***'Most of industry's shutting down up here…'*: Employability initiatives to tackle worklessness in areas of low labour market demand**

Abstract

Employability initiatives are becoming increasingly popular in government discourse as a means of tackling worklessness. Here we discuss the findings of a small scale, qualitative study which mapped the impacts of a multi-intervention programme on participants' health, wellbeing and employability. Each of the thirteen interventions was independently appraised through focus groups or semi-structured interviews. Thematic analyses revealed that participants from all interventions reported increased self-confidence, with several individuals suggesting that project involvement had facilitated their movement into the labour market. While the findings illustrate some positive outcomes, we argue that government policy needs to consider more carefully strategies that also address the demand side of the labour market.

Introduction

In this article we consider the impact of employability initiatives on health, wellbeing and attachment to the labour market by exploring the experiences of participants' using qualitative methods. In the UK, the government has announced a new wave of welfare reform targeting what is described as a 'culture of worklessness'. For example, in the 2008 Green Paper on Welfare Reform, substantial changes to Incapacity Benefit (IB) were announced (Bambra, 2008). From October 2008, IB was replaced with a new, and supposedly simplified, two tier system of Employment and Support Allowance (payable at the same rate as Job Seekers Allowance) supplemented by an Additional Support Allowance for those judged incapable of working by a medically administered test (Department for Work and Pensions, 2006). However, those

individuals deemed sick but able to work are compelled to undertake some form of work related activity (e.g. Pathways to Work) in order to receive additional support. The conditionality attached to ESA is more complex than simply a requirement to participate in an employability scheme and includes (depending on the individual claimant): participation in a work capability assessment and work focussed interviews; completion of a work action plan; engaging with advisors and other support mechanisms where necessary and co-ownership of the return to work process (Gregg, 2008). The ESA was brought into effect for new claimants from October 2008 and existing claimants will be moved onto ESA from 2010 onwards. For a more detailed discussion of the implications arising from the introduction of ESA see Bambra and Smith (in press).

Given this new conditionality with regards to health related benefits, as well as the announcement of further conditionality amongst JSA claimants (e.g. community work after two years unemployment), it is important to examine how participants experience employability programmes and draw attention to any tensions or problems concerning these programmes. Here we explore the impacts of some short term projects and draw particular attention to the absence of interventions which tackle structural barriers to employment. In conclusion, the article calls on policymakers to refocus their approach to worklessness by instead considering a longer-term, multi-pronged response which will tackle both demand and supply side factors.

Worklessness and health

Although often criticised for its ambiguity, 'worklessness' has emerged as a prominent government discourse and as an important focus for policy interventions (Danson, 2005). Groups disproportionately affected by worklessness include lone parents, minority ethnic groups, people with a disability or chronic health condition, over 50s, offenders/ex-offenders and drug users

(Ritchie, Casebourne and Rick, 2005). Individuals may face multiple barriers to employment, such as a lack of job relevant skills and experience and problems accessing the work environment (often relating to transport and carer costs) (Danziger et al., 2002). These often overlapping difficulties mean that helping individuals move from welfare into work may not easily be addressed by single, linear interventions (Gardiner, 1997; Bambra, Whitehead and Hamilton, 2005; Ritchie, Casebourne and Rick, 2005). This is particularly likely to be the case where changes in local economies have restricted employment options.

As has been well documented (Campbell, 2000; Danson, 2005), there have been significant changes in the UK's labour market over the past few 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 heavy industries, such as County Durham. One consequence of these labour market changes, as, McDonald and Marsh (2000) describe, is that the transition into employment for many 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. Individuals caught in this 'low pay, no pay' cycle are a key target for policymakers interested in tackling worklessness. Moreover, Beatty and Fothergill (2005: 838) describe the problem of hidden unemployment in former industrial areas and argue that 'large scale joblessness' is camouflaged by increasing numbers of incapacity claimants. Importantly, the authors note that 'this diversion [from unemployment to sickness benefits] has happened predominantly in the older industrial areas of the North, Scotland and Wales' (Beatty and Fothergill, 2005: 852) and is likely to be as a consequence of deindustrialisation.

