course but was prepared *'to give it a go'*. At first she felt *'dubious'* and afraid to talk in the group context, but the facilitator was very positive and encouraging. Even when individuals doubted themselves and felt discouraged by the number of barriers to employment, the facilitator remained upbeat and enthusiastic.

Katherine believed that she made definite progress by taking part in the *PDP* and felt that her confidence had increased and her attitude to life was more positive. Katherine thought that the course helped to *'bring us out of our shells'* and realise that, as unemployed single parents, they were not alone. She believed that the *PDP* helped to challenge negative self-affirmations and self-doubt. Katherine reported that before the course she regularly *'put myself down'* and that she often *'felt like nothing'*. The *PDP* helped Katherine to recognise the skills and talents that she already had and to build on those to move forward.

Katherine's only complaint about the *PDP* was that it should have lasted longer. The course helped Katherine to believe in her own abilities and the support from both the group facilitator and her peers helped to boost her self-belief and motivation. Although she stills feels confident about the future, the absence of the group sessions on a daily basis has left Katherine feeling a little deflated.

Katherine has made great progress through the *PDP* and has an appointment in the next week for a placement on a NVQ in Business Administration (a field in which she has always wanted to work). Katherine said: *'It opens up your eyes and mind even though you feel like you are stuck in a rut. It makes you feel as though you can achieve and motivates you to go out and do it…It gives you something for yourself and makes you realise that there's more to life outside of the home. You can meet new people and enjoy life'.*

3.9.1 Project Proposal

Intervention: Placing People First
Lead: Steve Roberts
Budget: £53,775
Aims: To provide a bridge to employment for people with multiple barriers and out of the labour market for a long period of time.
Proposal: *Placing People First* is a project demand led by prospective, socially orientated organisations, including schools, community centres, development trusts and social enterprises, thus providing the framework by which participants are subsequently equipped with the skills, knowledge, qualifications and the confidence required by employers. These organisations are targeted as they assist local regeneration and because they provide the necessary environment for people to develop within. Within the organisation training and on-the-job experience is complemented and reinforced by the placement provider. Placement officers facilitate an initial induction followed by regular reviews conducted face to face and over the telephone. Each participant will follow a Learning Development Plan, determined in consultation between the Placement Officer, Placement provider and the participant, which will include their training needs and requirements. With the support of the Placement Officer at Groundwork East Durham each participant will be given the help they need to find a job prior to the end of their time with *Placing People First*. It is anticipated that the majority of those on *Placing People First* will find further employment. If some come to the end of their time with *Placing People First*, without having immediately gaining employment, they will leave *Placing People First* with a considerable set of skills enhancement which will make them more employable. Each participant will be employed for between 26 and 52 weeks on minimum wage working 30hrs per week. Working hours will be flexible to suit beneficiary and employer needs. This project will contribute directly to the NRF Strategy aim to create 'More Prosperous Neighbourhoods - Create an economically prosperous Borough that enables local people to access local jobs and achieve their full potential'. 20 placement opportunities will be individually tailored for participants who have been away from the labour market for long periods of time and who suffer from multiple barriers to employment, thus equipping them with qualifications and experience necessary to move into further sustainable employment. Five participants will be catered for at any one time. It is envisaged that the participants will be recruited from all of the most deprived wards of Sedgefield Borough: The Trimdons; Cornforth; West Ward; Shildon; Ferryhill (Dean Bank & Ferryhill Station). However, focused recruitment will take place in SAO's where the employment rank is the lowest, taken from the IMD
Worklessness Outcomes: 20 individualised placement opportunities (gain qualifications); 10 to gain employment, 20 to increase knowledge and skills.

3.9.2 Summary findings from the focus group with participants in the *Placing People First* project

Placing People First is a placement based employment project run by Groundwork East Durham and aimed at securing paid placements for individuals who have been inactive in the labour market for an extended period of time. Overall, the feedback from participants in this focus group was positive and constructive. Participants believed that the placement scheme had provided tangible benefits in terms of securing the necessary work experience and job skills to find long term employment. Furthermore, several respondents believed that their involvement in the project had resulted in notable psychosocial benefits.

As the quotations in Table 3.9.1 illustrate, most focus group attendees agreed that they joined the scheme, primarily, to gain work experience. Others participated in the project because they felt that the placements might provide the necessary training for entry into a new field of employment. For one participant, the placement merely provided something to do on a daily basis, providing structure and meaning to the working week and guarding against boredom.

Table 3.9.1: Reasons for joining the *Placing People First* project

'It was really to gain some experience…a bit of confidence to go on and get a job…And get training as well'.
'Giving us the chance to work'.
'From my point of view, it was partly just the opportunity to actually have something to do… Well it's stopped me being bored. I mean I've been doing voluntary work, but you can't do that 24 hours a day'.

In terms of expectations of the project, participants hoped to demonstrate their skills and experience to potential employers (see Table 3.9.2). There was an underlying feeling that, by working on a voluntary basis, participants would increase their chances of successfully securing a permanent contract with the placement provider.

Table 3.9.2: Participants' Expectations of the Project

'And I was also hoping to try to spread knowledge of my skills around to other employers'.
'That's the thing isn't it, permanent employment is what I'm really aiming for, because so far my entire employment experience has been in a short term or part time jobs, some of them have been short term and part time, and I've never actually had what would be described as a potentially permanent job. So I've had a few years of maybe, you know, two or three years employment, followed by five, six, seven years unemployment, which is, then I'm back to square one basically, it's looking for a job again. This is always difficult, as I've said, from my point of view, so that's really what I'd be aiming at, some job which is at least, you know, nominally permanent'.

Focus group attendees perceived the benefits of the project to be multi-fold, as illustrated in table 3.9.3. Most members of the group believed that they had been well supported by the project workers. Participants seemed to be cognisant of the need for practical experience as well as qualifications which could be acquired through the project placements. For some participants, who had been inactive in the employment market for several years, the idea of returning to a full time job felt overwhelming. Many of those involved in *Placing People First* valued how the project had facilitated their progress back into employment by acting as a stepping stone between unemployment and a 'nine to five' job.

Table 3.9.3: Perceived benefits of the project

'It's a particularly valuable opportunity. Also I think one of the problems is that qualifications are not enough, you do need practical experience, and that's been difficult for me to get because I haven't actually been able to use the qualifications, so anything which contributes to that is potentially valuable'.
'I feel, you know, sort of having the opportunity to exhibit what I can do, and perhaps persuade employers that I might be worth trying.'..
'The nice thing about, like you say, like Groundwork, is that you're getting a little bit of money for doing it. If I can get about fifteen hours in, it's just getting that experience and making you feel a little bit better about yourself as well. Because voluntary work is okay, I've done that before, but it's just nice getting a little bit of a wage, it's just that little bit extra self esteem, you know'.

In terms of psychosocial effects, several participants revealed that their self-esteem and feelings of self-worth were increased through involvement in the placement scheme. Notions of increased self-confidence resonate throughout the focus group discussions and are unpacked further in chapters 4 and 5. It is notable in this focus group, however, that the idea of developing self-confidence through employability projects was not a wholly positive issue.

As revealed in Table 3.9.4, developing and maintaining self-confidence is a far more complex endeavour:

Table 3.9.4: Gaining and losing self-confidence: a juxtaposition

'I think you need to be a bit careful about this confidence issue, because you have to remember that if a placement, you know, when somebody's putting an effort into a placement, doesn't result in a permanent job, you can actually damage people's confidence, and it's an experience I've had several times. There's a tendency when on, you're discussing these things with advisers, one of the things that keeps coming us is, 'remain confident,' but you must bear in mind, that if you repeatedly make attempts to use all the agencies and provision which are offered by the Jobcentre, and it still doesn't lead anywhere.'..
'It can be demoralising, you know, if you're making all these efforts, and it's not leading anywhere, then you get the impression that really there's not much... there'.

As the quotations in Table 3.9.4 demonstrate, participants highlighted that there is potential to destroy an individual's morale and confidence if their hopes are raised about the possibility of permanent employment and then, subsequently, dashed if funding cannot be found to carry through initial promises. The second quotation in the table captures the feeling of being demoralised when a placement ends without yielding a permanent job. In the first quotation, hopelessness is expressed when repeated attempts to secure a job are unfruitful. Together these excerpts provide a picture of the frustration, pessimism and despondency that can emerge when negative experiences are recurrent.

In generic terms, both the lack of employment opportunities and a mismatch between qualifications and practical experience were significant obstacles for most of those involved in the discussion. For one individual, disability was the major barrier to employment. Despite speaking with Disability Employment Advisers through the job centre this particular individual felt that his/her chances of employment were limited. S/he seemed reconciled to the belief that his/her only job opportunities would be in local government rather than in the private sector. Moreover, there was a sense that the support and advice received from disability employment advisors was overly generic and should have been tailored further to support and develop the expert skills and knowledge of the individual. The quotations in Table 3.9.5, below, confirm that each of the attendees had experienced a range of barriers that precluded their return to the labour market.

Table 3.9.5: Perceived barriers to employment

'It's a bit difficult in my case because I'm so restricted in the jobs I can do because of the state of my hearing. I mean at the moment I can only hear you and nobody else, because you're the one that the microphone's pointed at…One of the problems I had, obviously I don't do very well in interviews'.
'I think there were several from my point of view, is that the jobs are not easy to come by anyway at present'
'And, as I mentioned before, picking up practical experience, I've got a lot of qualifications, but that in itself is not entirely enough, you do need to go and get some practical experience as well'.

Despite much of the dialogue in the focus group focusing on the benefits of the programme, a number of problems were cited. First, in terms of administration issues one participant reported that their wages had been paid late. The same individual had not been visited while s/he was working on placement. However, this individual seemed to be the exception, as all other attendees in the focus group reported receiving good support from the project workers. Second, there were concerns that in cases where an individual's knowledge and skills were specific and highly technical, the generic support and advice offered by job support advisors was often inadequate. This was not a criticism of the *Placing People First* project specifically but rather of the support provided in general in projects aimed at facilitating movement back into the labour market.

Finally, there appeared to be some conflict regarding the bureaucratic regulations of the project. Some participants reported that they had not been able to start a college course due to participation in *Placing People First*. Clearly, there is a need for regulations concerning eligibility but, in this particular instance, the individual felt that not being able to begin the college course might affect his/her personal development and progression in the placement, as a college qualification was required for the permanent post. This suggests that there is a need to co-ordinate projects with other opportunities such as education and to focus on individual circumstances when making judgements about people's eligibility to participate in concurrent opportunities.

Table 3.9.6: Problems associated with the project

'But what has happened, I'd tried to enrol myself at college, and I went down for all the things, and when I got there, they told us they won't let us start because I'm with Groundwork… So I have to wait until January'.
'But I think you can see what some of the potential problems are, in that certainly from my point of view, a lot of the agencies who dealt with my particular case, have not seemed to me to be really the right people that have the right background to really handle these problems'.
'All that annoyed me with Groundwork was that the first, like he came out, [Blank] from Groundwork, came out and said, we'll start you on [Blank – date], so I worked a full month and they didn't have none of my account details, so I phoned them up and said, why is this? And then he said, oh you're not getting paid. So I kind of went a bit mental'.
'So this was organised by a training company in Middlesbrough, and I discovered the adviser just didn't have a clue. You know, he didn't understand what my qualifications were relevant to, he didn't understand what my experience was, so basically he was just doing what I was doing and, you know, contacting companies and asking, have you got a job? I had to give him a list of my qualifications, explain what they were, and what they might be used for, and even if you do that, there's still a certain, you know, if you haven't really got the background, they're probably not going to follow it from that point, from even if you supply them with lists'.

The quotations in Table 3.9.6 point to a range of organisational difficulties with the *Placing People First* project, which some of the participants believed had impacted negatively on their experience of the project. To facilitate a mutually beneficial outcome for both employer and placement employee, there was a recognition that the placement provider should be positive and fully engaged with the placement opportunity, as the following quotation illustrates:

> *'Enthusiasm on the part of the employers is potentially very valuable, because it's, as I said, an understanding of what can be done with the person's skills'.*

Participants suggested that there was a possibility that employers could use staff on placement as free labour, yet have no commitment to taking volunteers on in a long term, paid employment capacity. They suggested it would be prudent, therefore, to make the expectations of both placement provider and employee explicit to ensure trust and an open and transparent relationship.

Participants were aware of the plethora of government schemes aimed at tackling worklessness and increasing employability. A number of participants voiced their opinion regarding how effective these schemes were in practice and there was a concern regarding duplication of effort and overlap between projects. Table 3.9.7 illustrates the thoughts and

views of participants in relation to these issues. The inter-connections between projects are also demonstrated by the ways in which participants heard about the scheme (although many heard about *Placing People First* through the job centre, several attendees were introduced to the project through their involvement with schemes such as New Deal).

Table 3.9.7: Connections with other employability projects

'And that didn't work, so after my six months in, I was eligible for New Deal…Then, what was it called? Work Step, and I asked, when I did my work I said, is there anything else I can do, because I was still, well I'll try Work Step'.
'And more bizarrely, after I'd been on that for several months, I hadn't heard from them for about three months, and I went to the Jobcentre and asked, what's going on? And so they contacted the training company, who gave the reply that they'd dropped the case, they'd dropped my case because I was on a training course in Hull, which was a complete fiction…No, I wasn't on a training course at all - I just think they had came up with this as an excuse to hand over a project which they felt they couldn't do anything with'.

The value of the *Placing People First* project seemed to lie in enabling participants to gain experience, confidence and a putative pathway into employment through placement schemes. For at least one participant the outcome of the project was a permanent job opportunity:

> *'Well they've already said, when the six months is up, they'll keep us as long as I go to college'.*

However, as other aspects of this report highlight, participants suggested that the project also had the potential to damage confidence levels if poorly implemented. This suggests that there are some important lessons which can be learnt from this project for any future, similar interventions.

3.9.2 Case Study from the *Placing People First* project

Kathryn, a 40 year old woman from Newton Aycliffe has been trained as a counsellor and as a counsellor's supervisor. In addition, she has a range of qualifications including a diploma in psychotherapy and a 7407 further education teaching certificate. Despite being so well qualified, Kathryn has found it difficult to secure a long term contract in her chosen field. The main barrier Kathryn said she faced to employment was not holding a driving license, as many of the posts she had applied for specify that driving is an essential requirement. A further difficulty Kathryn highlighted was that employment in the field of counselling can be unstable as many posts are only funded short-term. Although Kathryn had a large amount of practical experience she believed that because much of that experience had been voluntary it was often overlooked by potential employees.

Kathryn first heard about the project through the New Deal programme and successfully secured a placement with a counselling and support service for which she already worked on a voluntary basis. She had no expectations or pre-conceived ideas regarding the programme. For Kathryn, being involved in the *Placing People First* project seemed to have been a very positive experience. She felt that the support she had received through the scheme had been good and that the experience had increased her chances of better employment: *'It's positive that I've got some employment history that's actually been paid and hopefully positive references, which is going to be useful… I think it's also put me into a position where if funding comes up in March in this place, then they will look to keep me on in some way, shape or form. Whether that will be possible or not is another thing because with things like this they can pull the funding at anytime and everyone's out of a job but it's certainly put me into a better employment situation'.*

In terms of things that she might like to change about *Placing People First*, Kathryn felt that participants would be likely to benefit further if the programme was extended from 6 months to 12 months. Although cognisant of the need for generic, transferable skills training, Kathryn also felt that in her particular case there had been too much repetition between courses aimed at increasing employability, especially with regard to compiling a C.V. and improving interview techniques. In the future, Kathryn said she hoped to develop the skills to apply for funding independently by undertaking a CAVOS course. When prompted about her plans for the future, Kathryn discussed how she has identified a gap within the counselling service with

respect to developing ring-fenced funding for an organised counselling service: '*I think it's given me the confidence to go out there and of course I've identified that there is this need for this within our service that has not been addressed and it's given me the confidence to do that. I'm actually going to do a course at CAVOS on applying for funding so I'm doing that out of my own initiative rather than the placement really…If it's not relevant now it might come in handy further along the lines*'

According to Kathryn, *Placing People First* enabled her to gain confidence, insight and opportunities while undertaking paid work experience: *'it's a positive opportunity to prove my worth. I already know I'm worth it but it's letting other people know'.*

3.10 *Positive Steps*

3.10.1 Project Proposal

Intervention: *Positive Steps*
Lead: Carol Wilson
Budget: £100,392
Aims: To engage with hard to reach individuals, lacking motivation and not linked into existing support structures and networks i.e. hard to reach unemployed people, many of whom experience multiple barriers to employment and learning; employed people who are seeking a career change; young people who are not in education, employment or training; people with mental health problems; older people; people with disabilities; and returners to the labour market.
Proposal: The proposal is to apply a community engagement, grass roots approach utilising the existing voluntary and community sector infrastructure to engage with such individuals and provide key workers to support identification of needs and goals, develop action plans and support to implement them. The proposal aims to join up existing services, meet gaps in services and guide individuals into services as they progress along a pathway towards successful outcomes in terms of learning, skills and work. This proposal is an integrated response to the need to deliver a wide range of Information, Advice, Guidance and Support services, building upon current services and provision to ensure that local needs are addressed. The proposal recognises that every individual will have differing needs and expectations and is therefore flexible enough to support people with a range of issues and barriers. Specialist support from external agencies will be utilised where appropriate and regular operational meetings between the service deliverers will ensure that every case is viewed individually and a holistic approach adopted. The beneficiaries will be undertaking an intensive supportive programme which takes a holistic approach to their needs, therefore will help them to progress with learning or work opportunities. The skills, confidence and experience gained on the programme will enhance the individuals employability generally, and beneficiaries will be encouraged to improve their literacy and numeracy levels, again increasing their chances of employment. In addition the Employability Workshops will look at increasing skills around applying for vacancies, preparing curriculum vitae's, interview techniques and personal appearance. Once equipped with these skills the beneficiaries will have an improved chance of securing employment. Those who receive a shorter intervention will be supported to update their CV, receive advice regarding learning and work opportunities or undertake a careers/educational guidance interview. They will also have access to the internet and be supported to apply for vacancies using email. By providing this service, free of charge, in the local communities across the Borough those without computer skills or access to ICT equipment will be able to compete more equally with those who have access to computers and the internet and this will enable people who are ready for employment to have access to more job opportunities and respond quickly to vacancies.
Worklessness Outcomes: 94 beneficiaries of longer term *PDP* with 75 increasing skills and 52 going into work/education. 150 beneficiaries of short interventions (1 or 2 sessions) with 90 improving knowledge/skills and 60 going into further learning/work.