In an attempt to tackle worklessness, government 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 (Martin, Nativel and Sunley, 2003). However, the effectiveness of such programmes is unclear. For example, recent systematic reviews of welfare to work programmes targeted at people with a disability or chronic illness by Bambra et al. (2005) and Hillage et al. (2008) were both inconclusive. Similarly, although there is a rich qualitative literature on this topic, much of this is dominated by a focus on the employment experiences of participants and it does not tend to examine the wider impacts of the interventions or the contexts in which they operate. It is therefore uncertain whether the Government's attempts to reduce the number of people workless and in receipt of benefits by focusing on labour supply (Turok and Webster, 1998) have been effective. It is also unclear whether the introduction of sanctions is likely to increase movement back to employment, especially since it is based on the presumption that unemployed groups require further incentives to look for work when, in fact, research (in the UK and elsewhere in Europe) suggests that many people who are out of work are keen to increase their involvement in the labour market (Easterlow and Smith, 2003; Fletcher, 2007; Hyggen, 2007). The study presented here attempts to address these gaps by drawing together interpretive data on individuals' contextual accounts of their participation in one of thirteen different employability interventions (see Table 1). The overarching aim of the evaluation was to examine the effects of this multi-intervention programme (detailed in Table 1) on participants' health, wellbeing and employability. The discussion inspired by these questions is then broadened out to reflect on what this research suggests about policy responses to worklessness in the UK more generally. It should be noted, however, that this is not a discursive piece on the dynamics of worklessness rather the

aim of the paper is to report on participants' views and experiences regarding a number of different employability projects implemented in a defined study context which will now be described.

Study Context: Sedgefield, County Durham

Sedgefield is an area (and until April 2009 a district council) in south eastern County Durham in the North East of England. Between April and June 2009 the North East had the highest workless household rate at 23.2% compared with other government office regions. Sedgefield continues to be affected by the legacy of changing labour markets and the decline of manufacturing industries and the coalfields. Accordingly, the effects of the current global recession are heightened for the former mining villages and rural towns in the area. 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 (Government Office for the North East, 2007). Unemployment rates in Sedgefield are well above the national average (6.9% between January and December 2008 versus 5.7% nationally (ONS, 2009a)) and incapacity benefit claims in the working age population are amongst the highest in the country (12% as of August 2007 (ONS, 2009b)).

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). Equally, 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). There is also a gap in life expectancy associated with socioeconomic deprivation, with women and men in the least deprived

areas living on average three and four (respectively) years longer than women and men in the most deprived SOAs (APHO and DoH, 2008).

Table 1: Typology of interventions (drawing from Gardiner, 1997; and Bambra et al., 2005)

Intervention Type[1]	*Intervention*	*Acronym*	*Objectives of intervention*
Education and training	*Steps into Work*	SIW	Numeracy and literacy for work skills and childcare NVQs
Health related interventions	*Cardiac Rehabilitation*	CR	Improve health and wellbeing to help return to/retain employment
	Counselling	C	Improve health and wellbeing to help return to/retain employment
	GP Referrals	GPR	Extend free leisure centre activities for GP referrals by 3 months
	Lower Back Pain Service	LBP	Improve health and wellbeing to help return to/retain employment
	Smoking Cessation	SC	Health promotion to retain/prevent possible unemployment
Improving accessibility to employment-related opportunities	*Accessibility Action*	AA	Community transport service to improve access to opportunities
Vocational advice and support services	*Personal Development Programme*	PDP	Programme to improve confidence, motivation and aspirations
	Positive Steps	PS	Information, support and guidance scheme
Volunteering and work placements	*Community Health Volunteers*	CHV	Volunteering scheme to train as health advisors
	Placing People First	PPF	Work placement scheme
	Volunteering	V	Formal volunteering work employment scheme

1 The projects evaluated in this paper were comparable in that they each dealt with the supply side of the labour market, rather than the demand side, and were all area-based and funded by short-term (finite) resources.

Methodology

The aim of the qualitative approach to the study was to gain some insights into the worlds, beliefs and views of those involved in the employability interventions (Jowett & O'Toole, 2006; Kvale, 1996). Focus groups (one per project) were used to explore the views of participants involved eleven of the projects but, due to the sensitivity of some of the issues involved, it was deemed more appropriate to employ face-to-face interviews with participants in the *Young Parent's Outreach Worker* project and the *Counselling Service*. Altogether 84 individuals participated in the focus groups/interviews all of which were undertaken shortly after (i.e. within 1-2 months) the intervention had been delivered. The research was approved in advance by [X] University School for Health Ethics Committee.

Participants were recruited through the intervention leaders who adopted a 'gatekeeping' role. Although asked to recruit participants offering a broad range of views, this method is clearly not without bias as gatekeepers are likely – either wittingly or unwittingly – to recruit individuals who regularly attended and engaged most fully with the programme, which may lead to more positive responses. Further, it is important to note here that the sample of participants is inevitably self-selecting, given that participation in the employability schemes was voluntary (in contrast to the conditionality imposed by the new ESA). Consequently, the participants in our research may well have been closer to the labour market than other incapacity benefit claimants in the area who did not engage in these kinds of initiatives. Nevertheless, the data reveal a range of concerns with both barriers to work in the local labour market and with the programme itself, providing useful and policy relevant insights to those interested in welfare to work schemes.

The focus group sessions varied in length, lasting between 30 and 60 minutes, with four to six participants in each. Two members of the research team were present at each focus group: one to facilitate the discussion, the other to take field notes and to ensure all topics had been addressed. Semi-structured interviews ranged from 15 to 53 minutes in length and were either conducted on a face-to-face basis or by telephone. With the exception of the *Young People's Outreach Worker* programmes, focus groups and interviews were conducted at venues where the programmes had been delivered. A thematic topic guide for the focus groups (and adapted for the semi-structured interviews) was informed by the existing literature-base relating to return-to-work schemes and by the experiences of the research team and included questions relating to: barriers experienced to employment; advantages and disadvantages of the intervention; impacts of the intervention on physical and psychosocial health as well as attachment to the labour market; ways in which the intervention addressed or failed to address barriers to employment; ways in which the intervention could be improved; remaining problems or barriers to employment.

Both focus group and interview discussions were audio-recorded and transcribed *verbatim* before being coded using *Atlas.Ti* (a qualitative analysis software package) by KJ and KS. The coding framework for analysis was derived abductively by analysing the data, transcript by transcript, to identify emergent themes (Miles and Huberman, 1994). To resolve any inconsistencies, data interpretations and emergent themes were discussed by all members of the research team until a consensus was reached. All extracts from the data have been fully anonymised and the codes accompanying quotations refer to the acronyms of the different interventions being appraised (see Table 1).

Findings

The following account of the data is divided into sections that focus on the impacts (from participants' perspectives) of the various projects on health, wellbeing and employability but it should be recognised that each of these areas inter-links with the others (see Figure 1). The paper then turns its attention to exploring some of the concerns participants expressed about the short term nature and supply-side focus of the interventions. Figure 1 illustrates the overlapping nature of the outcomes relating to the different intervention types. Most noteworthy is the finding that participants from all intervention types reported some kind of benefit relating to wellbeing. The lines encompassing health related programmes and volunteering and placements are not meant to imply that these intervention types caused health or employment effects exclusively. Rather the outcomes relating to health were reported throughout many of the intervention types but especially by participants of the health-related programmes. Likewise, employment outcomes were reported by individuals in several intervention types but were most commonly by individuals on volunteering or work placement programmes.

Figure 1: Interconnected themes relating to participants' experiences of the employability interventions

Health

Most of the impacts that participants discussed directly with respect to their 'health' were associated either with pain management or lifestyle-behaviours. For example, some participants in four of the health-related programmes (all except *Counselling*, which focused on mental, rather than physical health) reported that they were adapting their lifestyle-behaviours as a result of their participation in the programme. For some this involved learning about and adopting preventative measures such as taking more exercise and eating a healthier diet. For others, the benefits included learning relaxation or exercise techniques that enabled them to better manage existing

conditions. Participants in the *Lower Back Pain* service placed a particular emphasis on the way in which the intervention had aided their pain management abilities (see Table 2).

Table 2: Perceived changes in lifestyle-behaviours

'The programme of exercise and particularly relaxation has helped considerably. To such an extent I reduced my medication and then I've stopped it' (LBP).
'I've changed my lifestyle, the way I eat, drink. I used to go at the weekend, five pints, no problem' (CR)
'I've Angina and I just wanted to keep myself fit.…Yes it's delivering yes. Being in a group like this makes you do the exercise that you wouldn't do at home' (GPR)

Although changes in lifestyle-behaviours are not examples of direct health benefits in themselves, but rather strategies to help promote health, many of the participants who reported changing their lifestyle-behaviours as a result of participating in the interventions felt that they were already experiencing benefits, such as improved feelings of fitness and mobility.