3.10.2 Summary findings from the focus group with participants in the *Positive Steps* project:

The participants in this focus group gave very positive feedback about the way the in which the project had been run and the impact it had had on their lives. From the opening discussion of the focus group, it was clear that those involved in this project had each experienced extremely difficult circumstances prior to their involvement, which had led to feelings of isolation, helplessness and depression, as Table 3.10.1 outlines:

Table 3.10.1: The difficult circumstances facing participants involved in *Positive Steps*

'I was widowed six years ago and for the last two or three years I've not, a lot of the time I've not wanted to go out of the house. Mainly I'll go out if I've got a reason to go out and if it's something like that I don't like letting people down so I feel I've got to get ready and go and it's very beneficial to me. Although I've got a family you still need something, you know they're not at home, I live on my own but you do need, sometimes I think you do need an outside interest and I was just vegetating basically. You know I'd put weight on and I just wasn't, I wasn't happy with life if you like'.
'I think I had lost a lot of my confidence and I do like being with other people you know, sometimes I don't … I can be on my own but you can have too much of your own company'.
'I didn't feel part of the human race. Some days I do now but some days I don't…'
'I was in the same boat, I had a bad experience at work, my wife was ill, we had a neighbour from hell and so I just sort of, and hated the human race shall we say'.
'My husband had dementia by the way, senile dementia. I was doing pretty well but then something happened with the roof, the water came in, made a lot of mess inside and I, I think … I didn't have a breakdown, I don't want you to get the wrong idea. I don't think I coped very well but everything from then sort of it was like it piled on me and to be quite honest I just didn't want to know, you know'.
'I was a psychiatric nurse up to the point I was 31 and with one thing and another, most of my problems have been self inflicted. You know I've had problems with various addictions since I left work, overcoming those five years I went off to Ferryhill, met people who worked around the Trustees at the [inaudible], I did work for them for a year, you know they provided us with a car. I put the collection boxes in the shops you know but about two years ago I met a man through walking the dogs and he was an alcoholic and I just found it easy to sit and drink with him.'.. *'I have MS, I'm just getting a divorce and everything just like you say got on top of me all of a sudden and I just couldn't cope, went onto the sick and didn't see myself ever getting back to work…'*

As a consequence of the various issues facing each individual, several explained that they had been experiencing problems with motivating themselves to do even basic daily chores, such as getting up and walking the dog:

> *'I should have walked the dog this morning and I haven't, I haven't got time but it, you know I had, I've got a mental health worker who wanted me to do an hour's sustained exercise a day and I started well but I just can't do it. I just cannot do it - I don't want to, you know even with the dog, it's just very hard. I've stopped lying about it though now'.*

> *'when I was going through all this of feeling really bad I was actually getting up at 8 o'clock, half past eight and perhaps me son would come in and I'd say to him "Do you know I don't know why the bloody hell I get up, I don't know why I don't stay in bed" and he'd say "But at least you are getting up, you are better getting up" and I used to wonder why'.*

As well as the direct impact of these motivational issues on people's lives, several participants said they had experienced subsequent negative physical health consequences such as weight gain. Many also explained that they had been unable to work as a result of their circumstances.

The specific circumstances of individuals meant that what each desired to achieve through participating in *Positive Steps* varied, from just wanting to 'get into the human race' again to gaining employment. Although some of the participants were clear that their circumstances (either their own health or their role as a carer) meant that they would be unlikely to be able to work full-time in the near future, many expressed a desire to work part-time, as Table 3.10.2 outlines.

Table 3.10.2: Participants hopes and aspirations in relation to employment

'I worked in the office, like before having children like 17 years ago but obviously times have changed and qualifications and you need to have certain [inaudible] to get back into work which is what I'm doing hopefully so hopefully at the end of it I'll be able to have me qualifications and apply for office jobs so, that's what I'm hoping anyway'.
'I care for my wife, I'm a full time carer so I'm looking for a job that I can do part time, [inaudible] things like that, that's why I've tried to get as much as, you know, of these different qualifications because then it might get me into what I want to do…'
'I think I've still got a little way to go so I'm not, if a little part time job was to come my way fair enough but at the moment I'm not ready for that'.

As illustrated in the first quotation of Table 3.10.3, one of the participants had already felt able to begin a gradual return to his/her previous job, following involvement in *Positive Steps*. While many others expressed hope that they would soon be in a position to take on a suitable job (see Table 3.10.3).

Table 3.10.3: Intentions regarding movement back to the labour market

'I'm starting back at work, gradually on a first return which is why I was late. Basically I'm working half time, I work only point eight anyway but I'm working half time for four weeks starting from next week'.
'[In] six weeks time I'm moving which will be of great benefit because there's nothing in Ferryhill, there's nowhere to get a job. I moving to [Blank] and I'm starting two courses at the college next month. And it's been really good,'
'[Y]ou tell her what you want to do and what qualifications you've got and she can match you up to employment and then with that employment she can show you which training courses you need to go on to get, you know well to improve your chances of getting that employment. You see it was the same with me, it was admin so she said it might be an idea to go on this accounts course and then in the summer go on the business course like that. It just, it's kind of another string to your bow, it improves your chances if you want to get employment'.
'At least you're going to get the qualification and hopefully [that] gets you back into, like, office work and things'.

Beyond the concrete outcome of developing employment prospects, *Positive Steps* seems to have provided a much needed regular structure and routine for participants, helping improve their levels of motivation, as Table 3.10.4 outlines.

Table 3.10.4: How *Positive Steps* has helped participants by providing a regular structure in their lives, and a source of motivation

'[E]ven keeping up with meetings like this it makes me … This is a day off and it makes me get up and … Because I will just lie in bed and do nothing. My boys have both left home, my husband's gone so basically there's just me and the dog and I need something to make me get up. I just don't seem to have that motivation.
'[U]nless it's really, really important like I've got to go and look after me grandson or, I, I, just can't keep information in my head and you know if I've got to go somewhere I might forget. If I'm coming to somewhere like this I might forget the time but if I've got to go down to look after the grandbairn I don't forget because I suppose you know, then I don't like letting anybody down that's why I come on these, these things because like [blank, participant] *said it gives you a focus'.*
'I've had a few periods of depression I knew the only way I'm going to get out of it is do something and it has to be something structured, it can't just be 'Oh well tomorrow I might do this', it had to be something that I came to. So I started looking myself and looked for anything, everything that I could get that would help and this was one of the thingst'
'it gives you a focus, it gives you a meaning. It's very easy for me to stay with me wellies on walk the dogs and traipse through muddy fields and not talk to anyone different. By talking to different people you know it reminds you of who you are you know and giving you confidence and structure, focus, meaning to the day. So I think it's been excellent'.

In addition to introducing a helpful level of structure and routine to people's lives, some of the participants suggested the activities involved in *Positive Steps* had boosted their self-esteem and confidence, as Table 3.10.5 outlines, and may therefore have provided some broad psychosocial health benefits.

Table 3.10.5: How *Positive Steps* helped boost participants' confidence

'Well you get, it gives you a bit of self esteem doesn't it?'
'It gives you confidence as well because once you go round there, you walk into a room like full of strangers like and speak to them. ... I used to think "Oh no I have to go there, I daren't" and you used to think of ways to "Oh no I ain't going, I might go next week" but you have to push yourself but once you've pushed yourself and you've walked into that room for the first time then it doesn't seem so bad after that, you just look forward to it the next week really. It's just that first step isn't it? You're thinking "Oh I won't go" [inaudible] [but] someone speaks to me and it's, I don't know, it's just great for your confidence, it has for my, for me anyway'.
'[with] maths and English I thought, "Oh, I can't do it" because I were useless at maths but coming along to the lesson and then the way [Blank] taught and explained things it sort of does, you know, just thinking "I'm not as thick as I thought" and I've proved it to the family because they all think I'm just mum really and I've got no brains, it's just 'I'm mum''.

As well as being important attributes in themselves, a renewed sense of motivation and confidence had enabled some participants to participate in other opportunities which may aid health and employment prospects, such as feeling more able to undertake regular exercise or attend other training courses.

> *'It's once you get into the pattern, you know. I used to, my older dog, I used to walk miles and I mean really miles…but [explains s/he had not been walking recently, partly as the dog had aged] so it's very easy just to get into the rut of … But once you start doing it you know you really, it does, it invigorates you, it's true'.*

> *'Someone [at Positive Steps] said to me why don't you go down The Ladder and do things down there? So I went down there by myself'.*

The focus group discussion suggests a crucial factor in improving participants' sense of confidence and motivation revolves around personal interactions, both with other participants and with the teacher. As table 3.10.6 outlines, having a teacher on hand who is able to explain information in a helpful manner, without causing the participants to doubt their own capabilities, seems to have been an essential part of *Positive Steps'* success. Although some of the participants suggested they had made some lasting friendships through *Positive Steps*, this was not always the case; what the interaction with other participants seems to have been particularly important for is in emphasising to individuals that they are not alone in facing difficult circumstances, or in experiencing consequent feelings of doubt, isolation and depression.

Table 3.10.6: The importance of personal interactions with others and with a teacher

The importance of personal interactions with a teacher	The importance of personal interactions with others in the group
'I think it was the teacher really I think, I used to hate most teachers because they didn't really explain and they made you feel like stupid if you had to ask questions so I just used to sit back and think I won't bother asking him. Whereas the teacher we have now she's great …I mean she sits down and explains it, she doesn't tell you the answer she shows you how to work it out and gets you to tell her by breaking it down into steps and things. You think "Oh it's not as bad, as hard as I thought"…You feel like you've achieved something, I do when I get them right, I think "I'm not as bad as I thought"'.	*'As I say just talking to different people you know, just hearing your own voice out loud to a stranger and it reminds you of who you are you know.* *'And you're not on your own, it's not you're the only one that's suffering like this when you meet other people as you say you realise that maybe you're not so bad after all and you should do things or try and do things to improve'.*

It seems to be as a result of the personal interactions involved in *Positive Steps* that several participants favourably compared the initiative to previous, similar projects that they had been involved with which had relied on online learning (see Table 3.10.7)

Table 3.10.7: Benefits of the project in comparison to other learning initiatives

'I think it's better with a tutor than Learn Direct'. *'That [online course] doesn't really cater for your emotional needs though, to get you out and talk to other people does it if you work in the home'.* *'I'm finding that the more I deal with it the more I can take in. I mean at first everything just went over my head because I started a Learn Direct course on [inaudible], that was a few years ago, and it took me months just to get through each … I think one of them took me nearly a year simply because it just wasn't going in…* *Because if you get stuck on something and you're on the computer you just think "I don't know" I can't do it and you're stuffed then aren't you then really?'*

In terms of encouraging people to get involved in programmes like *Positive Steps*, the focus group suggested help with travel arrangements (including pre-paid and arranged taxis for some people) and the flexibility in relation to attending various components of the project were both key in maintaining high levels of participation:

> *'They couldn't make it any easier to be honest. ... They always supply me with taxis, you know, the taxi picks me up at the door and drops us off. You cannot get any easier than that'.*

> *'They're flexible like you say, if you need to get home, like I have to pick me daughter up from school they're quite you know, I'm able to just leave. You know even if the course doesn't finish really you can just go home and…'*

Indeed, the only critical comments about *Positive Steps* made by focus group participants (as illustrated in Table 3.10.8) related to a lack of clarity about what was involved in the project and some uncertainty about whether the complimentary therapies individuals had been able to receive were part of the project or not (as well as uncertainty about how to arrange these therapies).

Table 3.10.8: Participants' criticisms of the course

'I thought I was coming to start doing a course you know [coughs]. I was very surprised when I found out what they did because I'd made an assumption that wasn't correct'.
'I'm not sure whether it was part of the course or if it was just an optional extra, it seems to be left to us to push for it you know…'
'Oh and also I don't know whether this is part of the course, you're sort of are entitled to or get six lots of complimentary therapy and I'm not quite sure,'
'…there's none of the sort of structure for booking those, you sort of just drift along and say 'I fancy so and so'…'

Complimentary therapies were clearly something, which several of the participants greatly appreciated and had found helpful:

> *'I've had two treatments but I was talking to someone and someone said you know you might be, it might be beneficial if you had some counselling so I'd asked Liz about it and she said I've had two treatments so I've got another four and I could have the counselling with that'.*

> *'So far I've only had two of the Indian head massage and it was excellent, it really was good and I felt so much better after it and I would like some more if possible'.*

Overall, then, the feedback provided by the focus group with participants of *Positive Steps* suggested the project is succeeding in a variety of ways, having both some direct health and employment benefits for participants as well as some less tangible, but equally important, psychosocial benefits. Whilst less concrete outcomes, the psychosocial benefits the participants described, such as increased levels of confidence and motivation, are likely to make important contributions to individuals' approaches to maintaining healthy lifestyles and movement towards employment opportunities.

Finally, as in other focus group evaluations, the participants were keen to highlight their enthusiasm for *Positive Steps* and this led to expressions of concern regarding continuation of funding for the project. It became clear that, having previously experienced the demise of some local projects when funding was not continued, participants were wary about the short-term nature of some funding schemes:

> *'Have you heard anything about the funding yet, like is funding going to be cut, stopped? …They do it with everywhere you know, they give subsidies but*

they expect places to be self sufficient after a certain amount of time, I don't know what's happening though. I know there's petitions and…'

This is important as there seems to be a potential danger that both community relations and individual expectations might be damaged, rather than strengthened, if and when projects are closed or replaced by new initiatives.

3.11.1 Project Proposal

Intervention: *Steps into Work*
Lead: Dawn Fairlamb
Budget: £90,000
Aim: The purpose of the programmes is to engage individuals onto 1st Step Learning prorammes that will identify potential literacy and numeracy issues and encouragement in progressing onto Skills for Life courses, situated in community settings within the Borough. This will enable the attainment of functional skills and qualifications in literacy and numeracy, thereby contributing to the regional and district targets of reducing the number of adults with poor literacy and/or numeracy skills in the Borough identified in the review in the Prosperous thematic assessment.
Proposal: Experience has shown that the following provision has been successful in engaging and retaining learners. It is proposed to offer a range of non accredited programmes tailored to meet the need of individuals, incorporating assessment of literacy needs. Courses to be made available, will include, but will not necessarily be restricted to, the following: 4 courses of 10 weeks, titled Chill Out and Change. The programme is generic in nature providing the opportunity for learners to experience a range of vocational tasters which includes family learning, jolly phonics, supporting children with maths and english, healthy cooking, craft etc 3 courses of 5 weeks, titled Healthy Eating. The programme seeks to introduce healthy eating through learning whilst assessing numeracy and literacy needs. 12 courses of 5 weeks, titled Initial Assessment of Literacy through vocational programmes. The programme concentrates on assessing literacy through specific vocational topics, which can include; information technology, money matters, woodwork, craft etc.
Worklessness Outcomes: 216 learners to be supported onto courses.

3.11.2 Summary findings from the focus group with participants in the *Steps into Work* Project

The discussion from the focus group for this project suggests that the project had some important positive outcomes for participants and that there is a great deal of support for a project along similar lines to *Steps into Work*. However, the discussion also reveals a range of important difficulties with the way in which the project was organised and, in particular, the importance of perceived gender roles for this particular project. The findings suggest there are some important lessons which can be learnt from the experiences of those involved in *Steps into Work* which might usefully be reflected on for future, similar projects.

Importantly, the focus group participants claimed to have had little choice about the subject in which they would receive training and reported that it had seemed to them that training in childcare was the only available option. For some of the participants this was not an area that they would necessarily have chosen to receive training in and this created a sense of apprehension for some in the initial stages of their involvement. This was in addition to more general concerns for several of the participants about returning to an educational environment after what was, for many, a significant period of time. However, as the extracts in Table 3.11.1 outline, the initial apprehension about men's role in childcare was quickly dissipated for most members:

Table 3.11.1: Participants' initial apprehensions and thoughts about *Steps into Work*

'I mean I'll be honest I mean that was the way I felt the first time I came last year. I thought, 'Oh well I'll go along and see what's happening and I probably won't enjoy it and I just won't bother,' sort of thing but I got straight into it and thought it was great and again like I say because I knew everybody and it was a good little group'.
'When I first heard of the dads' groups [I thought], 'I'm not going to sit with a bunch of dads talking about kids,' sort of thing. So you do have that stigmata [sic] sort of thing, so… but once you do get down there it's like, 'Wow this is great…'
'Just when I brought my boy here…[Blank] said, 'Oh look they're doing a childcare course on a Tuesday why don't you go along?' and again it's, 'I'm not doing that it's for women,' sort of thing and she said, 'No, no it's just dads,' and I came in and I'm still here and now I'm looking to make a career out of it because, again, there's nothing really out there worth going for any more, not for what I've done in the past anyway'.

Indeed, it is clear from the focus group's discussion that the initial wariness about learning about childcare experienced by some of the participants was quickly replaced by enthusiasm and a sense of pride. As Table 3.11.2 outlines, the participants openly acknowledged the changing employment environment in the North East meant the traditional gender roles of previous generations were being inevitably challenged. With fewer opportunities for employment in the traditional industrial trades that their fathers had been involved in, combined with increasing opportunities for female employment, the participants acknowledged that there was an increasing number of 'house-husbands' in the North East (a category which included several of the group members).

Table 3.11.2: Acknowledging changing gender roles in the North East

'I mean the thing is there's no heavy industry, there's no industry or anything around here now. So whereas you've had the secretary jobs etc. them jobs have now changed they haven't left the area but you're finding now like the mines are gone, you know the steel industry's out the window now, the automotive trade's on the way out… *Some of the factories have gone.* *… so yes, you know, the partners are becoming the breadwinners really. So it's us striking out… it's us hopping onto that ladder now and becoming the secretaries, becoming the child carers and…'*
'My wife will turn round and joke to me and she'll say, "If I was to go tomorrow," she'd be stuck because she wouldn't know what to do, you know, and she says, "I can't believe that you know more about bringing that child up than what I do and I'm his mother it should be me who knows what to do," sort of thing but like you say the roles are reversing now'.
'it's give me more understanding of caring for a child really because I think you have that run in, and going back to my parents, I mean it was a totally different generation where it was always your mother brought you up, sort of thing. So I think it's a good thing because it is getting the dads involved more and you have more of an idea of how to bring a child up. It's not a case of like well the 10 minutes and away you go.
There's a lot more house-husbands nowadays than what there was.
'Well my wife works long shifts and that's why he's with me a lot and so he's all mine now. Not by choice'.

As the quotations above illustrate, rather than viewing the changing gender roles negatively, many of the participants felt the changes were opening up important opportunities for men to play a greater role in childcare (even if this was not a role necessarily sought out by choice). Not only was this impacting on their family lives, but several of the participants seemed keen

to explore the new possibilities for employment that their increasing role in childcare might unlock (see Table 3.11.3).

Table 3.11.3: Perceived employment opportunities arising from *Steps into Work*

'Well to be honest with you I think, speaking from a dad's point of view, I think a dad would have a good chance of getting into a childcare setting because I think they are wanting that, they're wanting more males involved in that setting. So I'm hoping that my prospects are really good'. *'I would have said, you know, like especially if they're single parents, or single mothers they want some, it's nice to have some input from men, do you know what I mean, so if you've got a man carer well then…'* *'Yeah well it's vice versa though isn't it if you see that there's a male in your childcare setting and you are on your own as a mother, you know, you think, 'Oh well at least he's going to have some interaction with a male,' which is good…* *It's that male bonding thing yeah.* *… and not be brought up by total female, you know, in a totally female environment. So it is good to have a mixture, a mix of…'*

In addition to the belief that men could contribute something important to childcare and that this might generate employment opportunities, there was also a clear sense of pride at being involved in childcare for many of the men in the focus group, as Table 3.11.4 illustrates:

Table 3.11.4: Sense of pride expressed by dads at getting involved in childcare

'At the end of the day we're not doing it for the money are we because it's not exactly the best paid job in the world. I could walk out now and get a better paid job if I went to Asda so it's not being done for the sake that I'm doing it financial. So I mean you know it is a good thing that the dads are doing it and there's more males getting into it because, yeah you have got single parents but you haven't just go women single parents, you've got dad single parents as well'. *'Do you know we were the first dads in the North East to do childcare?…And we won quite a few awards didn't we?'* *'I just did my placement this morning and she actually asked the parents. She said, "Look we're going to have a male student coming in and doing the childcare," and she said and everybody were great.…Now the only thing they thought about was obviously how the children would react but I mean they got a shock this morning because I was swamped straightaway'.*

In many ways, then, the participants were extremely enthusiastic about what they had learnt through the *Steps into Work* scheme and the project seems to have been effective in motivating participants to consider new forms of employment opportunities. However, the focus group discussion also makes it clear that participants perceived there to be a range of

important barriers which were preventing many of them from gaining employment in a childcare setting. Four of the main barriers discussed by the group were: (i) a lack of childcare employers in County Durham; (ii) the higher level of qualification preferred by employers; (iii) the costs involved in acquiring the necessary insurance; and (iv) the time taken to process legal/bureaucratic forms required for employment. Each of these points is illustrated with one quotation in Table 3.11.5:

Table 3.11.5: Perceived barriers to employment in childcare following participation in the *Steps into Work* initiative

Perceived barrier	Illustrative quotation from focus group
The lack of childcare employers in County Durham	*'Yes, there is plenty of jobs in childcare but the only way you can get a job but the only way you can get a job through childcare at this moment is through Durham County Council and Durham County Council is SureStart, you know there's not a lot of private nurseries round this area'.*
The higher level of qualification preferred by employers	*'Another thing is, and you'll know yourself, that level one you have a job trying to get a job in childcare, you've got to have level two. So really, you know, because of the situation of the group a lot of us who have got level one and want to do level two, you know, we've lost the opportunity'.*
The costs involved in acquiring the necessary insurance	*'When we went for the registration day at Durham Country Hall for childminders, yeah we could have had the job the next day - they said they're crying out for carers and we could get a certain amount of capital to put out as a spend. [But] before they would even consider you, you're talking about over £300. One was insurance, the insurance was…* *Well you did at first but you got it back eventually.* *Eventually yeah but you had to lay it out first.…If you hadn't worked for a few years, you know, where are you going to find £300 from?'*
The time taken to process legal/bureaucratic forms required for employment	*'Some people [are still] waiting for police checks and that's the thing that they probably could have done beforehand because when you go to your placement, you know, you look at organising your placement yourself, you choose somewhere to do it and you go over and ask them and it's nice to be able to say, 'well I've got my police check,' you know,…but it's… that is a problem isn't it…* *Well that's what I can't understand because…* *Why they're so slow coming back'.*

In addition to the barriers outlined in Table 3.11.5, the men in the group had decided to undertake some research with parents in the local community to see how they would feel about more men getting involved in childcare. Unfortunately, as the quotations below demonstrate, they had been disappointed by the level of wariness amongst local women and mothers about the role of men in childcare that their survey had revealed:

'And there again we went through, what was it, assembly here, didn't we at Cheswick Street on childcare and dads and they did a survey there on how many women or mothers would trust their kids with a male and you'd be quite surprised at how low it was'.

'Most people that they interviewed came from all cultures and different nurseries and all saying, "What do you think about men in childcare," and there was a few people said, "I wouldn't have a man, not for my kid."'

These findings, along with the barriers to employment discussed in Table 3.11.5, had led to a sense of disillusionment with the available employment opportunities for men within childcare amongst many of the participants. Despite this, as Table 3.11.6 demonstrates, the participants suggested the *Steps into Work* initiative had resulted in other worthwhile benefits for the community.

Table 3.11.6: Worthwhile benefits of the *Steps into Work* project (beyond immediate employment opportunities)

'We had a dad who had two lads and he looked after those two lads and his wife walked out, you know, and them two lads used to lead him hell didn't they and he started doing the childcare course and he learned how to control his kids without punishing them, you know without hitting them, you know, and they're two different kids altogether now'.
'*Yeah these courses have been good.* *Yeah definitely it's good. It's definitely beneficial, you know, it's brought this, you know, SureStart have brought this particular area up a lot'*
'it's very beneficial you know. Then like you get people up here who think, 'At long last someone's done something about it,' fair enough it's took them 10 years to do it, you know. Any form of education is beneficial to anyone, you know'. *'I think really the money has been well spent'.*

In addition to the community benefits articulated by the focus group, participants suggested that *Steps into Work* had increased their own levels of confidence in a variety of ways. As with several of the other projects, a crucial factor in improving the participants' levels of self-confidence seems to have been the qualities of the teacher involved, as demonstrated in Table 3.11.7, below.

Table 3.11.7: Importance of an enthusiastic and supportive teacher

'I've got level one and Claire's talking me through it. I don't think I would have carried on. The day we sat that exam we came out didn't we, came out of doing that exam at the Bishop and we came out and we all thought we'd failed because we… the questions we decided and we all thought we'd failed and Claire rang a couple of weeks later and said, 'Oh you've passed, you've got a merit, you've passed alright'. You got two merits, I've got two merits'. *'Well you see I think she's really good the tutor, I think she's, you know, she's nice and she's supportive rather than you don't feel frightened'.* *'She come out yesterday, I had my first assessment and she come out and watched us yesterday and that was a bit nerve wracking. But like I say she tells you where you're going wrong and that and you learn by it don't you?'* *'Claire knew the dads' problems, you know, if one couldn't do much on one level or something or like [Blank], he was bad with depression, you know, she knew the circumstances, you know, and she… I'm not going to say give leeway but you know she was more, like when I said to her about my brother she said, "Well don't worry we'll sort it out one way and another, where when you're in a bigger group like that the tutor can't really do that because others may look at it as favouritism. You know when we were a small group of dads I would say she knew everyone's problem and if we had any problems we could go to her, you know,''*

More specifically to this project, the work placements involved in *Steps into Work* seem to have provided an additional source of self-assurance for participants. Not only do the placements seem to have provided participants with experience and a sense of reward, but they also seem to have provided people with the sense that they were able to give something back to their community:

> *'By doing placements, I think it certainly helps, I mean they love me to go in for my placement because it's a help for them in the classroom. It's down at a primary school, you know, and it's an extra resource as well. So us, by us doing the course we're actually providing some, you know, it's a free worker as such to those establishments we're going into as well and that's a good resource for them'.*

However, the difficulty with the placement scheme seems to have been to do with the organisation of them; several of the participants explained that they were still waiting for available placements and were unable to move on with the course until a placement had been arranged.

Despite all the positive comments in relation to the aims and outcomes of the project, the difficulties with organising placements were just one of a large number of organisational

issues that the focus group highlighted as problems that *Steps into Work* had faced. In particular, the group suggested the following factors had caused feelings of resentment within the group and had caused some of the original participants to drop out: (i) chaotic organisation in the early stages of the project; (ii) poor communication and consultation with members about changes in the organisation, timing and structure of the course; (iii) lack of access to childcare (iv) changes in size and gender mix of the group; (v) lack of flexibility in relation to timing of course options; (vi) a change in teacher from one the group had a good relationship with to another with whom they did not have the same relationship. Table 3.11.8 illustrates each of these concerns with selective, illustrative quotations from the focus group.

Table 3.11.8: Perceived problems with the *Steps into Work* project

Problematic issue with *Steps into Work*	Illustrative quotations from the focus group
Chaotic organisation, especially in the early stages of the project	*'I think the project would have worked better if they had thought it through more….I think the initial disaster, the reason why so many people have left is because of that first three weeks….If that had been handled a lot better and people had been more aware of actually what they were going to do you'd probably still have a full house. You'd probably still have all the boys or you'd still have at least another three or four dads on the course'.*
Poor communication & consultation regarding changes in organisation, timing and structure	*'When SureStart or whoever decided or Bishop Tech who decided to do a joint course I think they could have had the courtesy to come to the dads and say, 'Look we're going to do a joint course, do you have any objections?' and I think a lot of us would have said, No,' as long as it was kept down to a smaller group but like you say when we first went in there that …*
Lack of access to childcare	*'You see you come to a stage where dads used to put their kids in childcare and everything and then they started putting their foot down didn't they? You know, 'you can only have your child in there if this, or if that…'*
Changes in size and gender mix of the group	*'We were used to four, or five or six of us which got on quite well. We all helped each other out and you can't do that with a group of 20 or 30, you know, and because a lot of us couldn't settle because the group was too big, you know'.*
Lack of flexibility in relation to timing of course options	*'They didn't correspond with the students of what were the best suitable times. Now we used to start at 9 o'clock and finish at half eleven didn't we?*
Change in teacher	*'I think if Claire had carried on with the course on level two I think all the dads would still be here and still doing it because as they say it's better the Devil you know than the one you don't'.*

The groups' discussion suggests that many of the problems illustrated in Table 3.11.8 could have been dealt with by slightly better organisation and by more communication and consultation with the participants. One of the more important and substantive issues, however, seems to have been the personal interactions within the group. As with many of the projects being evaluated, creating an atmosphere in which (potentially vulnerable) participants felt comfortable and relaxed seems to have been extremely important to the group. For this group in particular, who were taking on roles that challenged their own (and other's) perceived gender roles, the gender mix within the group appears to have been particularly important. Although, as table 3.11.8 indicates, some of the participants suggested that if they had been consulted about the changes a mixed group may have worked, some of the other comments made in the focus group suggest the specific context to this project meant a mixed gender group might always have presented some difficulties for some of the male participants. The importance of gender relations to this group is highlighted by quotations in Table 3.11.9:

Table 3.11.9: The importance of gender to inter-group relations in the *Steps into Work* project

'The dads left because they felt they'd been let down and also some of us couldn't, I don't say, cope with the women but, you know, it was more, you know, when you've been in a group of four or five all the time, you know, all males, you know, you can understand, you know, it's the same as if there was five women doing a thing and then all of a sudden five blokes come in and do it, I think they'd feel the same way'.
'Well you do you can't be as rugged as what you would do with, you know, there are times now when I'm in there and you go to say something and you think, 'Oops no hang on I shouldn't say that'.
'… to be honest we could joke about things and what was said in here was said in here, you know, but we felt when we went with the women, I don't know if the women overpowered us, you know, and we weren't used to them, you know.
'Uh huh I know what you mean it's more like cosy just us and the teacher and yeah. *And I suppose you can speak your mind a bit better. You feel as if you're not like, [gasps] on show kind of thing or, yeah you can say what you want to say then can't you'.*
'Some of the dads thought, 'You know what women are like,' pardon the expression, you know, 'we know better,' sort of thing, not realising that some of the dads had already done …entry level and level one and we could most probably help them more than they could have helped us'.
'I think if you're male and you've got a learning difficulty if you're in a surrounding with males you don't feel as bad but I think again if you're in a mixed setting you'll feel even more aware because…and again I'm sure it would be the same for the girls as well. If you had a difficulty you'd feel the same as well'.

The importance of the gender mix of the group is likely to have been particularly important to *Steps into Work*, given the sensitive backdrop of changing gender relationships and employment opportunities within the area. Initially, the group had only consisted of men, which many of the participants felt was helpful for a variety of reasons. Not only did it help them overcome their own apprehension about the role men could play in childcare, but it also seemed to facilitate a more relaxed and intimate atmosphere in which participants felt more comfortable. It seems clear from the focus group discussion that the introduction of more members to the group, and particularly the introduction of women, created an atmosphere in which several of the participants felt far less relaxed and comfortable.

As the quotations in Tables 3.11.8 and 3.11.9 illustrate, the various problems that the participants encountered with the *Steps into Work* project led to several members dropping out. It is important to note, however, that this was not an option participants seemed to take lightly. Indeed, several expressed disappointment that no-one had yet contacted them to establish why they were no longer participating. Others suggested there ought to be some incentives for people taking the course not to drop out.

Furthermore, it is important to highlight that despite the palpable levels of disenchantment with their experiences of the *Steps into Work* initiative, the focus group members for this project (like the others) were extremely concerned that funding might not continue for a project to which they had developed a level of attachment (see Table 3.11.10).

Table 3.11.10: Concerns about funding of the project

'I mean the thing is if they didn't continue with this funding to do these groups I think the problem is that you would lose out on so many students who wanted to do it and they won't do it because the fact that the can't get to the college, you haven't got the childcare…'
'Like I say I'd hate to think they stop doing them you know because then we're just going back to square one'.
'My honest opinion, right, it's like anything that's new they bend over backwards to do it, get you started and this and that and we were one of the very first SureStarts to be built at Ferry Hill, you know, they've got it up and running now. Now they've got it up and running, got the capital that they wanted and that's it, you know. All they've got to do is turn round and say, "We're running this course," or running that course and you get another grant, you know.
'If the councils are running this building what would happen if they turned round and said one week, "Right we can't have that room any more for the lesson," so what would happen then?

As the final quotation in Table 3.11.10 highlights, previous experiences seemed to have left some of the participants feeling that these kind of local initiatives were often well resourced and promoted in the early stages of their existence, only to be somewhat forgotten about once they were up and running. This observation resonates with the findings from the focus group evaluations of other projects. The particular focus group for *Steps into Work* were also keen to feedback their reflections on the project to the funders in the hope that it would lead to improvements in the way the initiative was run in future. However, they were wary that any negative comments might be used as a rationale for not funding future versions of the project, rather than for improving it:

> *'So basically if we all turn round and we say we think it's going down the hill, it's a waste of time, the funders will turn round and say, 'Well look let's pull the funding and not bother to send people'.*

The group also expressed disappointment that they would not themselves be receiving a copy of the report for which the focus group material would be used as they were keen to know what it would say and how this information would be used. As with several of the other projects, this finding seems to underline the importance of genuine, ongoing engagement with local communities who are participating in projects like this. There seems to be a potential danger that both community relations and individual expectations might be damaged, rather than strengthened, if and when projects are changed to the extent that participants feel disengaged, or when projects are closed or replaced by new initiatives.

3.11 *Volunteering*

3.11.1 Project Proposal

Intervention: *Volunteering*
Lead: Gillian Fortune
Budget: £64,993
Aim: To provide a formal volunteer work employment scheme for people from targeted groups.
Proposal: The formal volunteer placement scheme would be developed through building the capacity of volunteer-involving groups and organisations to provide work experience placements to volunteers from targeted groups thereby increasing their employability through personal development support and participation in a work environment. A volunteer led befriending/mentoring scheme would provide one to one support to individuals to encourage their engagement in progression activities. This would develop the skills of volunteers working on the programme and support the building of confidence and self esteem for participants in the scheme who are in need of a befriender. The capacity and skill base of local volunteers would be developed to enable them to provide support with CV development for the target group. This support would be provided in a peer led/non threatening way and allow for the further development of beneficiaries of targeted groups through signposting to CV enhancing opportunities potentially increasing their employability.
Worklessness Outcomes: 30 participants on work placements; 5 to enter paid employment, 5 volunteer mentors from the most deprived areas of Sedgefield.

3.12.2 Summary findings from the focus group with participants in the *Volunteering* project

The feedback from the participants in this project was overwhelmingly positive. All of the respondents reported benefiting from volunteering opportunities and, for some, these benefits had developed into employment and training opportunities. When reading this analysis, however, it should be noted that one of the *Volunteering* project organisers participated in this focus group (a situation which did not occur in any of the other focus groups) and whilst her comments have not been included, her presence may have had some influence on what the other participants felt able to say.

In terms of expectations from the project, many of the participants described having been unsure about what the project involved in advance of their participation. Indeed, as the following quotations attest, some participants described feeling quite apprehensive prior to their involvement:

> *'Everyone seemed close and I was quite worried about what it was going to be, and I'd never done anything like this before,'*

> *'I didn't really have any expectations really. Like I was really nervous and things like that, and you just make you feel welcome, they're really friendly'*

The apprehension participants described feeling about the project prior to their involvement is likely to have been heightened by the general lack of self-confidence that many described experiencing. As Table 3.12.1 suggests, the participants' circumstances prior to their involvement in CAVOS (Community and Voluntary Organisations Sedgefield), and their reasons for getting involved, ranged from boredom and an uncertainty about what to do, through to exasperation and frustration and not being able to find a suitable job. As the quotations in the second row of Table 3.12.1 illustrate, the varied circumstances that participants had faced seemed to have resulted in a common situation of feeling unconfident and uncertain about how to change their situations for the better.

Table 3.12.1: Participants' experiences of difficult circumstances and the impact of these experiences on their self-confidence

Difficult circumstances	*'I came to volunteering because I was on long term sick. I'd been on invalidity for about ten years. And although I was desperate to get back into work, nobody was willing to employ me'.* *'I have five children, my youngest is just gone five, so I needed something to do … although I had five children I was bored for myself'* *'I'd finished college and I wasn't really doing anything and I thought it was about time I did start doing something'.* *'I'd been ill for a little while and was finding it really, really difficult to get back into work'.*
Low self-confidence	*'I had so little confidence, I'd lost all my confidence so I came here and started to build that up maybe one/two days a week'* *'When I came on the courses I thought they're never going to be doing anything with me because I'm a hopeless case'.* *'I was bringing up five children, I needed to do something, for my own self confidence than anything else'.*

However, all the members of the focus group reported that their involvement with CAVOS projects had been enormously beneficial. Indeed, several of the participants suggested volunteering projects could (and should) be expanded to deal with broader, societal problems. For example:

> *'If you could bottle volunteering just as a gas or a drug, honestly you would never have no problems again with citizenship and everything like that because it is absolutely ideal to cross all different levels. You get so much satisfaction it doesn't matter how well you've got a paid job, it'll never come down to what you do as a volunteer, never ever'.*

As outlined in Table 3.12.2, many of the participants reported that they intended to continue volunteering for various projects even after they had secured paid employment

Table 3.12.2: Aspirations relating to volunteering in the future

'It's not something that you forget or you put aside as something that you used to do. When I get a full time job I still want to volunteer'.
'Even though I am working I still do voluntary work alongside it. And we have a sub group in our community centre now and through there the voluntary work that we've done, we won a Best Village of the Year Award through just coming together'
'Once you get in, it's like [you've got] the volunteering bug'.

In terms of participants' experiences of practically accessing CAVOS projects, they seemed keen to emphasise how important the provision of travel and lunch expenses had been to them. As the quotations in Table 3.12.3 illustrate, several of the participants seemed to feel that other people might not appreciate the barriers to participating in opportunities that low incomes can present.