Wellbeing

'Wellbeing' is a widely used, if somewhat vague concept, but it is helpful in capturing the extensive range of data relating to psychosocial issues uncovered in this research. We employ it here to refer to psychosocial outcomes, such as increased confidence and self-esteem, or accounts of increased opportunities for social interaction. As well as being linked to some of the physical health issues described in the above section, all of these factors are known to impact on an individual's 'job readiness', which is defined as being ready 'physically, mentally or emotionally to sustain paid employment' (Dean, 2003: 455). Thematic analyses reveal that participants reported experiencing psychosocial benefits as a result of their involvement in the projects more frequently

than any other kind of benefit. The most commonly cited effect was a sense of increased self-confidence (see Table 3).

The issue of increased confidence did not appear to be noticeably gendered. Indeed, this theme was expressed in different guises by participants from *all* of the intervention types but it was most notable amongst participants in the vocational advice and support programmes. 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.

As Table 3 demonstrates, however, not all impacts on confidence and empowerment were positive. For example, participants in the *Placing People First* highlighted that the confidence gained through employability initiatives had the potential to work as a '*double-edged sword*' (see Table 3). So, while there was a consensus that the interventions did indeed boost self-confidence and reaffirm self-belief, there was also a concern amongst individuals that, if they were subsequently unable to secure long term paid employment, or achieve other ambitions nurtured by the intervention, that when the programme ended, their confidence could potentially dip further. This underlines the fact that participants did not perceive psychosocial issues to be the only barriers that they faced in relation to securing employment. Consequently, some participants stressed that projects which addressed these issues without also addressing some of the other barriers they faced, had the potential to leave them feeling apathetic, frustrated and with lower self-worth than when they began the intervention.

Table 3: Positive and negative aspects of confidence

Impact on confidence	**Sub-theme**	**Illustrative quotation**
Positive	Self-esteem	*'…it's just getting that experience and making you feel a little bit better about yourself as well'* (PPF).
	Sense of pride/ Satisfaction	'*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?'* (SIW).
	Self-belief	*'I've got a few job applications in at the moment that I'm really quite positive and confident with. 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'* (V).
	Self-awareness	'*It made you look at yourself as a person instead of just kind of like somebody's mum or somebody's …'*(PDP)
	Developing coping strategies	*'It makes it more manageable, and so you know that, like, there are things that you can do to make it a bit easier.…That made you a bit more positive about coping'* (LBP).
Negative	Reduced self-esteem and self-belief	*'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'* (PPF).
	Feelings of apathy and demoralisation	'*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'* (PDP). *'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'* (PPF).

One psychosocial impact which was talked about in consistently positive terms was the enhanced opportunities for social interaction that participation in many of the employability projects appeared to bring. As illustrated in Table 4, some participants felt they had benefited from being able to share their problems with people experiencing similar difficulties. By building up relationships and support networks, participants from many of the interventions (particularly those interventions involving regular meetings) reported that participation had helped to reduce feelings of isolation. For participants of the *Volunteering* and *Community Health Volunteers* projects, there was a sense that their involvement had knock-on positive effects on other individuals, whether that was through

sharing information to enable more informed decision-making or by providing direct support in a practical or psychological sense (see Table 4).

Table 4: Psychosocial benefits associated with the interventions

Theme	**Illustrative quotation**
Social interaction/ reduce isolation	*'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'* (CHV).
Knock-on effects on family/friends	*'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'* (V).
Promotes social inclusion	*'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* (AA).
Structure and meaning	*'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'* (PS).

The notion of making a useful or positive 'contribution' seemed to be particularly important in both of the volunteering focus group discussions. Again, this was an effect which was always talked about in positive terms. It was often related to the ability to provide advice to others, or exchange information, but participants in some of the projects also felt that the interventions had helped to break down social barriers between communities and had, therefore, helped to promote a broader kind of social inclusion (see Table 4). On a more practical level, several participants (notably those participating in *Positive Steps*) regarded their experiences as a means of giving structure and 'meaning' to their day. In other words the void left by the absence of employment is filled with participation on an employability programme (a finding which echoes Baines and Hardill's (2008) recent account of volunteering by participants in communities beset by worklessness). The

following section moves on to focus more directly on the issue of employability and attachment to the labour market.

Employment

The data relating to employment are grouped into two key areas: perceived barriers to employment and employability, each of which is discussed in turn.

Perceived barriers to employment

The most frequently cited barriers to employment were psychosocial in nature and included low confidence and limited self–esteem (see Table 5). It is these kinds of psychosocial barriers which the above data suggests many of the projects were successful in beginning to address. Importantly, however, structural factors were also frequently flagged up as barriers to participants' involvement in the formal economy. For example, several participants, who each participated in different types of intervention, reported being restricted by the poor reliability and/or high expense of transport services in their area. These concerns were especially pertinent for those individuals living in rural areas, away from larger towns with more regular bus services.

Accounts of the difficulties in accessing appropriate (in terms of matching individuals' skills) and desirable or meaningful (in terms of both the salary and the stimulation provided) jobs were widespread amongst the participants who were actively searching for employment at the time of the research. Moreover, a strong feeling was expressed by participants in many of the interventions that the availability of jobs was extremely limited, especially away from the main economic centres. Where jobs were available, they often failed to offer participants the quality and security that they were looking for:

Table 5: Barriers to Employment

Theme	Illustrative quotations
Health	*'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'* (CR).
Psychosocial	*'I tick the boxes of a bum, basically – they're not interested in me'* (YPO).
Transport	*'…the buses are useless, they're not reliable...Taxis are expensive. Uncles and aunties and all that are expensive as well* [for giving lifts]*, and* [it costs] *£20 a week to get to where I'm going to'* (YPO).
Absence of jobs	*'There's nothing here...There's no permanent jobs really...The Government keep saying it's there but …'* (GPR)
Absence of satisfactory/ secure jobs	*'I took the job at* [a telecommunications company]*, 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'* (CHV).

The extracts in Table 5 align with a considerable body of evidence which suggests that despite central government's continued focus on supply side issues and work activation policies, there remain large disparities across the country in terms of employment opportunities (Turok and Webster, 1998; Peck, 1999; Martin, Nativel and Sunley, 2003; Beatty and Fothergill, 2005; Theodore 2007). For example, Theodore (2007) focuses on the North-South divide, with areas of the North accounting for over 75% of the jobs deficit, and draws attention to particular gaps in the bottom quarter of the labour market. Likewise, Turok and Webster (1998) highlight how the uneven geography of unemployment in the UK is likely to have a significant influence on the effectiveness of employability initiatives such as the New Deal. As the final quotation in Table 5 illustrates, the absence of adequately paid, secure and permanent jobs can result in individuals taking up unsatisfactory employment, which has the potential to be detrimental to their health and wellbeing. A cross-sectional study, (Broom et al., 2006) showed that low quality jobs, characterised by high strain and low security and marketability, were associated with poor mental and physical health effects, which were comparable to those reported by the unemployed. This

issue should not be ignored by interventions which aim to tackle worklessness effectively, particularly those which construct employment as a route to better health, for it raises questions about whether having a job with high psychosocial stressors is necessarily better than being unemployed.

Employability

Due to the varied nature of the interventions appraised and the range of individuals who participated, it is no surprise that differences in employability outcomes (defined as movement into work; return from/avoid probable sickness absence; movement into education/training; or increased work related aspirations) were observed for the thirteen different projects. Feedback from the health related programmes showed that several of the participants had successfully retained employment, or had returned to employment after a period of sickness absence, following their participation in the intervention. In contrast, participants in the education/training, work placement/volunteering and vocational advice/support programmes had usually entered the projects due to their lack of employment. Although, fewer of the participants in these types of projects were in secure employment at the time of the focus groups, many reported that the intervention had been effective in increasing their work relevant skills, experience and/or aspirations and at least two people recounted that they had secured full-time, permanent employment as a result of participation in these projects:

> *'Well they've already said, when the six months is up, they'll keep us as long as I go to college'* (PPF).
>
> *'I started off volunteering and that has led to a job … that's directly led to a job, so that's a success'* (V).