Table 3.12.3: Factors that aided access to the project

'That is a great thing, because in my situation I'm volunteering and not working just now, I'm very short of cash, but through the funding you can get your travel expenses paid, and they'll also give you a little lunch allowance which is great when Greggs is just down the street. And so you don't actually have any expenses, you can claim it all back, and that is a huge help because the buses can be so expensive now. And then to be able to get it all back and that's thanks to the funding. And I think that that's something really, really significant for all it doesn't necessarily seem it is. If you don't have to spend a penny you can come in and get all this work and do all of this work'.
'I was out of work for an awfully long time and my funds were zero. So it is nice that you get your travelling expenses paid and your lunch. Although it doesn't sounds much if you're earning an awful lot of money like say you were earning £40,000 a year, you would think 'oh your travelling expenses you don't need them'. Yeah you do because it's difficult to realise that when you've been … when you've got no money at all the bus fare's a big thing'.

Aside from the practical support provided by CAVOS (such as the reimbursement of travel and lunch costs), the participants highlighted how the flexibility of many volunteering opportunities also aided their involvement. Most of the remainder of this report focuses specifically on how the participants felt the CAVOS projects had helped them. The final part focuses on the funding of the project and the participants thoughts on what might help the project run better in the future.

Unlike some of the other NRF projects, a significant number of participants in the focus group reported that the project had already helped them back into work and / or to develop new skills

which they felt would help them secure employment in an area in which they wanted to work. The quotations in Table 3.12.4 illustrate some of the participants' stories with regard to increased employability.

Table 3.12.4: Direct reports of how the project seems to be helping participants to gain employment and/or develop new skills

Positive Outcome	Illustrative Quotation
Developing new skills and / or gaining qualifications	*'I started volunteering in my own community…and then, from there I've gone through me different NVQs and I'm now onto Level Three NVQ and I'm a youth worker now'.* *'I've got problems with my maths and English so I've been doing basic skills and things like that. And CAVOS has helped us out with that. And like now I move onto my apprenticeship where before I wasn't even looking anywhere near going onto an apprenticeship'.* *'When I left school I didn't know what I wanted to do or nothing like that. I'd hang out with my mates. Like when I started coming here, this has helped me because like I'm just finishing Level One NVQ now, so there'll be a certificate there. Then when I go onto my Level Two and it just helps you find a job. And then I can get on the stuff because I'm wanting nought to do with Level Four, that's what I'm getting all my certificates and go into a good paid job and things like that'.*
Securing employment	*'I started off volunteering and that has led to a job … that's directly led to a job, so that's a success'.* *'I was volunteering at Victim's Support, that the outreach worker left to get a full time job, so I applied for her job. Now I would never have had the confidence to apply for that job if I hadn't had the push from people here, the various courses I'd gone on, because I just thought I was going to be unemployable'.* *'When it comes down to it I need a job, so I'm applying for jobs just now and having CAVOS down is fantastic, because not only is it showing that I'm getting the relevant experience, it's showing how willing I am to work and to get that experience, which says a little bit… well it says quite a lot about yourself'.*

As the quotations in Table 3.12.4 demonstrate, the ways in which the project seemed to have helped participants varied. For some, the most important outcomes seemed to be the development of new skills and qualifications, for others CAVOS had helped with more practical matters (by, for example, providing useful references for jobs). The main way in which the project appeared to have aided participants, however, was in relation to their self-

confidence. As the following quotations illustrate, some of the participants reported feeling that, in addition to helping them acquire new skills, a key benefit of the volunteering process had been their increased awareness of, and confidence in, skills that they already possessed:

> *'You don't realise that you have skills and you forget that you have skills. And for me it was very, very valuable'.*

> *'I got that confidence back really quickly and it is fantastic to do some voluntary work in the kind of sector that I would eventually like to work in. I've got a few job applications in at the moment that I'm really quite positive and confident with. And somewhere like CAVOS, with it being an umbrella organisation, there's so much going on, so there's so much to learn. And in the space of three months I've learnt so much and I'm so confident to go on and apply for other jobs'.*

Indeed, as Table 3.12.5, illustrates several participants felt that the boost in self-confidence and esteem that the experience of *Volunteering* had provided was a key benefit. In addition, as Table 3.12.5 goes on to illustrate, the participants claimed the project had promoted other beneficial outcomes which, combined with the increases in self-confidence, can be viewed as positive psychosocial outcomes.

Table 3.12.5: The psychosocial benefits of CAVOS

Psychosocial Benefit	Illustrative Quotation
Increased confidence and self-esteem	*'Now I'm just so confident into what I'm doing, answering the phone and things like that. And it's helpful when people praise you, I think that's the right word. They praise you for the things that you're doing, they saying you are good at answering the phone and good with customer service and things like that, and they do really help you'.* *'My confidence was at zero, it was absolutely at zero and I'd been on a few courses that have been run here, and they just build you up…'* *'I've just found out I was dyslexic last year….But obviously now that I've got the support, I've got the dyslexic support behind us as well as doing everything else, I am moving forward….you can find the potential in yourself literally'.* *'if I never came here I wouldn't have been able to go onto an apprenticeship, because I was nervous and things like that, scared. And I wouldn't have been able to do the work that I've done without CAVOS'.*
Perseverance and motivation	*'People need each other. And because of that you just keep on going. It doesn't matter if you get a few kickbacks…you just keep on going'.*
Social support networks	*'I was an outsider coming into this community, I'm from Gateshead, so I knew nobody and when I started my voluntary work in getting into the, not just the whole community in my village, but coming over here and doing different things it just widens your whole horizon. And if you didn't have places like this out in the community people would be stuck. They would be so isolated'.*
Sense of satisfaction	*'if it wasn't for the fact that I was in touch with voluntary work in doing what I do I would not get life satisfaction as what I've got now. I was the sole machinist, I worked in a factory. I done the cleaners jobs and stuff like that just to make money. But I've got job satisfaction now, I've got life satisfaction now. And if it wasn't for the support in the people and being behind this, I wouldn't be where I am now'.*

As with some of the other projects, some of the respondents claimed that these psychosocial benefits of the project appeared to have been noticed, and supported, by family members (see Table 3.12.6 examples).

Table 3.12.6: Psychosocial benefits of *Volunteering* noticed/supported by family members

'If I can fit [more volunteering] around my job at the moment then that's what I'll do. And I talked, obviously, to my husband about it and I've talked to my daughter about it, and she said, "Mum you do what you feel you want to do", and that's what my husband said. He said, "We're here to back you up no matter what you want to do"'. *'Then the whole family benefits, doesn't it, from what you're doing? Because you're happy in yourself and that passes onto your family'.*

As with many of the other projects, participants seemed particularly grateful for the supportive and friendly approach they felt staff at CAVOS had taken towards them, as the quotations in Table 3.12.7 attest. Bearing in mind that the participants nearly all reported feeling nervous or shy or unconfident prior to their involvement in CAVOS projects, the approach taken by staff is likely to have played a crucial part in the experiences of participants.

Table 3.12.7: Importance of relationship with staff / support from CAVOS

'They're really supportive, all the staff. If you need anything…they're there, they're helping us, they're getting us evidence and things like that. They're helping us out with a lot where I wouldn't have been able to do it on my own'. *'It doesn't matter what like when you pick up the phone and you ask one of the staff the question, if they can't answer you straight away they'll always, always come back and help you whichever way. And it doesn't matter, you could ask to get from A to B and even it gets you to go from A to C you still get what you need. Your answer's always on the end of the phone'.* *'They're really friendly and like as Freda said before, if you need any help and they can't give you answers straight away, they look it up or anything like that, and they get back to you to try and help you as much as they can'.* *'You know that you've always got a support centre here because CAVOS is here'.* *'It's such fantastic support and we've seen first hand what lengths the staff will go to to really rally round and make sure that that support is provided'.* *'You might feel isolated in the beginning where you don't know what to do, you don't know how to get out there, but once you pick up the phone and the friendly staff on the other side…'*

For many of the participants, a particular benefit of volunteering seemed to be the way in which it enabled participants to feel that they were 'giving something back' to their communities. For many of the participants, this feeling was closely linked to the boosts in confidence that they described experiencing; by feeling that they were able to provide

something useful / of benefit to others, they felt more worthwhile in themselves, as the quotations in Table 3.12.8 demonstrate.

Table 3.12.8: Wanting to give something back – the importance of feeling useful to others

'It's just a case of finding lots of different things that I could do and proving myself useful which was fantastic, to feel useful'.
'It makes you feel really worthwhile, which at a time when you have so little confidence is great. …We did an event on Friday and it's like 'wow', now there's this bigger picture as well and look at all these people that we're helping, these people that come in and all the training that is provided. I never thought that what CAVOS did was as significant as I know it to be now'.
'It's about doing something different I think. Adding a little bit more colour to our life and someone else's as well if you can.…It's that little bit extra value you can add to other people's lives as well. I'm so excited about the idea of sitting with some elderly people at a coffee morning hearing their stories and all that'.
'The other day I actually took an enquiry over the phone for a gentleman who wanted a placement. And the staff really rallied together, "Right could…maybe this would be good, maybe that would be good for him" and booked him in a little interview with the volunteer centre manager. And he left the other day with so many ideas about what he was going to do. And I thought 'I took that phone call I put him on to someone'. At least that man is so pleased at the support that we've offered him and I was the first person he got in contact with. It makes you think you're the catalyst'.
'You put skills back into your own community, because that's obviously one of the reasons why I kept on going with my studies and things like that because I wanted to give something back. Although like I was just… I did want to give something genuinely back and that's what we're doing. And because people like all of us around the table learn these type of skills we can put things back into our own community'.
'You feel good because you've given something and you're not getting anything back necessarily. But you don't need to get anything back, it's you can give to just feel good'.

Whilst many of the participants quoted in Table 3.12.8 emphasise the benefits of giving without any reciprocal expectations, the focus group discussion also make it clear that most of the participants had got a lot out of the volunteering process, as already discussed. However, as also discussed, the benefits were often psychosocial and not necessarily the kinds of tangible outcomes that participants felt funders (and others) might expect. With this in mind, the participants were keen to highlight all of the aspects of the project that they felt had been positive because, as with several of the other projects being evaluated, the participants were clearly fearful that funding for the scheme might not necessarily continue. Indeed, one

participant specifically asked whether the report based on the focus group material would be sent to funders as they felt it was important for funders to receive this kind of feedback:

> *'Who will the final report actually go to? Because maybe some of the comments we made about funding coming to an end and nothing there to replace it, they're the people who the powers that be who might be in a position to do something about that. But I think as well Sedgefield Borough just want to know that they've spent what money they have spent effectively. And I think the feedback you've had today is proof of the pudding really'.*

These concerns, which are expanded on in Table 3.12.9, below, highlight the importance of ensuring short-term funding for local initiatives does not damage community relations and individual expectations by causing the sudden closure of popular schemes. The participants' enthusiasm for feeding back their experiences of the scheme to funders also highlights the potential for community engagement in the planning processes involved in rolling out local projects:

Table 3.12.9: Participants' fears that funding for the project might not continue

Possible negative impacts associated with loss of the project	*Points highlighting the benefits of the project*
'without these projects people would crumble - definitely'. *'If all of these type of projects was to leave the earth tomorrow the government would have a heck of a mess to try and mop up because they don't realise what these type of projects do'.* *'When the funding runs out all the good work comes to an end, and you've maybe built people's confidence and capacity and then they're left with nothing, and that is maybe leaving them in a worse state than they were before the funding was actually there….If the government aren't are so short sighted that they don't put any … or are so short sighted that they don't put anything in place, I think it's going to have a knock on effect on communities'.*	*'These projects are valuable and government should realise how valuable they are ... and they should literally throw the money at projects like this out in the community because it's so hard to fund things like this in the community…without these types of things in the community people wouldn't be able to do anything. And they know how valuable they are but they don't recognise as much as what they should do'.* *'And it does so much for people as well in that because of the funding we can run these projects, get out there in the community, training as well, and we've had a great number of people who actually have been undertaking a lot of our training programmes at the moment'.* *'it would be nice to have some additional funding to maybe develop a positive second step type programme, because you've taken people to one level and then you've signposted them onto other organisations. But if there isn't something out there for them to signpost to, then again you've raised their hopes to a certain level and then there's nothing'.*

With this project, participants not only felt that it was important for the project to continue but actively suggested that more funding and/or resources should be provided in order to enable it to run more effectively and reach more people. For example, one participant suggested a full-time member of administrative staff would greatly aid the organisation of volunteering opportunities and enable to project to reach out to groups in less accessible areas. The participants' desire for the opportunities that they felt they had benefited from to be made available to others highlights the extremely high levels of support they seemed to feel for this project.

3.12 *Young Parent's Outreach Worker*

3.12.1 Project Proposal

Intervention: *Young Parent's Outreach Worker*
Lead: Carole Dawson
Budget: £123,701
Aims: To support the development and extension of current Sure Start practice in relation to young parents, in order to improve health, education and social outcomes for pregnant young parents and young parents and their children aged 0 – 5.
Proposal: This project will be available for all young people within Sedgefield, with targeted support within the Super Output areas: Spennymoor, Low Spennymoor & Tudhoe Grange, Middlestone, Ferrryhill, Broom, Chilton, New Trimdon & Trimdon Grange, Fishburn Old Trimdon, Sunnydale, Byerly, Thickley, Greenfield & Middridge, Woodham, Shafto, West. Project work will include: * Tailored ante natal/post natal services to support healthcare, parenting skills, access to education, training and work, childcare, sexual health and family planning * Groupwork and one to one sessions. * Encouraging young fathers involvement in the upbringing of their children. * Reshaping services to meet the needs of young parents. * Encourage participation in local management of children's centres and extended services. * Encouraging young people to engage with volunteering as a pathway to employment and training. * Raising awareness and support young parents who are experiencing domestic violence
Worklessness Outcomes: 35 young parents to participate in education and training; 10 to enter employment. Health Outcomes: 50 young mothers to report support from father/family. 50 children under age 4 to be involved in physical activity.

3.13.2 Summary findings from the interviews with participants in the *Young Parents' Outreach Project*

Due to the sensitive nature of teenage pregnancy, it was agreed with the co-ordinators of this project that it would be best to interview participants (either on an individual or couple basis, depending which the interviewees preferred) rather than to hold focus groups. The interviews were therefore conducted with some couples and with some mothers by themselves (although only one of these was a single mother). Some of the interviewees were parents with young children and others were expecting to give birth shortly.

Overall, the participants in these interviews generally gave very positive feedback about the way the project had been run and the impact it had had on their lives. However, it was also clear that this intervention had not addressed all of the interviewees' needs and concerns. In particular, the young mothers seem to have been more involved and benefited more from the project than the young fathers. In order to contextualise the interviewees' comments about the impact of the project on their lives, this report first focuses on trying to explain how the interviewees perceived their position as a young parent in Sedgefield. The report then explains the various ways in which the project appears to have benefited the participants. Finally, the gaps that the data suggested this project has not been able to address are drawn out in a bit more detail in case this is considered helpful for planning future projects.

Given the tendency within policy to construct teenage pregnancy as a significant problem, it is important to emphasise that none of the young parents seemed to agree that their circumstances were problematic. Indeed, although several admitted feeling shocked on first hearing about their (or their partner's) pregnancy, at the time of the interviews all of the young parents were overwhelmingly positive about their pregnancy/child, as the quotations in Table 3.13.1 demonstrate.

Table 3.13.1: Interviewees' positive attitudes to their pregnancy/baby

Young father: *'We weren't expecting it at all but I wouldn't change it for the world now'.*
Young father: *'I'm over the moon because it's good news to us now'.*
Young mother: *'We were really happy weren't we? We were shocked but happy as well.... There's not much I'd rather do than be with her, really'.*
Young mother*: 'It took a while to get used to it. But I think once the shock had gone I was quite happy with things. [Then] I think I just got more and more happy and excited'.*

Whilst it might be anticipated (indeed, hoped) that new and expectant parents would experience positive, maternal or paternal feelings towards their child, it is important to stress that the interviewees' reflections did not appear to be merely the result of an inevitable response to an unfortunate situation. Instead, nearly all of the interviewees were keen to stress the advantages of having children at a young age, as the quotations in Table 3.13.2 demonstrate.

Table 3.13.2: The interviewees' perceptions about the advantages of having children at a young age

Advantage of becoming parents at a young age	Illustrative quotations
Having the potential to live life more fully at a later age	Young mother: *'The advantages are when you have them when you're young, when you're older they're older as well so you can still have a bit of freedom when they're older and they can do what they want and you can do what you want really'.* Young mother: *'I think my mum was a bit old when she had me so I think now she's missing out on different things. I think it's good to be young'.*
Having the energy to play with your children	Young father: *'If you have a bairn when you're older, it's like you're all grown up and mature and you just want your kids to get on in school and that. But being younger you still want to play and mess about when they want to'.*
Acts as an incentive to improve lifestyle	Young mother: *'I'm not going out and getting drunk and sleeping about as people do… with the bairn'.* Young mother: *'I did smoke but when I found out that I was pregnant I stopped straightaway,'*
Acts as an incentive to secure employment and make financial plans	Young father: *'[Since finding out about partner's pregnancy my biggest priority is] me getting a job and getting money put away for holidays and buying Christmas presents, birthday presents for my daughter'.* Young mother: *'He [partner and father of baby] has had like all sorts of different jobs really but now we want to, like, because we've had her, it's given him like a sort of hit in the face as if to say, 'right, I'm going to do what I need to do and want to do'.'*
Provides a chance for different generations to interact	Young mother: *'I think it's quite good because like she's getting to know my grandma like and the generations… because I never knew my grandma'.* Young mother: *'[We] could have waited but things happen for a reason, my Gran said that. My Gran got to see the baby before she went…That's the reason'.*

All this is not to say that the young parents were not conscious of the difficulties they faced. Some of these related to common concerns facing expectant and new parents, such as a fear of not being able to comfort a crying baby, the prospect of sleepless nights and suddenly having to prioritise the baby both financially and time-wise. For example, the following young mother expressed several of these concerns in relation to becoming a mother:

> *'Sleepless nights. ... Crying all the time and you don't know what she's crying for. Not being able to go out and do anything and having no money. That's just what comes with a baby isn't it? Having to buy everything for the baby'.*

However, given the financially difficult circumstances within which many of the young parents found themselves, the financial stresses in their lives were probably greater than for many parents. For example, the quotations in Table 3.13.3 illustrate some of the financial worries that were expressed by many of the interviewees. As these quotations begin to demonstrate, the pressure to secure an income was often located with the young fathers.