Perhaps the relative success of the work placement/volunteering interventions was related to the 'job readiness' of these participants compared with those individuals who had joined the education/training or vocational advice/support programmes in order to develop skills or confidence in relation to the labour market.

There was less evidence of successful employment outcomes for participants in the vocational advice/support projects and the education/training project. Reasons for these differences are likely to be related to the complexity of barriers experienced by individuals participating on these interventions. In many cases participants reported a plethora of barriers impeding their movement into the labour market such as chronic health conditions, lacking work relevant skills and experience, low self-confidence and issues relating to being a full time carer. This again highlights how simple short term linear interventions are unlikely to help individuals with complex needs.

Perceived problems with the interventions

For the most part, research participants were extremely supportive of the interventions they had been involved in. It is perhaps partly as a consequence of this that there was a recurring concern about the short-term nature of many of the projects. As the quotations in Table 6 illustrate, participants from all intervention types were keen to express their concerns about the need for project continuity and the maintenance of funding.

Table 6: Participants' concerns about the interventions

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' (V).

'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…' (PS).

'Like I say I'd hate to think they stop doing them you know because then we're just going back to square one' (SIW).

The short duration of projects was a real concern to participants with many feeling that such a myopic stance could limit the potential success of the interventions and possibly unravel the progress they had already made. In particular, participants voiced the need for consideration to be given to the support mechanisms available to participants once projects have ended.

Discussion

The interventions considered here set out to tackle the complex issue of worklessness by drawing on a multifaceted approach, which included projects focusing on physical, psychological and social determinants. Overall, this strategy appears to have achieved some successes: health related projects were reported to have helped participants tackle mental and physical ill health problems, while education/training interventions and volunteering/work placement schemes appeared to have supported participants in dealing with more practical barriers such as lack of work 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 (see Figure 1). A number of participants reported that the intervention had helped them return from, or avoid probable, absences from work as a result of poor health. Of those participants who were out of work, several suggested that their attachment to the labour market had increased, particularly

those participants in the volunteering/work placement interventions who could also, perhaps, be described as more 'job ready'.

All of this suggests the programme of interventions being studied in County Durham was relatively successful. However, this 'success' story is accompanied by some important caveats, from which lessons can (and, we argue, should) be learnt, as the following sections explore.

Need for individualised support

As Stafford et al (2008) argue, those individuals with more financial and human capital are likely to be at an advantage in terms of accessing information, using services and feeding back on their experiences relating to the labour market. There is a need, therefore, to equalise the routes into employability interventions and, perhaps more importantly, to provide tailored support for individuals facing multiple barriers to employment. Indeed, Arksey (2003) suggests that a pilot employment project (People into Employment - PIE) implemented in the north-east of England achieved success due to the highly individualised support it provided, which was characterised by: one-to-one support; tailor-made job searching and training; flexibility in responding to different needs; and related adjustments in expectations with regards to the pace of the return to work journey.

Similarly, Lindsay, McQuaid and Dutton (2008) contest that it is not enough for policy makers simply to acknowledge the complex and multifaceted barriers faced by job seekers, rather there is an impetus to commit to flexible and innovative approaches promoting employability which, they argue, are hallmarked by cooperation and mutualism in both design and delivery. We therefore endorse the adaptive and multi-faceted approach to worklessness advocated by Dean (2003), who

argues that a 'life-first' model of welfare to work should be encouraged in future initiatives. This could conceivably incorporate projects that support individuals in maintaining employment (e.g. health related programmes), alongside those that aim to overcome skills and psychosocial barriers to work. The emphasis as, Dean (2003) maintains, should be placed on the individual and their life needs so that employability initiatives are adaptive and, crucially, responsive to the varying requirements of all participants involved.

Short-term Focus

Many of the interventions discussed in this study involved individuals facing multiple inter-related barriers to employment and, whilst the interventions appeared to have helped most of these individuals to make some progress on a journey towards employment, it is likely that ongoing support is necessary. Indeed, participants on many of the programmes highlighted the short duration of the projects as a key concern and potential barrier to success.

It is clear that short-term employability projects do not usually have the scope and resources to deliver appropriate support to individuals facing some of the multiple and complex problems described here (Dean, 2003; Lindsay, McQuaid and Dutton, 2007). Furthermore, it has previously been noted from the perspective of those involved in implementing local interventions that the short-term nature of some projects can be damaging to those involved:

> *'Once people's energies and hopes have been engaged there is a danger of achieving less than nothing if the support cannot be sustained, as they are likely to become disillusioned and cynical about any opportunities that might be offered in the future* (Matka, Barnes and Sullivan, 2002: 103).