Table 3.13.3: The financial difficulties facing interviewees

Young mother: *'[Our biggest concern on finding out about pregnancy was] money and stuff like that'.* Young father: *'How we were going to cope and stuff. But I am trying to get a job like'.*
Young father: *'I've got a bank account fixed up but I don't have any money in it because I haven't got a job'.* Young mother: *'And we can't get a council house because they keep losing our papers'.* Young father: *'We've been on the council house list for three years. We're still in private renting'.*
Young father: *'We were both working before we had the bairn. I got laid off fifteen weeks ago from [Blank – name of employer] in Aycliffe. I got laid off. And they're few and far between now. I've no work since, until now, when I got work for three weeks and that's it'.*
Young father: *'It's an expensive life these days, it really is. It's too expensive to live. Unless you're pulling in £300 a week it's really hard to live'.*
Young mother: *'I mean young mums, everybody thinks, 'oh, they get everything off the Social, they get paid a lot of money'. We don't. We definitely don't. I mean a pack of nappies sometimes [it's] £10 for a pack…and then when they get bigger, the nappies get smaller, like the amount in the pack so you've got to buy even more'.*

As some of the quotations above illustrate, the financial constraints many of the interviewees described appeared to have impacted on other areas of their lives. For example, two of the couples and one of the young mothers who were interviewed explained that they were concerned about raising their baby in poor housing and/or being unable to live together as a family unit. In addition, the following couple felt that the father's move into unemployment (which happened shortly after the birth of their child) compounded the mother's post-natal depression, exemplifying the links between worklessness and poor health:

> Young mother: *'Yeah, I got depression when I had the bairn'.*
> Young father: *'Then I got laid off, which made it even worse. I was there to help cope and that but it made it worse for us as a situation because I was on the Social and it's not what I wanted to do, I wanted to be out at work, and fifteen weeks is a long time'.*

Unfortunately, the couple quoted above were not the only interviewees who reported that their move into unemployment had coincided with the pregnancy/birth of their first child. In total, four of the couples described situations in which one or both of them had moved from being employed to unemployed during the pregnancy or shortly after the birth. Whilst there were no direct allegations of unfair dismissal, it became clear than not all of the interviewees fully understood their employment rights, as the quotations in Table 3.13.4 reveal.

Table 3.13.4: Interviewees' limited awareness of employment rights in relation to pregnancy and childbirth

Young father: *'If I get a job in the meantime, I'll just have to explain that my girlfriend's pregnant and nearer the time I might have to have a bit of time off…Because I think in some places they have to pay you sick pay or something like that, I don't know.…It was more, because I asked [young parent's project worker] what I should do with work when it comes to actually the birth happening. She said, 'just hand this letter in,' and that was it and that's all I knew, I just had to hand the letter in. She didn't really explain what rights I had or anything like that'.*
Young father: *'Well, my gaffer just didn't really want to know [about the pregnancy]'.* Young mother: *'He [the employer] said he [the young father] had qualified for paternity leave… but halfway through…'* Young father: *'When it came to it, he rang me, he said I'd got two weeks. He rang me at the end of the first week, he goes, 'you'll have to take it for a holiday because you don't get it'.'* Young mother: *'Apparently…if he'd worked another week he would have qualified but it was …'* Young father: *'But he told me I could get it'.* Interviewer: *'So he went back on his word?'* Young father: *'Yeah'.*
Young mother: *'I had just left college, but I was working, so. Then I got laid off…and no-one would employ me'.* Interviewer: *'And being laid off, was that to do with your pregnancy?'* Young father: *'We're not sure'.* Young mother: *'I'd just told them that I was pregnant when I got laid off, but I wasn't really hitting my targets but I wasn't far off them'.* Interviewer: *'So you don't know whether it was to do with that?'* Young mother: *'It's in my mind whether that's why they laid me off but I don't know'.*

So, although it was not a specific aim of the Young Parent's Outreach Project to educate young parents about their employment rights, this does seem like an area in which it may be worthwhile ensuring similar projects focus on in future, if the aim is to help young parents avoid worklessness.

As already mentioned, most of the conversations about employment that related to the near future centred around the young fathers. All of the young mothers, both those who were single

and those who were in a relationship, expressed a desire to spend a year or two focusing on raising their baby. Consequently, although all of these interviewees were extremely positive about becoming a mother, some did admit that the process had disrupted previous plans they had had for their future, as the quotations in Table 3.13.5 illustrate.

Table 3.13.5: The impact of becoming pregnant on young mothers' plans for the future

Young mother: *'I was going to get a qualification in child care but I had to leave that course because the baby was due before the course ended'.*
Young (single) mother: *'I'd already left school, I'd been in a job for a couple of years, and I'd just started to enrol – I wanted to do my GCSEs again - I'd just enrolled and I found out I was pregnant.…But my due date was when my exams were so I just … Yeah, I worked up until the end of my pregnancy and I'm just on maternity leave now but I'm at college on a night time as well.…I'm just at Tesco at the moment but I'm training to go into the police. Originally I wanted to be a marine biologist and move abroad… but I couldn't do that without someone going with me now'.*
Young mother: *'It changed my mind about going to college, I didn't want to go [after finding out I was pregnant]'.*

It is important to emphasise that it was only some of the young mothers who suggested that their plans for the future had in any way been negatively disrupted by the pregnancy. Indeed, three of the young couples claimed not to have had any particular plans prior to learning of the pregnancy and for these couples the pregnancy appeared to have acted as an incentive to make plans for the future. Even the young mothers who did report that the pregnancy had interrupted their short-term plans did not seem to feel that having a child was likely to impact negatively on their long-term plans as they all seemed to have been informed about child-friendly training opportunities which they were planning to participate in. In fact, several of the interviewees who wanted to develop care-related careers suggested that having a child was likely to increase their skills and experience and, therefore, perhaps their employment prospects, as the quotations in Table 3.13.6 demonstrate.

Table 3.13.6: Benefits of pregnancy in relation to work

Young father: *'It will give me more experience in looking after people and stuff because I did work before and I'm getting used to people and… getting used to other babies, just in case there's any babies in the future, like, and you're getting experience in what you're doing. [It's] getting me more confidence in, 'I can do this, I can do that, I can do the other,' and stuff'.*
Young mother: *'I did want to actually work with, well not children exactly, like in a school office, because not every day's the same, because I had an apprenticeship there. I knew what kind of thing, but I didn't want to work in an office. Then, with having the bairn, I know that I can work with children because… before it was natural but now it's instinct'.*

It was one of the specific aims of this project to encourage young parents to participate in available training and employment schemes, in order to try to minimise the prospects of future worklessness. In relation to the young mothers, the project appears to have been very successful – whilst it is too early to evaluate this aim in relation to employment, it was clear that the project had certainly helped (along with other interventions) to raise awareness of and interest in training opportunities for the young mothers. Nearly all of the female interviewees reported either that they had already been given information about training/employment opportunities that they intended to pursue or that they were aware of where to obtain this information and that they intended to follow these opportunities up. However, the data suggests that both this project and other interventions aimed at young parents had so far been rather less successful in relation to raising awareness of training and employment opportunities amongst young fathers. Most of the young fathers who were unemployed (all but one of those interviewed) reported feeling that there was a lack of support to help them find secure employment. Table 3.13.7, below, demonstrates the different perceptions of the available support amongst the young mothers and fathers.

Table 3.13.7: The different perceptions of the available support/information about training/employment opportunities amongst young mothers and fathers

Young mothers	*'My health visitor's been giving me loads of information on opportunities that I can do when the baby's born and that'.* *'I'm hoping to get in touch with Connexions in a year's time and like tell them and they can give us all the [information] because they come out, like, to the house, so they can give us a lot of ideas, like what I can do and things like that. Because I can get professional childcare minder at Ferryhill or I can get somebody at the college. So I'm just looking at all sorts of different colleges and everything at the minute, just to like see what's happening.…I can either take her to school with us or I'll get free childcare until I'm 19, so that's really good. So it should give us time to get me own like life sorted'.* *'I can still go to college. They have a special college.…I want to do hair and beauty because my mum and my sister do that as well so I want to do that as well.…I'm going to start in September. But I'll ask more questions when it gets nearer to the time. I think [Young Parents' project worker] will help us as well and I've got a Connexions worker as well so she'll help us as well'.* *'I've passed my childcare because I did my exams at home, with us being pregnant, and I done better doing them at home with a one-on-one person than I think I would have in school'.*
Young fathers	*'Because I haven't been on the Social for over, I think it's, six months they're not interested. Now the New Deal and the work trials you can get only get after you've been on it either six months or you're over 25. So they're useless to me.…They're saying they'll help us find work and they'll get the jobs but nothing.…They don't even bother ringing up and saying we've got a lad, do you fancy giving him a trial for just five days, do you fancy giving him a go. They're not bothered. You know, it's, 'sign on and go away,' basically'.* *'There's no support there for me'.* *'I would if I could get into it; I'm a bit old now.…I'm 21.…Everything's all 16 to 18 now isn't it?…I wanted to do trainee joiner and things like that and I rang up about that and dry lining and they were all for 16 to 18 so I couldn't do either of them'.*

The quotations in Table 3.13.7, above, illustrate a number of important points. Firstly, in contrast to much of the existing research on young mothers which emphasises women's prioritisation of motherhood as an identity, the findings suggest that young mothers did place quite a lot of importance on developing a long-term, paid career. This suggests that providing young mothers with the right kinds of support and information about training and employment opportunities has the potential to help young mothers move into employment. On a less positive note, the findings also suggest that the young fathers had not experienced similar levels of support. Given that it was generally the young fathers who felt under the most

pressure to secure employment and provide an income to support the new family, this is important. As some of the quotations in Table 3.13.7 outline, some of the young fathers felt excluded by policy interventions, which focused on particular age groups. For example, two of the fathers who featured in these interviews were in their early twenties (but were included on the basis that their partners, the babies' mothers, were far younger). These fathers seemed to fall in-between interventions which focused on teenage fathers and interventions concerned with unemployment amongst older populations.

Only one of the young fathers was in secure employment at the time of the interviews (although some of the others had been moving in and out of temporary work). The majority of the interviewees were, therefore, dependent on various state-funded benefits and it was clear that this was a situation with which they were unhappy. As Table 3.13.8 demonstrates, most of the interviewees, but particularly the young fathers, seemed to feel extremely frustrated by their unemployment and seemed to have a strong desire to find work and avoid being dependent on benefits.

Table 3.13.8: Attitudes towards employment and worklessness – the desire to work

Attitude	Illustrative quotations
Frustration with being unemployed	Young father: *'I get bored in the house all the time, you know. You can only do a thing so many times before getting bored.…I've put on four stone because I'm out of work. If I was 45 I'd probably be even more overweight through sitting on my arse all day..'.*
Desire not to be dependent on state-funded benefits	Young father: *'[State-funded benefits] are £180 a fortnight for me and Anne-Marie, and we get the bairn's tax credits, but still we'd be better off on benefits than me going to work and it shouldn't be that way. You know, personally speaking, I think if you're on benefits, you should be made to go and pick potatoes or go and pick cabbages, do something, just to earn that forty quid or fifty quid, whatever it is, to earn that money'.* Young mother: *'I'm just keeping all me options open because I want her to have a good life instead of, like, well, getting paid off other people working. I'd rather work, work, work, even if I'm tied down, then I'll know that I'll be paying for all of her things...'*
Eagerness to work	Young father: *'I would be happy going onto [unpaid] voluntary work where they'd say, 'right we'll take you on full time,' a placement or anything like that just to get me to work as a forklift driver because that's what I want to do.…I'll do it voluntary for the first three weeks until they say, 'right, you're good enough, we'll take you on'. I would do that, you know, just to get me to work'.* Young father: *'I just want to get into a job'.*

Unfortunately, unlike the generally optimistic outlooks that most of the young mothers had about their potential careers, nearly all of the young fathers felt there were a number of important barriers that prevented them from finding work (see Table 3.13.9, below). The most frequently mentioned of these was a lack of jobs in their area but other problems which recurred in the conversations included transport difficulties (both the expense and the unreliability of local public transport), a lack of skills (and/or experience) and a lack of confidence.

Table 3.13.9: Barriers to employment perceived by the young fathers'

Perceived barrier	Illustrative quotations
Lack of local opportunities	*'They don't do enough help for you really. I mean I'm registered now with four or five agencies and to me they don't bother looking for you, you know. They just fob you off with a whole lot of junk'.* *'Most of industry's shutting down up here so…'*
Transport difficulties	*'Transport's the main [problem] because everywhere I go for interviews and stuff I've got to get on the bus and stuff'.* *'…the buses are useless, they're not reliable'...'Taxis are expensive. Uncles and aunties and all that are expensive as well [for getting lifts], and [it costs] £20 a week to get to where I'm going to'.* *'I've got to go to spend a fiver every day, which is lot of money, it's over £20 a week to get there. I mean I've got a bike but it's sitting over at Consett…I've got to fix it up, which I don't have the money to fix it up until I get a job. It's a repetitive circle. It goes in one big circle'.* *'I know in Consett, for transport issues, they can get you a scooter in the Jobcentre there. Well, they won't do it round here. They do need more schemes to help people to get transport to get there'.*
Lack of skills / experience	*'From my view, it's experience [which is the barrier] at the minute because I've got none. It's as plain as that. I've got no experience and no-one to trust me.… I've got my training but training's apparently not good enough. They want the experience of working in a factory on a forklift for two or three years before they will even touch me'.* *'My Maths and English are really bad, so when I tried to go to college or anything like that, because my maths and English were bad they wouldn't let me enrol.…I'd have to do training and everything again because when I was at school I just didn't pay attention…and then I came to my GCSEs and my dad passed away at the time so I didn't bother doing it'.*
Lack of confidence	*'I've never really been confident in many things so. But I don't know, I just worry about things, I get paranoid about stuff'.*

	'I tick the boxes of a bum, basically - they're not interested in me'.

The findings from this project suggest there is a gap in the support available to young fathers who are trying to carve out a career for themselves. This is important not only for this group as individuals but also for the young mothers with whom they are in relationships and the babies that they are helping to raise. Indeed, as the quotations in Table 3.13.10 highlight, the interviews revealed a high degree of inter-couple support, something that is likely to be extremely beneficial to young families facing difficult financial circumstances.

Table 3.13.10: The importance of inter-couple support

Young (expectant) mother: *'The bad things will be getting up in the middle of the night though'.* Young father: *'I will'.* Interviewer: *'You don't mind doing that?'* Young father: *'I don't mind'.* Young mother: *'I don't mind, he can do all that'.* Young father: *'I've just been doing the hoovering and the housework while she was at college and that, and keep the house clean and that, and doing the washing and stuff like that'.* Young mother: *'I'm not too keen on the nappies'.* Young father: *'It depends how smelly they are. I don't mind doing dirty nappies at all, dirty nappies don't bother me'.* Young father: *'I'm not going to get someone pregnant and run away, that's not me. I stay, you know. That's what dads are for. That's what dads should be. They shouldn't get someone pregnant and run away'.* Young mother: *'Like most men do'.* Young father: *'Yeah, a lot of men do. That's wrong….I'm proud to be a dad, you know, I really am'.* Young mother: *'I'm not like one of these young mums [who] go with anybody. It was one person who I loved, and he was there for me, and he has been all the way through, so, and that's like really helped out'.* Young mother: *'At first he [the father] wouldn't hold the bairn when he was first born because he was frightened. He didn't know what to do, and it was like teaching him kind of thing. I know this is going to sound horrible too but if someone had shown him before, it would have saved me being tired'.*

Aside from the financial concerns of many of the interviewees, the data suggest the main difficulties/dangers facing young parents relate to the social stigma of becoming a young parent (especially for mothers) and the potential of becoming increasingly socially isolated. Each of these problems is highlighted in the quotations in Table 3.13.11, below.

Table 3.13.11: Difficulties facing young parents – concerns about social stigma and feelings of social isolation

Difficulty	Illustrative quotations
The stigma attached to becoming a young parent	Young mother: *'Other people just judge you because, just because you're a young mum at 16, they like look and think oh that's not going to work out with them two, the young lass and the lad'.* Young mother: *'Well, sometimes it's like, well I call them snobby people. They come on the bus, the rich things, they've never done, they've never, what can I say, cleaned floors, toilets, anything like that. They've just gone from families coming down and they've got like the money from them and they think they're all it, and one lady, she come on the bus and she went, 'hmm,' she says, 'these young girls,' she says, 'having babies at 16, it's disgraceful'. I said, 'for your information,' I says, 'I'm a 16 year old mum,' I says, 'but I'm doing quite well, actually'. I says, 'my daughter's beautiful,' and, I says, 'I wouldn't change a thing about it'. I said, 'just because you've got money and because I haven't, doesn't mean that you're going to look down your nose at me because it's not right'.*
Sense of social isolation	Young father: *'[There's] very rarely easy access [on the local buses]. It's no good for us and the bairn'.* Young mother: *'And if I'm my own I can't do it, so I don't go anywhere on my own'. …We got round my mum's a lot'.* Young father: *'Yeah, it gets quite annoying, depressing'.* Young mother: *'With a bairn, it's four walls and the bairn. When you've been out, like the…for conversation or it's a chance to go out and meet other people and say oh, do you fancy coming for a coffee and someone to talk to who knows the situation. So I talk to my friend and then she say all right okay, then she goes, going out…'* Young mother: *'We don't really have many friends do we?* Young father: *'No'.* Young mother: *'There are a couple of friends who are sort of drifting away from us now because we're grown up, starting to grow up, not going out drinking and everything like that, staying in on the weekend, and they're just drifting away from us because they want to do their own thing now'.* Young father: *'I'm stuck in the house 24/7 with the bairn.…Sitting in the house all day, it's no good for you. You know, it drags you down'.*

The kinds of difficulties outlined in Table 3.13.11 have the potential to contribute to poor mental health which, in turn, may negatively impact on physical health and/or the potential of securing full-time employment. Such difficulties may also worsen inter-couple tensions and/or problems of anger management. Fortunately, the Young Parents Outreach Project seemed to be successfully helping many of the interviewees to overcome these psychosocial difficulties, as Table 3.13.12 demonstrates. For two of the young fathers, participating in martial arts /

boxing classes that they were introduced to through the project seemed to have helped improve their ability to cope with low self-esteem and feelings of anger. For nearly all of the interviewees, but especially the young mothers, the project seemed to have helped provide some kind of social interaction and support.

Table 3.13.12: Psychosocial benefits of the Young Parents Outreach Project

Benefits	Illustrative quotations
Anger management and inter-couple communication skills	Young father: *'I'm going [to boxing] every Wednesday'.* Young mother: *'It helps to give him confidence, doesn't it?'* Young father: *'I mean I've got a bad temper and stuff so it's calming me down so it's taking my anger out'.* Young mother: *'Yeah'.* Young father: *'I'm not good but I'm getting there…. I've calmed down temper-wise and other stuff, and she's building my confidence up'.* Young father: *'We starting to like … like talk to each other'.* Young mother: *'I used to be a very, very shy person. I wouldn't speak to anybody but now I speak to everybody, don't I?'* Young father: *'She [project worker] is teaching us to speak to each other without raising our voice and to use different words. So if you were blaming someone for something… she's teaching us to use different words'.*
Social support and interaction	Young mother: *'[The project] has helped make me realise I'm not on my own really. I'm not the only one. There are some people who are worse off than me so I just count myself lucky'* Young mother: *'It's just really getting my daughter involved in different things. That's what I like the most, getting involved in different stuff….With some of my friends being here as well, it's like I'm not pushed to the side because I'm with my friends as well'.* Young mother: *'I mean little things like this it gets us out of the house and like just gets us away like from family sort of thing, just for a little bit, and just like me and the baby, instead of like me, grandmas and things like that, and like you can mingle with other mums. I mean I know some of the girls from here because I used to be like best friends with some of them so that's really good as well'.*

The interviewees also reported that the project had had more direct and practical benefits. The most frequently mentioned of these was the advice that the new/expectant parents received through their involvement in the project. Often, the interviewees attributed this advice directly to the Project Workers, as Table 3.13.13 reveals. However, some of the young mothers were also keen to emphasise the importance of being provided with an opportunity to exchange advice and information with other mothers. The support and advice the mothers

reported experiencing from their involvement in the project extended to issues relating directly to mother and baby health, such as support and information about quitting smoking, as Table 3.13.13 also illustrates.

Table 3.13.13: Practical benefits of the Young Parents Outreach Project

Benefits	Illustrative quotations
Advice	Young mother: *'She [project worker] gives you loads of advice [about being pregnant]. There's loads of stuff I didn't know and she told me everything'.* Young father: *'She [project worker] helps with everything, doesn't she? Even if we've got problems like with the repairs in our house, she can phone the environmental health person'.* Young mother: *'Yeah. She finds everything out for us doesn't she?'* Young mother: *'She [the project worker] is going to help us look after the baby when she comes and teach us how to wash the baby, change the baby's nappy and everything like that'.* Young mother: *'I wouldn't have known what to do or anything like that while I was pregnant if it wasn't for it. It has been really helpful'.* Young mother: *'I mean there were loads of like information about teething, weaning and everything like that. I mean, you ask, well, [project worker], like I speak to her the most, we ask them for something and like they'll try and help you the best like the way they can'.*
Health	Young mother: *'It's like that yoga through there, I thought that was helpful, the breathing things and about stopping smoking'.* Young mother: *'They [the project workers] said, 'if you need any help or anything [to quit smoking],' like, they give us the leaflets and things like that, so I was sorted out'.*

Overall, then, the interviews with the young parents suggested that the Young Parents Outreach Project had effectively supported the young parents who became involved in a number of important ways. Indeed, only one couple expressed anything significantly negative about the project (which related specifically to their experiences with one of the project workers). However, as this report has repeatedly made clear, the project appears to have been far better at supporting young mothers than it has in addressing the needs of young fathers. Indeed, as the quotations in Table 3.13.14 demonstrate, many of the young fathers only seemed to have found out about the project through their partners. In contrast, the young mothers reported having been actively recruited to the project by various health workers.

Table 3.13.14: Knowledge of and access to this intervention amongst young mothers and fathers

Young mothers	*'I heard about it [this project] from my health visitor and then I told him [partner]'.* Interviewer: *'And did they encourage you both to come?'* *'Yeah, but sometimes he has to miss it because he's at work'.* *'[One of the project workers] was my midwife, and she told us about stuff, with me being a young mum, like, you get loads more opportunities like Sure Start and stuff, so I had [another project worker] come round my house pretty much every week telling us different things, and then it was [the project workers] that got me started with Sure Start'.* *'I like it the way it is except for the age limit, because everything that we're doing there's no dads coming at all, like with them all being older dads. No dads coming at all and I think that's wrong that the dads aren't taking part in the stuff that the babies are doing'.*
Young fathers	*'They just told her [referring to partner]'.* *'It wasn't like there are dad groups on, you can take the bairn, you can have half an hour out with the bairn, you know, and give me half an hour. It wasn't you can go to this group or you can go to that group….* *Interviewer: 'So you feel that you just weren't informed about what was available?'* *'Yeah, not properly, not good enough, no'.* *'If I have to do overtime, I have to do overtime, so sometimes I have to miss it. It's a bit of a shame because it sounds like fun to me, so there you are'.* *'I never heard about it until …'* *Young mother: 'Until I told you about four weeks after'.* *'I only heard about the Daddy Group because John was talking to me and said had I heard about it. I'd never heard about it until then'.*

Given that many of the young fathers only appeared to have heard about the project relatively recently, it is perhaps not surprising that they seemed to have benefited less from the project. However, the data also make it clear that the young fathers were experiencing significant stresses, many of which seem likely to potentially impact on both the young mothers and their children. This suggests that it might be beneficial for any similar future projects to place more emphasis on the provision of support and advice to young fathers.

3.13.3 Case Study from the *Young Parent's Outreach Worker* Project

Wendy [pseudonym] is a 17 year-old, pregnant woman. She lives with her grandparents in West Cornforth. Wendy dropped out of college when she moved to County Durham from the North West and was referred to the *Young Parent's Outreach Worker* through her GP. Although Wendy didn't have any specific expectations of the project, she hoped that contact with the *Young Parent's Outreach Worker* would help to increase her self-confidence and facilitate access to information, support and guidance.

Wendy described a number of barriers, which she felt might prevent her from securing employment in the future. She perceived the main difficulties to be her lack of qualifications but her other concerns included her limited work experience and work-relevant skills, low self-confidence and problems associated with transport (especially cost). Wendy was very positive about the practical and emotional support she had received from her project worker and explained: *'She's different 'cause she talks to you and she listens to what you have to say. She explains things…When she's finished doing her rounds she'd just come and have a chat and everything'.* Once her baby has been born, Wendy plans to return to college: *'I'll wait until the baby's one or two then go back to college. Mam said she'd get me a job doing cleaning as there's a nursery there…I have a lot of family support'.* Wendy felt that the *Young Parent's Outreach Worker* project was *'doing everything they could…They talk to me about my baby and what my body is going through'.* Referring to the support she has received, Wendy said *'I'm just grateful for it... it's not just leading up to the pregnancy it's afterwards as well'.*

4. Discussion

The findings presented in the previous chapters are interpreted conceptually using the typology of interventions presented in Chapter 1. The common themes from each intervention type are considered and areas of conflict and agreement with existing literature in the field are highlighted. Due to the nature of this evaluation it is not possible to measure quantitative outcomes, such as employment rate, as a proxy measure of the success of an intervention. Rather, the data collected explore and unpick the views and experiences of programme users in order to identify some of the successes and failures of these various employability programmes. To help summarise the major outcomes that were reported in the focus groups and interviews, Table 5.1 presents the significant health and employment related outcomes (positive and negative) that were mentioned by research participants for each project and groups the projects in line with the typology.

The nature of the qualitative data and the low number of participants in some focus groups mean that it is important to acknowledge that this research cannot claim to be representative of the participants' experiences in the projects overall. For these reasons, no indication of numbers has been given within the table - a tick represents no more than the fact that at least one respondent reported the project had resulted in a particular outcome. As respondents in the same focus group / series of interviews had sometimes had quite different experiences of the intervention, the outcomes reported for the same project may sometimes appear to conflict. For example, one of the interviewees who had participated in the *Conditions Management Programme - Counselling Service* reported that the intervention had enabled her/him to return to work but another felt the project had made no difference to her/his employment prospects and had, in fact, impacted on her/him negatively due to the short duration of the intervention. Both of these findings are represented in the row for this project in Table 5.1. This table is not, therefore, a means of quantifying the outcomes. What it does do is suggest that there are some trends in terms of the kinds of outcomes that the different types of interventions have had. These are discussed in more detail in the discussion following Table 5.1.

Table 4.1: Typology of outcomes

Type of intervention	Project title	Positive individual psycho-social outcomes	Positive physical health outcomes	Moved into employment	Maintained or returned to employment	Facilitated access to training / work-relevant skills	Increased likelihood of moving into employment	Perceptions of positive contributions to the wider community	No relevant outcomes	Negative outcomes (explained)
Volunteering / work placements	*Placing People First*	✓		✓		✓				Loss of confidence/ apathy
	Volunteering	✓		✓		✓		✓		
	Community Health Volunteers	✓		✓		✓		✓		
Improving accessibility	*Accessibility Action*	✓				✓	✓	✓		
Conditions Management Programmes	*CMP: Cardiac Rehabilitation*	✓	✓		✓	✓				
	CMP: Counselling	✓ Developed coping skills			✓				✓	Sense of abandonment due to short duration.
	CMP: Back Pain Service	✓	✓		✓					
	CMP: Smoking Cessation	✓	✓							
	GP Referrals	✓	✓				✓			
Vocational advice and support services	*Personal Development Programme*	✓				✓	✓			
	Positive Steps	✓			✓	✓	✓			
	Young Parent's Outreach Project	✓				✓	✓			
Training / education	*Steps into Work*	✓				✓				Organisational failures

Despite the variation in employability interventions, the study findings suggest that there were some benefits that were common to all projects particularly in terms of psychosocial and general wellbeing outcomes as well as movement towards the labour market. Similarly, there were some shared concerns particularly in terms of the short-term nature of the projects and focus on supply side interventions.

Psychosocial benefits

From thematic analysis, it can be seen that many participants reported experiencing some psychosocial benefits as a result of the project, such as increased confidence, self-esteem and aspirations in relation to employment. Another significant benefit expressed by individuals was that participation in employability projects appeared to enhance opportunities for social interaction. These issues did not appear to be noticeably gendered, being described by both men and women of different age groups across all of the interventions regardless of type as shown in Table 5.1. These findings support the conclusions of a recent study of women encountering multiple barriers to employment (Heggie *et al*., 2007) where the related issues of increased confidence, self esteem and employment aspirations were shown to be central to the outcomes of a personal development programme.

Whilst increases in confidence, self-esteem and employment aspirations are likely to be seen as positive, it is important to acknowledge that some of the participants whose hopes had been raised also reported feelings of apathy and frustration when they were unable to secure permanent, paid employment once the intervention had ended. This underlines the fact, as other aspects of the data illustrate, that participants did not perceive psychosocial issues to be the only barriers that they faced in relation to securing employment. They also cited a number of more practical barriers, including transport problems, a paucity of suitable, accessible employment opportunities and a lack of job experience/skills. Given the nature of employability projects as time-bound, small-scale projects, there was widespread concern amongst participants that funding for projects might be discontinued leaving what are often vulnerable individuals feeling isolated and unsupported. Considered together, these issues suggest it is crucial to provide some form of extended, long term support for individuals who participate in the kinds of short-term interventions reported in this project. This is especially the case for individuals who face multiple and complex barriers and disadvantages as their needs may change over time.

Wellbeing benefits

As well as psycho-social benefits, participants from the *Conditions Management Programmes* also cited physical health benefits such as pain relief and improved fitness and mobility. In a number of the projects evaluated, wider positive effects beyond the individual involved were noted, such as effects on the local community, family members and friends. These effects mostly related to advice and information exchange but participants in some of the projects also felt that the interventions had helped to break down barriers in the community to promote social inclusion. There was a consensus across the focus group and interview discussions that perceived benefits of participation in the employability projects were felt to be directly related to the enthusiasm, motivation and support of the project facilitators.

Movement towards the labour market

In relation to movement (back) into the labour market, for those participants of working age, many reported that their aspirations with regard to education or employment had changed in a positive sense. Due to the nature of the interventions evaluated and the characteristics of individuals participating in the projects, differences in employment outcomes were observed. For example, feedback from the *Conditions Management Programme – Back Pain* showed that some of the participants were able to successfully maintain their employment or to return to work after a period of sickness absence following the intervention. Equally, participants suggested that the education/training, work placement/volunteering and vocational advice/support programmes had been effective at increasing work relevant skills, experience and/or aspirations in relation to movement into the labour market.

Short-term projects

Danziger *et al.* (2002) and Dean (2003) have highlighted that individuals rarely encounter one simple barrier to employment and it is well accepted that short-term employability projects, such as those evaluated here, do not usually have the scope and resources to deliver appropriate support to the most vulnerable individuals who face these kinds of multiple and complex issues (Dean, 2003; Lindsay, McQuaid and Dutton, 2007). Many of the interventions discussed in this report involved participants who seemed to be facing multiple inter-related barriers to employment and, whilst the interventions appeared to have helped many of these individuals to make some progress on a journey towards employment, it is likely that ongoing support may be required. Indeed, participants on many of the programmes highlighted the short duration of the projects as a key concern and a potential barrier to success.

Supply side

Like many employability interventions in the UK, all of the projects evaluated in this study focus on the supply side of the labour market and did not always seem to take into account the demand-side factors (Bambra, 2006; Devins and Hogarth, 2005; Grover, 2007). Yet, participants in this research reported that structural barriers to employment, such as a low availability of high-quality, suitable employment opportunities and a spatial mismatch between the places they were able to access on a daily basis and the places they lived.

4.1 Condition Management Programmes

Based on the widely recognised link between ill health and worklessness (Bartley, Ferrie, and Montgomery, 2006), the current government set in place various Condition Management Programmes as vehicles for increasing and retaining employability. Condition Management Programmes were devised as a joint initiative between the Department of Health and the Department for Work and Pensions to tackle the three conditions contributing most to Incapacity Benefit claims: mental ill health; cardiovascular disease and musculoskeletal conditions (Barnes and Hudson, 2006). In a move away from the biomedical model of health, the programmes are designed to focus more on psychosocial factors related to ill health such as anxiety, low self-esteem and social isolation (Barnes and Hudson, 2006). As demonstrated by Wadell and Burton (2006), returning to work has a positive effect on health status (both physical and mental) and maintaining a job can aid recovery for those experiencing a health condition. In this study, four condition management programmes were evaluated: *Back Pain; Cardiac Rehabilitation; Counselling* and *Smoking Cessation*. Each of these relates to at least one of the three conditions highlighted as priorities by the Department of Health and the Department for Work and Pensions. In addition, a *GP Referral* scheme was evaluated, which funded free gym membership to encourage exercise as a route to better health and employability.

The focus group discussions relating to these interventions suggested that there were a number of overlapping themes. For example, common to the *Smoking Cessation, Cardiac Rehabilitation and Back Pain* focus groups was the perceived benefit that peer support and interaction provided by helping individuals to motivate and encourage one another in a

supportive environment. Participants suggested that they had benefited from developing social support networks built on shared problems and feelings of 'sameness'. The enthusiasm and support delivered by project facilitators was also felt to be pivotal to the perceived success of these programmes. Several participants of the *Back Pain and Cardiac Rehabilitation* focus groups reported that the holistic approach to the programmes was particularly helpful, involving in both instances educational, exercise and relaxation components. This suggests that the kinds of cross-cutting approaches supported within existing research (Dean, 2003; Carpenter and Merrill, no date) do appear to be successful.

Overall, focus group attendees offered little criticism of either the *Back Pain Service* or the *Cardiac Rehabilitation Service*, although it was suggested that the *CMP Back Pain* programme could have been advertised more effectively in order to attract broader participation, a finding which is reflected in evaluations of other, similar interventions. For example, findings from Barnes and Hudson's (2006) qualitative evaluation of CMP pilot projects highlight a need for 'positive and professional' marketing to better publicise the local services available.

Of the four condition management programmes, the *Smoking Cessation Service* was the only one delivered via an employment setting. It was also more concerned with general health outcomes (especially smoking behaviours) although aiding job retention (by health promotion) was also an aim. There was some disparity in how employers seemed to have responded to the project, with participants reporting that one employer had helped participants in the project to pay for smoking cessation related prescriptions and allowed employees to take time out of work to attend group support sessions, while the participants who worked for the other employer reported that they had not benefited from these kinds of incentives.

In relation to the interviews conducted to evaluate the *Counselling Service*, respondents emphasised the importance of ensuring that there was a good rapport between counsellors and clients. There was also some feeling that the location of the service in a clinical environment was rather off-putting and uncomfortable. Issues around access to the *Counselling Service* were raised by several participants, many of whom felt that having to access a counsellor via their GP was not straightforward. Difficulties in negotiating access to a GP seemed to have demoralised some already vulnerable individuals further, possibly reducing their abilities to seek help and, in some cases, appearing to compound existing

problems. To circumvent this problem, one participant suggested making counselling services available through other non-clinical routes, such as via a drop-in centre or a helpline. In terms of (re-)connection with the labour market, several clients suggested that the *Counselling Service* had helped them to either maintain work, return to work after sickness absence or in other cases increased the desire to secure employment. A randomised controlled trial conducted by Proudfoot and associates (1997), also suggested that individuals undertaking a form of counselling (cognitive behavioural therapy training) subsequently experienced improved mental health and were successful in securing employment when compared to a control group (who received only social support training).

The most salient theme emerging from the *Counselling* interviews was concern about the short duration of the service (for the most part, it was delivered through weekly sessions over a six week period), combined with the absence of any follow-up service. Concern about the short-term nature of some of the interventions is reflected in other focus groups but seems particularly important in relation to the *Counselling Service* which, by its nature, is likely to involve vulnerable individuals who are trying to deal with difficult and emotive issues.

With respect to the *GP referrals* project, some participants reported that the intervention had increased their mobility and had helped to reinforce a positive mental attitude, which had facilitated some movement back to employment. Several participants from the *Back Pain, Counselling, and Cardiac Rehabilitation* programmes described how participation in a condition management programme had helped them to stay in work or to return to work after a period of sickness absence. The reasons underpinning movement back to work, suggested by participants, included developing pain management strategies, adapting coping behaviours and incorporating physical exercise into the daily routine. Questions relating to movement into the labour market were inappropriate in the case of the *CMP Smoking Cessation* focus group as participants were already in full time employment and the project was designed as an up-stream intervention aimed at promoting health and reducing possible unemployment due to ill health in the future.

Interestingly, despite differences in the content and structure of these interventions, increases in confidence and self-esteem were mentioned as positive benefits of each, as were the delivery of advice and information regarding coping strategies and techniques for condition management.

4.2 Training and education

It is well recognised that Britain has not invested as much as some other European countries in vocational education and training schemes (Stevens,1999). Active Labour Market Policies have attempted to address this deficit by funding labour market training to upgrade and adapt the skills of the labour force (Calmfors and Skedinger, 1995). *Steps into Work* was one such scheme funded by the Sedgefield employability programme and evaluated in this report.

Bambra, Whitehead and Hamilton's evidence review (2005) of the effectiveness of welfare to work interventions for people with a chronic illness, found that schemes which shaped training to the needs of the local labour market achieved a higher employment rate than schemes which did not. Effective schemes tended to be hallmarked by the following commonalities: high levels of quality training, sound relationships with local employers, delivery of ongoing support after movement into employment and understanding of the nuances of the local labour market. Similarly, Lindsay, McQuaid and Hutton (2007) argue that sensitivity to the local labour market in designing and implementing employability strategies is crucial as external factors, such as local demand, are a particular problem facing start up programmes in formerly industrialised areas.