The above extract focuses on the comments of a project organiser but the data presented in this paper suggest that participants in short-term interventions often share such a perception. Although these concerns are not new, they further underline the need for policymakers (and researchers) to consider more carefully the long-term impacts of short-term projects.

Need for Demand Side interventions

Like many employability projects in the UK, each of the thirteen interventions focussed on the supply side of the labour market in providing training, advice and support and paid scant, if any, attention to demand-side factors (Beatty and Fothergill, 2005; Devins and Hogarth, 2005; Bambra, 2006; Grover, 2007). This is particularly important given that participants reported facing persistent structural barriers to employment, such as a low availability of accessible, high-quality, suitable employment or training opportunities. These observations parallel several commentators' assertions that policy initiatives continue to conceptualise worklessness as a labour supply problem despite convincing evidence to the contrary, especially in (former) industrial areas (Turok and Webster, 1998; Martin, Nativel and Sunley, 2003; Beatty and Fothergill, 2005). For example, Martin, Nativel and Sunley (2003: 203) argue that the need to integrate active labour market policies with measures to stimulate labour demand is often "overlooked by an orthodoxy which separates a notion of equality of opportunity from the geographical conditions and disparities which structure its realisation". In the context of the delivery of the New Deal programme they argue that an overly simplistic focus on either the demand or supply side of the problem in isolation is insufficient and a closer understanding of small scale contextual factors is necessary to build success in depressed regional and local labour markets.

The need to address demand-side issues is also highlighted by an increasing recognition that not all forms of employment are beneficial to health and wellbeing (Waddell and Burton, 2006). For example, Bartley (2006) draws attention to the increase of low-skilled service sector jobs which offer little security and can incur similar costs to mental wellbeing and physical health as unemployment. In addressing demand-side issues, there is clearly a need, therefore, to consider the quality of employment opportunities, as well as the quantity. Although arguments around the neglect of structural barriers in employment initiatives have been well rehearsed (e.g. Beatty and Fothergill, 2005; Devins and Hogarth, 2005; Grover, 2007), this study provides empirical evidence to show that these challenges have not yet been responded to by policy makers. It should be noted that this paper focuses exclusively on the perceptions and experiences of individuals who participated in employability schemes and does not attempt to deal with employers' views or assess supply side issues (issues which have not been significantly examined in relation to recent employability schemes in the UK and which warrant further research). Whilst it could be argued, from a policy perspective, that it is unlikely that everyone with diverse and complex needs can secure a meaningful and rewarding employment , in designing future welfare to work interventions it is nevertheless crucial to consider how individuals perceive their needs and desires in relation to work.

Conclusion

In summary, this paper demonstrates some of the benefits of participation in employability projects, such as positive effects on lifestyle-behavioural factors and wellbeing, whilst also drawing attention to participants' concerns regarding the short term nature of projects and the possible negative consequences associated with projects that focus on increasing individuals' sense of empowerment in environments offering few meaningful employment opportunities. While the

programme of interventions appears to have helped address some of the barriers to employment cited by participants (such as low self-confidence and limited skills/experience), structural barriers continue to persist, most notably a paucity of accessible and desirable jobs, and there is little evidence to suggest policymakers are effectively addressing these more daunting barriers. Nevertheless, given that movement back into employment is likely to be characterised by a series of small but important steps, rather than one straightforward, linear pathway into work (Hoggart et al., 2006), the perceived benefits of participation in the employability programmes should not be undermined.

The findings also suggest that the synergy between various interventions could potentially be exploited further in subsequent employability initiatives, by incorporating short-term projects into longer-term strategies and by strengthening the links between projects. Finally, it needs to be acknowledged that the data drawn upon in this study 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. Future research might consider how individuals' experiences and perceived barriers to the labour market change over time by adopting life history or biographical type methods (see for example Holland, Thomson and Henderson, 2003 or Corden and Nice, 2007).

Authorship contribution

(Removed to ensure anonymity)

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Figure 1: *Interconnected themes relating to participants' experiences of the employability interventions*