In relation to the *Steps into Work* intervention, a key issue that emerged from focus group discussions was the necessity of an awareness and sensitivity to the local context within which participants are situated, not just in terms of the labour market but also with respect to local attitudes and 'social norms'. The education programme offered training in childcare to a group in which many of the participants were male. The men themselves who participated in the focus group for this study were relatively positive about undertaking employment in a traditionally "female" section of the labour market. However, they reported having experienced barriers and challenges to entering this employment sector on the basis, they felt, of gendered perceptions of the division of labour amongst local parents and child care employers. In future, innovative interventions such as this may well benefit from working more closely with potential employers to ensure, as far as possible, that employment opportunities are available for participants.

Focus group attendees agreed that they had benefited from participation in the programme in several important ways:

- First, participants reported that the course had equipped them with work skills. As well as those skills specific to the field of child care they also acquired generic work skills such as time keeping, interpersonal skills and written and oral communication skills. Stevens (1999) argues that these generic skills can be equally important for those who have been out of the labour market for some time.
- Second, participants described how they had gained valuable work experience, which enabled C.V. development and increased confidence in the workplace.
- Third, and perhaps most importantly in terms of developing human capital, focus group attendees expressed how the course had provided them with a sense of reward and purpose by 'giving something back to the community'. This finding supports perceived benefits attached to volunteering placements as discussed in section 4.3.

In their review of interventions designed to facilitate the movement from welfare into work for people with disabilities and/or long-term illnesses, Bambra, Whitehead and Hamilton (2005) conclude that interventions are most successful for individuals who are job ready. However, as Linsay, McQuaid and Dutton (2007) argue, only a small proportion of the unemployed population are likely to fit this label. The majority encounter multiple inter-related barriers to employment, which the authors suggest require complex and joined-up solutions such as personalised, flexible and long term support. Although education and training services, such as *Steps into Work*, are well equipped to deal with problems relating to a lack of specific or generic work skills, these projects should be connected to other interventions which tackle some of the other barriers to employment likely to be facing participants. For example, training and educational interventions could be linked to other interventions which provide vocational advice and support as well as those aimed at tackling structural barriers, such as improving access to employment opportunities. Moreover, the evaluation of *Steps into Work* suggests that training and education courses should be gender sensitive and better targeted at the population they are attempting to serve and the labour market with which they hope to connect. This does not mean that interventions that challenge traditional perceptions of a gendered division of labour should be avoided, only that where interventions do challenge these perceptions, additional support may be required, both for participants and for potential employers, to ensure that the potential for successful outcomes is not unnecessarily restricted.

4.3 Volunteering and work placements

Three different projects fall into this intervention type: *Placing People First*, *Community Health Volunteers* and *Volunteering*. Common to all three projects were the aims of increasing participants' self-esteem and confidence, developing job skills and facilitating opportunities for work experience.

For individuals involved in voluntary placements in the local community (i.e. participants in the *Volunteering* and *Community Health Volunteers* projects), there was a feeling that the benefits of their participation were multi-fold: development of skills; gaining work experience; opportunities for social interaction and chances to help the local community and to do something 'useful'. The notion of 'making a useful or positive contribution' seemed to be an important one in both focus group discussions. In both of these projects there was a sense amongst focus group discussants that their involvement had knock-on effects which impacted upon family members and the wider community, whether that was through sharing information to enable more informed decision-making or by directly supporting other individuals in a practical or psychological sense. As well as having positive effects on others, individual perceptions of doing something useful, such as volunteering, seemed to help increase levels of self-esteem and confidence.

These findings correspond with work by Kidger (2004) and Roker, Player and Coleman (1998). Kidger (2004) reflects on how volunteering amongst young mothers (as peer educators within school sex education) was important in terms of personal development and 'social belongingness' and argues that personal development, in terms of confidence, skills and motivation, is usually necessary to enable movement into training or employment. Similarly, in a study of the involvement of young people with disabilities in volunteering (Roker, Player and Coleman, 1998) a multiplicity of benefits were cited, including increased self-confidence, development of personal and social skills; access to a larger social network; a greater sense of purpose and structure and the development of work and practical skills. As the findings from this study have confirmed, there seems to be a role for volunteering initiatives in providing personal development pathways to increase employability. Furthermore, in the study presented in this report, volunteering actually brought about opportunities for permanent employment, for example through participation in the CAVOS project (see Section 3.12.2). The main concerns of participants in both the *Community Health*

Volunteers and *Volunteering* interventions involved sustainability of the projects and the need for long term funding to allow the projects to continue and to make them more accessible to others within the community.

In contrast to feedback from the other focus groups, participants in the *Placing People First* project believed that the issue of confidence gained through employability initiatives was a 'double-edged sword'. While there was a consensus that the interventions did indeed boost self confidence and reaffirm self belief, there was a concern amongst individuals who were unable to secure long term paid employment when the intervention ended, that their confidence could dip further, leaving feelings of apathy and low self worth. This highlights the importance of providing the possibility of longer-term support to individuals who may be particularly vulnerable to feelings of low confidence or self-esteem.

Skills training provided by *Placing People First* was felt by some participants to be overly generic and patronising and therefore, in some cases, not particularly useful. This finding corresponds with work by McDonald and Marston (2005, p.387) in which a pedagogic approach to training was felt by participants to be infantilising, offering little 'respect and recognition' to the client. Although this work was conducted in Australia, lessons can be taken from projects adopting similar approaches to employability involving generic training and work placements. It is clear, therefore, that generic training in relation to work placements and volunteering should be matched and tailored to the individual's needs. As Dean (2003) acknowledges this is particularly important in the case of clients with multiple and complex needs. Despite these issues, *Placing People First* did appear to help some individuals (re-)connect with the labour market, with one individual, out of a focus group of seven, securing full time, permanent employment as a result of the work placement.

4.4 Improving Accessibility to Employment and Training Opportunities

The 'spatial mismatch hypothesis' contends that one of the significant barriers to employment facing some groups is the lack of accessible employment opportunities and services. In other words, as Houston (2005, p.222) explains, 'there is a spatial mismatch between the residential location of the unemployed and the location of suitable jobs, and people face spatial frictions in accessing jobs'. Or, to put it more simply the jobs are in one location and the jobseekers are in another. Although this theory was developed in the USA, research suggests the hypothesis

is applicable to some areas of the UK (e.g. McQuaid, Greig and Adams, 2001; Houston, 2005) with the notable division between the South-East of England and the North. Research has also highlighted the specific problems of access to employment opportunities, training and public transport services for unemployed groups who live in rural areas, factors which can cumulatively lead to social exclusion (Shucksmith and Chapman, 1998; Hodge, Dunn, Monk and Fitzgerald, 2002).

Official awareness of these problems has led to the emergence of a range of policies and interventions designed to improve the access of some unemployed groups to training and employment opportunities and services. For example, *Wheels 2 Work* and *Wheels 2 Learn* schemes have been implemented in a number of rural areas. These schemes typically provide unemployed people (particularly those between the ages of 16 and 25) with short-term access to mopeds, electric bicycles, subsidised taxi rides or, in some cases, the loan of a car, in order to allow them to access educational or employment opportunities that they would otherwise be unable to access. The hope is that, with their additional skills, participants will eventually be able to find longer term transport solutions and a qualitative evaluation of some of these schemes suggests they are relatively successful in achieving this aim (Steer Davies Gleave, 2005).

The *Accessibility Action* project was the only intervention of the thirteen considered in this report which broached the issue of accessibility as a barrier to employment. *Accessibility Action* involved the provision of two minibuses. The scheme did not aim to aid people to travel directly to and from work but rather to enable individuals to participate in training and educational opportunities, with the hope that this would lead to better employment opportunities. The project also provided opportunities for members of the local community to undergo training for *MIDAS* (the Minibus Driver Awareness Scheme), thereby providing some participants with potentially useful qualifications.

The focus group discussion suggested that the main beneficiaries of the project were older and younger groups of people, both of whom often had little access to other forms of transport, as well as women of all ages who did not have a license to drive. Whilst none of the participants in the focus group reported that the minibuses had specifically enabled them to find employment, they did say that they believed the scheme had resulted in other participants moving into paid employment. There was also a widespread feeling within the group that the

buses had contributed to individuals acquiring work-relevant skills. The access that focus group discussants claimed that the minibuses were providing to other local projects also demonstrates the interconnections between some of the employability projects and highlights the potential for initiatives to work synergistically.

In addition to outcomes relating to training and employment, the focus group participants were keen to emphasise the way in which the minibuses had helped build-up the confidence of groups vulnerable to social exclusion, especially young people, by allowing them to participate in experiences they would otherwise have been unable to. The group also said that they felt the minibuses were playing an important role in breaking down barriers between people living in different villages and communities. Both of these findings are consistent with the conclusions of the group that evaluated the various *Wheels 2 Work* and *Wheels 2 Learn* interventions (Steer Davies Gleave, 2005).

4.5 Vocational advice and support services

The provision of vocational advice and support to individuals who are considered to face particular difficulties in engaging in formal employment has formed a key part of recent welfare-to-work programmes in the UK. For example, the *New Deal for Disabled People*, the *New Deal for Lone Parents* and the *New Deal for Young People* have all included a Personal Advisor Service which is designed to provide individualised support, information and advice about moving into, and remaining in, employment to single parents and people with disabilities. *Connexions Personal Advisors* are expected to provide similar services to young parents. There have also been a range of local government funded interventions across England that focus on providing vocational support and advice to individuals who are not currently engaged in the formal economy.

Evaluations of the impact that these kinds of interventions have had on moving people from welfare into work have been mixed but a systematic review of the effectiveness of welfare-to-work programmes for people with a disability or chronic illness cautiously suggests that there is more evidence of the impact of vocational services (alongside education, training and work placement schemes) than some other types of intervention (Bambra, Whitehead and Hamilton, 2004). An assessment of the *New Deal for Young People* also found that the provision of vocational advice and support aids the movement of people from welfare into

work (Finn, 2003). However, this qualitative analysis suggested that the *New Deal Personal Advisors* struggled to assist individuals who were deemed less 'job ready'.

The vocational advice projects included in this study were similar to some of the *New Deal* projects mentioned above in a number of respects, including that they targeted similar groups of people. For example, *Positive Steps* focused on hard to reach unemployed people, including young people who were not in education, employment or training, people with mental health problems and people with disabilities; the *Personal Development Programme* was designed to help a variety of unemployed people, although the participants in the focus group for this study were all lone mothers; and the *Young Parent's Outreach Project* was specifically designed to support and encourage young parents to participate in training, education or employment with the aim of improving their longer-term prospects for employment. Whilst the actual content and approach of each project differed, all involved the provision or vocational advice and support. *Positive Steps* involved a mixed approach, from relaxation classes to IT training and services to improve skills in job-searching and CV preparation. The *Young Parent's Outreach Project* also took a mixed approach but was, probably due to the age of participants, more focused on encouraging individuals to participate in education and training than in employment. This project also involved activities that were designed to improve the health of participants and their children, such as baby massage classes and socialising events. The *Personal Development Programme* was the most specific of the three interventions, aiming to encourage participants to build up the self-confidence to take more responsibility for, and control over, their lives through a specifically designed plan.

Despite their differences, the focus group discussions indicated that all three projects had resulted in similar kinds of outcomes. Firstly, as with all of the interventions, many of the respondents reported positive psychosocial benefits from their participation. Increases in feelings of self-confidence and self-esteem were mentioned particularly often, as were the social benefits of interacting with other people who were in a similar (or equally difficult) situation. Secondly, a number of participants in the focus groups for each of these projects reported that they felt their participation meant it was now more likely that they would move into employment (although only the focus group for *Positive Steps* included examples of individuals who had actually moved into employment). Finally, participants in each focus group reported that the project had helped them to acquire work-relevant skills and/or to move into (or take steps to moving into) some kind of training scheme. Given the circumstances of

the majority of female participants in the *Young Parent's Outreach* project and their focus on raising their newly born (or shortly expected) child, most of their comments about moving into training related to the future. However, it was clear that nearly all of the female participants in this project felt that they were being supported in terms of returning to education and most seemed extremely positive about the prospect of being helped further with this in the future.

Only the focus group for *Positive Steps* included anyone who had moved into or returned to work. However, it ought to be highlighted that the focus group relating to the *Personal Development Programme* took place immediately after the programme had ended (which was only very short) and in the *Young Parent's Outreach Project*, all of the female participants had decided to spend at least the first year of their baby's life as a full-time mother. Consequently, it could not be expected that either of these two interventions would have resulted in concrete moves from welfare into work for many of the participants at the time the focus groups took place. The longer-term impacts of each project are currently unknown.

One point that should be noted is that the *Young Parent's Outreach Project* did not appear to have been able to involve or support young fathers as much as young mothers. This is important as the participants who were in relationships (all but one of the interviewees who were interviewed) had all agreed that the father should be the main breadwinner in the first year or two of their babies' lives. Unfortunately, all but one of the young fathers interviewed was not in employment at the time of the interview, despite the fact that all expressed a desire to be earning an income in order to support their partners and new children. Furthermore, most seemed to feel far less supported by the project and, indeed, by local support services generally, than their female partners. This suggests that future projects which are designed to help young parents perhaps ought to place more emphasis on recruiting and supporting young fathers to move into training or employment as well as to continuing to provide support services to young mothers.

4.6 Summary Discussion of Intervention Types

From the perspective of those involved in the employability interventions, it is clear that the projects have achieved some important outcomes including: improving physical health and well being; increasing confidence and self esteem; development of training skills, enabling

opportunities for work experience and in some cases facilitating movement into the labour market. From these findings, the interventions seem to have had positive effects in increasing participants' employment aspirations and job readiness. This holistic approach, which joins up projects aimed at improving work skills and experience with interventions focussed on increasing an individual's confidence and self-esteem, appears to be efficacious, although links between different intervention types could usefully be strengthened further. In addition lessons can be learnt in five key areas:

First, the issue of confidence is complex and there are risks in increasing an individual's self esteem and employment aspirations in a climate of low job supply, instability and uncertainty. Interventions which focus on raising participants' confidence and self-esteem should therefore be approached with caution. Second, there was a real concern amongst many respondents about the potential for securing long-term funding to ensure continuity of the projects they had been involved in. Third, the findings from at least two of the interventions suggest that future projects ought to pay more attention to issues of gender sensitivity and awareness. Fourth, employability interventions should be designed and adapted to fit with changes in the local labour market (Campbell, 2000). Finally, despite psychosocial issues being an important barrier to employment for study participants and an area which was felt to have been successfully negotiated in each of the projects, there was a sense throughout the focus group and interview discussions that structural barriers to employment remained. For example, problems with a lack of access to regular and reliable transport services were recurring themes.

4.7 Policy and Research Implications

It is difficult to make many robust recommendations given the small scale nature of the interventions and the limitations of the evaluation methodology. However, tentatively there are four key policy implications which can be taken forward from this report:

1. The underpinning ethos of the programme of interventions was to adopt a holistic approach to worklessness which would consider the psychosocial as well as the more practical dimensions of the issue. Although this kind of holistic approach was evident, particularly in the project proposals, the actual interconnections between different types of interventions were often less robust than they might have been, meaning that

individuals were not necessarily always able to access the full breadth of the 'holistic approach' as it was initially envisioned. Future initiatives should therefore endeavour to translate this ambition into practice by strengthening the links and connections between interventions at ground level and by demonstrating sensitivity to the local context.

2. In terms of worklessness and health, there is a need to consider including more support programmes that focus on enabling people to stay in work, thereby preventing job loss and descent into worklessness. Indeed, the condition management programmes evaluated here did involve people who were already in work and many of the focus group attendees reported that the programmes that they were involved in had enabled them to maintain employment through development of coping skills, pain management techniques or personal capital. Future employability interventions might draw on a dualistic strategy involving these kinds of preventative approaches (helping individuals to maintain employment) as well as 'treatment'/down-stream (facilitating movement back into the labour market) approaches to worklessness.

3. As Dean and Shah (2002) maintain, welfare-to-work policies have the capacity to increase competition for poorly paid, low quality jobs, which can augment job insecurity and increase polarisation of incomes (Corden and Kemp, 2005), engendering a sense of risk amongst already vulnerable and marginalised groups. Relatedly, the context of employment opportunities in the local economy plays an important role in individuals' reconnection with the labour market. It is over-simplistic to define worklessness as a problem shaped only by the employability of individuals. Although interventions aimed at improving health, increasing self-confidence, developing skills and promoting 'job readiness' are important, structural barriers still remain, such as a dearth of high quality employment opportunities together with poor public transport links and a low supply of affordable childcare options. Further policies aimed at tackling external factors, including labour market demand and access to employment opportunities, should also be considered, as it seems futile (and potentially damaging to participants) to develop employability initiatives in the absence of suitable and accessible employment opportunities. Future interventions might also consider working more closely with employers to facilitate more employee friendly work environments and a greater awareness of the needs of, and skills

offered by, the local population. A greater emphasis on family friendly employer policies might also help parents to remain in, or move back into, employment.

4. Participants frequently highlighted concerns about the short-term and temporal nature of the employability programmes. Fears were also expressed that the schemes were not sustained enough to help tackle the multiple barriers to securing paid employment experienced by individuals with low self-esteem. This suggests that funding for future employability projects needs to be longer-term and sustainable to tackle the complex needs and socially embedded problems of workless individuals.

In terms of future research, the findings from this study suggest a need for further research to explore the long and medium term impacts of employability interventions. This small-scale, qualitative study was not designed to compare the outcomes of different types of employability interventions so it is impossible to comment on the merits of a particular type of employability project. Future studies would benefit from adopting quantitative (preferably utilising a prospective controlled study design), as well as qualitative methods, in order to more adequately compare and contrast projects by employability type.

4.8 Study Limitations

As has been highlighted several times already, the findings of the focus groups and interviews represent the views and perceptions of only a sample of those involved in the actual interventions and the convenience sample is in no way fully representative of all participants involved in the schemes that were evaluated. One of the limitations of focus group methodologies is that individuals who attend and contribute to focus group discussions are likely to be more assertive and confident individuals and the opinions of hard to reach groups can be often be missed (Curtis *et al*., 2004). In addition, it is possible that individuals who have moved successfully into employment (or, indeed, whose circumstances have significantly worsened) may have been less likely to be able to attend the focus group (or interview based) evaluation.

Given the nature of this evaluation and the type of data on which it is based, it is not possible to comment on the overall success (or otherwise) of the different interventions. The absence

of quantitative data precludes comment on overall outcomes in relation to worklessness or, indeed, health indicators. However, it is well recognised that projects such as these should be evaluated in terms of processes as well as simple quantitative outcomes, so that it is possible to understand *why* particular interventions appear to work better than others, for this may not only be a result of the intervention itself.

A further limitation of the methodology employed involved the sampling strategy (see chapter 2, section 2.7 for more detail). Participants were recruited to focus group discussions or invited to attend semi-structured interviews by project facilitators, who may have chosen to invite those individuals who were more likely to give a positive account of their experience. The exception is the *Conditions Management Programme - Back Pain Service* where the group facilitator provided all names of participants who would be willing to take part in a focus group and the research team contacted individuals to determine whether or not they would be able to attend.

It should also be noted that some of the projects did not focus directly on worklessness. Rather, projects such as the *Young Parent's Outreach Worker* were designed to support individuals who face multiple barriers to employment and are experiencing complex needs. Furthermore, a number of projects were targeted upstream to enable participants to maintain employment, such as the *Conditions Management Programme - Smoking Cessation*, or to return to work from sickness absence such as the *Cardiac Rehabilitation Programme.* Hence, the aims of each intervention varied according to the population group that was being focused on and it is not, therefore, appropriate to compare the various interventions in relation to the same criteria.

5. Conclusion

The interventions included in this evaluation set out to tackle the complex issue of worklessness by taking a multifaceted approach, which included projects focusing on the physical, psychological and social determinants of this deep-rooted and historically embedded problem. To this end, the vision underpinning the approach appears to have been well conceived: conditions management projects were reported to have helped participants tackle physical ill health and psychological issues while education, training and volunteering schemes appeared to have helped participants to deal with more practical problems, such as lack of employment skills and experience. It should be emphasised here that these patterns were not rigid and different types of interventions were felt by participants to have multiple, inter-related benefits. For example, as highlighted in this report, psychosocial benefits were noted by participants involved in all of the intervention types.

From the perspective of those involved in the employability interventions, it is clear that the projects have delivered some important benefits including: improved physical health and well being; increased confidence, self esteem and aspirations in relation to employment; the development of training skills, enablement of opportunities for work experience and, in some cases, the facilitation of a movement into the labour market. These findings suggest that the employability interventions appear (to varying extents) to have had some positive impact on participants' employment aspirations, job readiness and movement towards the labour market. However, issues remain in terms of ensuring that the multifaceted approach is experienced holistically by individuals (interventions need to be joined up); that the projects are funded for longer periods; that more focus is placed on preventing worklessness; and that, most crucially, suitable jobs are available in the locality on completion of an employability project.

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Appendix I: Generic Interview Schedule

Ice breaker: Would you mind introducing yourself, tell us your name, where you are from and how you heard about the project.

Why were you involved in the project?

What did you hope or want to get out of it?

In terms of expectations, did the project deliver?

What was particularly good about the project?

How did you benefit from it?

Did it help you to address employment issues?

What specific barriers to employment do you face (*e.g.* age, qualifications, parenthood/child care, illness, travel *e.t.c*.)?

Has the project helped with these barriers? If so, how? If not, why not?

Could the project help more to address these barriers?

Do you think that the project helped you or the community in other ways (*e.g.* health, confidence, social interaction, movement towards work)?

Have you experienced any problems with the project (*e.g.* access to it, unsuitable time or location)?

What if anything would you change about the project?

Are you now planning to apply for a job/enrol in a course?

Do you think that you will now be able to get a job? - *(If "no" what are your reasons?)*

Appendix II: Information Sheet

Evaluation of Employability Projects in Sedgefield

In April 2006, Sedgefield Borough Local Strategic Partnership was awarded funding from the government's Neighbourhood Renewal Fund. This money has been spent on employability and health projects to help people across the Sedgefield area.

The xxx project has been funded in this way.

Clare Bambra of the Centre for Public Policy and Health, Durham University (clare.bambra@durham.ac.uk) has been commissioned by Sedgefield Borough Council to help in the evaluation of the success of these projects. This questionnaire forms part of this evaluation and is an opportunity for the people participating in the projects to record their views and experiences. Your views and experiences may also be used to help improve the projects in future years.

All the information collected is anonymous and will be kept securely at Durham University. The information you provide will only be used in this evaluation. Participation is voluntary and you may withdraw at any stage.

Appendix III: Consent Form

Title of Project: Evaluation of Employability projects in Sedgefield

Name of Researchers: Clare Bambra, Kat Smith, Kerry Joyce

1. I confirm that I have read and understand the information sheet for the above research study and have had the opportunity 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.

3. I understand that all information collected in the research study will be held in confidence and that, if it is presented or published, all my personal details will be removed.

4. I consent to the focus group being audio-taped and transcribed.

5. I agree to take part in the above study.

_____	_____	_____
Name of Participant	*Date*	*Signature*

Appendix IV: JHTS Confidentiality Statement

Raglan House, Willenhall Street, Wednesbury, West Midlands WS10 8NE.
www.jhts.co.uk Partners: Jackie Hall & Roy Shelton

CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

As a contractor we will:
 Safeguard confidentiality of all information received from clients by:
 not disclosing any information from recordings, or any information supplied, to any third party;
 not allowing any third party access to files supplied to JHTS, whether sound or copy, on
computer or external media;
 all members of the JHTS Team sign an 'in-house' confidentiality agreement;
 keeping any external media in a secure place; and
 deletion of sound files from computer on completion of transcription.
 Protect our clients' business interests with regard to work undertaken by:
 should it become apparent who the end client is, we will not contact them directly, for
personal gain or any other reason; and
 not using any information transcribed for personal gain, or to the detriment of our clients.
 Refrain from using resources supplied by clients for any personal or business gain.
 Avoid, and inform clients of, potential conflicts of interest.
 Refrain from discussing with or informing any third party of our clients' business procedures,
developments or plans; marketing or financial strategies; pricing or fee structures; transactions
or operations.
 We understand that confidentiality is a sensitive issue for our clients, and we are happy to sign
any non-disclosure or confidentiality agreement required.

JHTS June 2007

Freephone: 0800 043 5705 E-mail: jhts@jhts.co.uk

Evaluation of Employability Projects in Sedgefield

In April 2006, Sedgefield Borough Local Strategic Partnership was awarded funding from the government's Neighbourhood Renewal Fund. This money has been spent on employability and health projects to help people across the Sedgefield area.

The CMP BACK PAIN project has been funded in this way.

Clare Bambra of the Centre for Public Policy and Health, Durham University (clare.bambra@durham.ac.uk) has been commissioned by Sedgefield Borough Council to help in the evaluation of the success of these projects. This questionnaire forms part of this evaluation and is an opportunity for the people participating in the projects to record their views and experiences. Your views and experiences may also be used to help improve the projects in future years.

All the information collected is anonymous and will be kept securely at Durham University. The information you provide will only be used in this evaluation. Participation is voluntary and you may withdraw at any stage.

CONSENT FORM

Title of Project: Evaluation of Employability Projects

Name of Researcher: Dr Clare Bambra

1. I confirm that I have read and understand the information sheet for the above research study and have had the opportunity 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.

3. I understand that all information collected in the research study will be held in confidence and that, if it is presented or published, all my personal details will be removed.

4. I agree to take part in the above study.

_____	_____	_____
Name of Participant	*Date*	*Signature*

(A) ABOUT YOU

1. What is your gender?

☐ Female
☐ Male

2. What is your age?

☐ 14-19
☐ 20-24
☐ 25-34
☐ 35-49
☐ 50-64
☐ 65+

3. Which of the following best describes your ethnic origin? Please tick one box only

White:

☐ British
☐ Irish
☐ Any other White background

Mixed:

☐ White and Asian
☐ White and Black African
☐ White and Black Caribbean
☐ Any other mixed background

Asian or Asian British:

☐ Pakistani
☐ Indian
☐ Bangladeshi
☐ Any other Asian background

Black or Black British:

☐ African
☐ Caribbean
☐ Any other black background

Chinese or other ethnic group:

☐ Chinese
☐ Any other ethnic background

4. Where do you live? Please tick one box only

☐ Bishop Middleham
☐ Chilton
☐ Cornforth
☐ Ferryhill
☐ Fishburn
☐ Shildon
☐ Kirk Merrington
☐ Sedgefield
☐ Newton Aycliffe
☐ Trimdon
☐ Spennymoor

5. How would you best describe your household?

☐ Single adult
☐ Two or more adults
☐ Single adult with one or more child(ren) under the age of 16
☐ Two or more adults with one or more child(ren) under the age of 16

6. Which of these qualifications do you have? Please tick all that apply or, if not specified, the nearest equivalent.

☐ 1+ O levels/CSEs/GCSEs (any grades)
☐ 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate
☐ 1+ A levels / AS levels

☐ 2+ A levels, 4+ AS levels, Higher School Certificate

☐ First Degree (eg BA, BSc)

☐ Higher Degree (eg MA, PhD, PGCE, post-graduate certificates or diplomas

☐ NVQ Level 1, Foundation GNVQ

☐ NVQ Level 2, Intermediate GNVQ

☐ NVQ Level 3, Advanced GNVQ

NVQ Levels 4-5, HNC, HND

☐ Other Qualifications (e.g. City and Guilds, RSA/OCR, BTEC/Edexcel)

☐ No Qualifications

7. Over the last 12 months would you say your health has on the whole been

☐ Good?

Fairly good?

☐ Not good?

(B) ABOUT WORK

8. Which of the following best describes your current employment status? Please tick one box only

☐ Employed full-time, part-time or self-employed (Go to question 12)

☐ Unemployed

☐ Not in paid work because of long-term illness or disability

☐ Not in paid work because looking after home and / or family

☐ On a government education / training scheme

☐ Volunteering

☐ Other

9. If you are not working now, when did you last work?

Year:

10 What, if anything, do you think makes it difficult for you to get a job/return to work/stay in work? Tick all that apply

☐ Poor health

☐ Loss of benefits

☐ Lack of child care

☐ Low qualifications

☐ Lack of experience or work skills

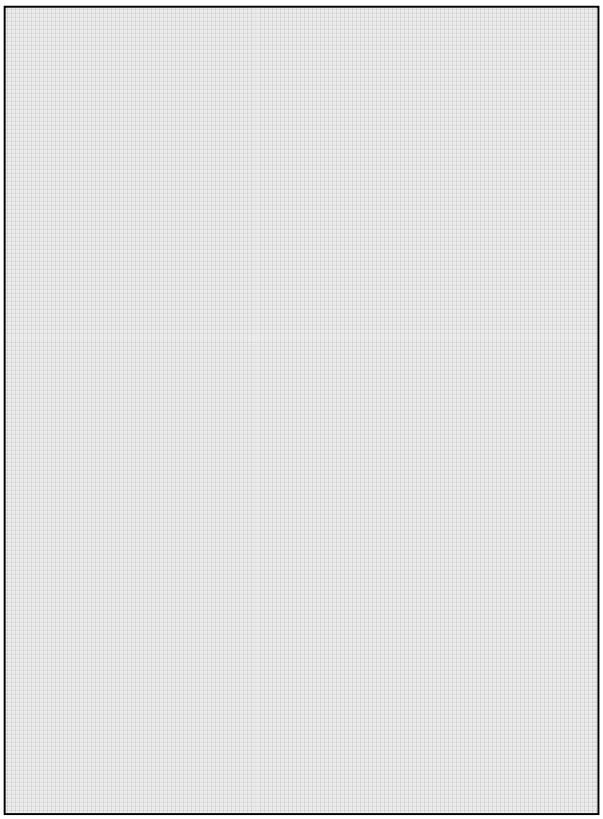
☐ Lack of suitable job opportunities

☐ Lack of advice and support

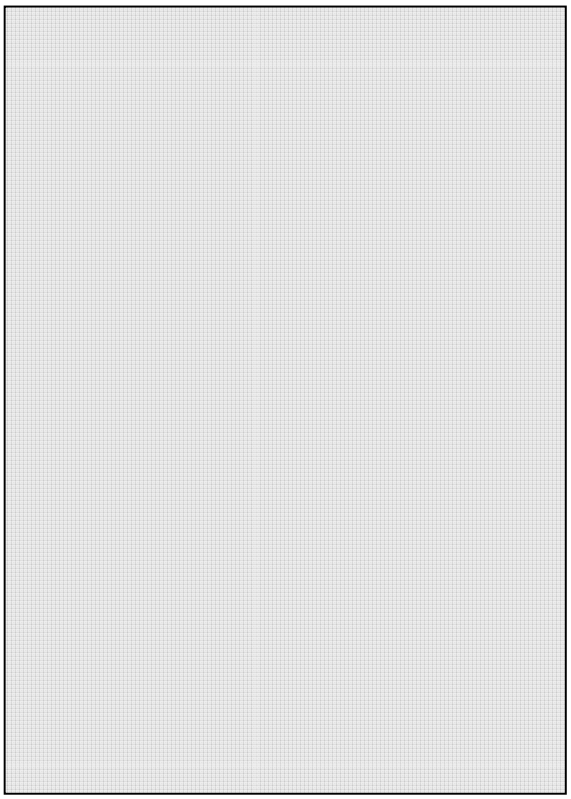
☐ Lack of confidence

☐ Transport problems

Other – please state



11. What would most help you get a job/return to work/stay in work?



(C) ABOUT CMP BACK PAIN

12. How did you hear about CMP Back Pain?
Tick one box only.

- ☐ Job Centre Plus
- ☐ Doctor / Nurse
- ☐ Newspaper/radio
- ☐ College
- ☐ Benefits advisor
- ☐ Employer
- ☐ Friend / Colleague
- ☐ Other – please state

13. Why did you join CMP Back Pain?
Tick all that apply

- ☐ To help stay in work
- ☐ To help get a job/return to work
- ☐ To gain qualifications
- ☐ To increase confidence
- ☐ To get work experience
- ☐ To get education or training
- ☐ To improve health
- ☐ To increase work knowledge and skills
- ☐ To get information, support and guidance about employment
- ☐ Other

14. Do you think CMP Back Pain will help you get a job/stay in work?

☐ Yes

No

☐ Not sure

Please use the space below for any other thoughts you may have on CMP Back Pain.

Appendix XI: Conditions Management Back Pain Service, Questionnaire 2

Evaluation of Employability Projects in Sedgefield

In April 2006, Sedgefield Borough Local Strategic Partnership was awarded funding from the government's Neighbourhood Renewal Fund. This money has been spent on employability and health projects to help people across the Sedgefield area.

The CMP BACK PAIN project has been funded in this way.

Clare Bambra of the Centre for Public Policy and Health, Durham University (clare.bambra@durham.ac.uk) has been commissioned by Sedgefield Borough Council to help in the evaluation of the success of these projects. This questionnaire forms part of this evaluation and is an opportunity for the people participating in the projects to record their views and experiences. Your views and experiences may also be used to help improve the projects in future years.

All the information collected is anonymous and will be kept securely at Durham University. The information you provide will only be used in this evaluation. Participation is voluntary and you may withdraw at any stage.

CONSENT FORM

Title of Project: Evaluation of Employability Projects

Name of Researcher: Dr Clare Bambra

1. I confirm that I have read and understand the information sheet for the above research study and have had the opportunity 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.

3. I understand that all information collected in the research study will be held in confidence and that, if it is presented or published, all my personal details will be removed.

4. I agree to take part in the above study.

_____	_____	_____
Name of Participant	Date	Signature

(A) ABOUT YOU

1. What is your gender?

☐ Female
☐ Male

2. What is your age?

☐ 14-19
☐ 20-24
☐ 25-34
☐ 35-49
☐ 50-64
☐ 65+

3. Which of the following best describes your ethnic origin? Please tick one box only

White:

☐ British
☐ Irish
☐ Any other White background

Mixed:

☐ White and Asian
☐ White and Black African
☐ White and Black Caribbean
☐ Any other mixed background

Asian or Asian British:

☐ Pakistani
☐ Indian
☐ Bangladeshi
☐ Any other Asian background

Black or Black British:

☐ African
☐ Caribbean
☐ Any other black background

Chinese or other ethnic group:

☐ Chinese
☐ Any other ethnic background

4. Where do you live? Please tick one box only

☐ Bishop Middleham
☐ Chilton
☐ Cornforth
☐ Ferryhill
☐ Fishburn
☐ Kirk Merrington
☐ Newton Aycliffe
☐ Sedgefield
☐ Shildon
☐ Spennymoor
☐ Trimdon

5. How would you best describe your household?

☐ Single adult
☐ Two or more adults
☐ Single adult with one or more child(ren) under the age of 16
☐ Two or more adults with one or more child(ren) under the age of 16

6. Which of the following best describes your current employment status? Please tick one box only

- ☐ Employed full-time, part-time or self-employed
- ☐ Unemployed
- ☐ On a government education/training scheme
- ☐ Not in paid work because of long-term illness or disability
- ☐ Not in paid work because looking after home and / or family
- ☐ Volunteering

Other – please state

7. Which of these qualifications do you have? Please tick all that apply or, if not specified, the nearest equivalent.

- ☐ 1+ O levels/CSEs/GCSEs (any grades)
- ☐ 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate
- ☐ 1+ A levels / AS levels
- ☐ 2+ A levels, 4+ AS levels, Higher School Certificate
- ☐ First Degree (eg BA, BSc)
- ☐ Higher Degree (eg MA, PhD, PGCE, post-graduate certificates or diplomas
- ☐ NVQ Level 1, Foundation GNVQ
- ☐ NVQ Level 2, Intermediate GNVQ
- ☐ NVQ Level 3, Advanced GNVQ
- ☐ NVQ Levels 4-5, HNC, HND
- ☐ Other Qualifications (e.g. City and Guilds, RSA/OCR, BTEC/Edexcel)
- ☐ No Qualifications

8. Over the last 12 months would you say your health has on the whole been

- ☐ Good?
- ☐ Fairly good?
- ☐ Not good?

(B) ABOUT CMP BACK PAIN

9. Generally speaking, was the support provided by CMP Back Pain

- ☐ Very good
- ☐ Good
- ☐ Satisfactory
- ☐ Poor
- ☐ Very Poor

10. Has CMP Back Pain helped you?

Please tick all that apply.

- ☐ CMP Back Pain has helped me stay in work
- ☐ CMP Back Pain has helped me get a job/return to work
- ☐ CMP Back Pain has helped me to apply for work
- ☐ CMP Back Pain has helped me to get a place on an education/training course
- ☐ CMP Back Pain has improved my qualifications

☐ CMP Back Pain has increased my confidence & self-esteem

☐ CMP Back Pain has increased my work experience

☐ CMP Back Pain has increased my knowledge and skills

☐ CMP Back Pain has increased my social interaction

☐ CMP Back Pain has given me information, support and guidance about employment

☐ CMP Back Pain has not helped me

☐ Not sure

☐ Other

11. If you are now working or on an education/training course:

Do you think that you would you have got into work or on the education/training course without CMP Back Pain?

☐ Yes

No

12. If you are not currently in work:

Has CMP Back Pain made you feel closer to getting a job?

☐ Yes

No

13. Do you intend to do any of the following in the next month?

☐ Apply for a job

☐ Enrol on a training or education course

☐ Start voluntary work

☐ Start a work placement

14. Do you think you would apply for a job / enrol in training or education / start voluntary work or a work placement without CMP Back Pain?

☐ Yes

No

15. What, if any, problems remain for you in getting a job/returning to work / staying in work? Please tick all that apply

☐ Poor health

☐ Loss of benefits

☐ Lack of child care

☐ Low qualifications

☐ Lack of experience or work skills

☐ Lack of suitable employment

☐ Lack of advice and support

☐ Lack of confidence

Please use this space for any other thoughts you may have on CMP Back Pain.