Centre for Ageing Better

Steps to Your Goal Evaluation

Final Report

April 2025

in partnership with:

Triage | impact

healthfind

About us

Centre for Ageing Better

The UK's population is undergoing a massive age shift. In less than 20 years, one in four people will be over 65.

The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities.

We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

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Key findings

The Steps to Your Goal programme pilot produced strong outcomes for moving over 50s into or closer to employment. Following 12 weeks of support, one-in-five (20%) participants were in employment, 6% were receiving support to start their own business and a further 46% had taken part in one or more training courses. Further to this, participants reported improved confidence, self-worth and motivations towards work. The success of the model can be attributed to four characteristics of the support:

1. **Effective referrals to a voluntary support programme.** The pilot benefited from having highly engaged participants, with high session attendance and active participation throughout the support. This was the result of an effective system of appropriate referrals, primarily from Jobcentre Plus (JCP), and the voluntary nature of the support resulting in a group of active, engaged, participants.
2. **Time spent with participants.** The employment specialist and health coaches on the pilot had the time they needed to build trust with participants which enabled them to fully explore their wider needs. This created space to tackle wider barriers to employment, which were often longstanding among the over 50s group, including issues participants did not initially present with.
3. **Consistent, skilled staff members.** Throughout the pilot, participants met with the same employment specialist and, if they accessed the health element of the support, health coach each week. Pilot staff were highly qualified in their respective roles. This meant that participants built rapport with a knowledgeable professional capable of providing holistic support, which in turn created high levels of engagement and trust in the pilot.
4. **Individualised, holistic support.** Participants presented with diverse and broad barriers to employment, ranging from skills gaps to substance abuse issues and homelessness. The pilot afforded space for employment specialists and coaches to understand the needs of participants and adapt support to meet them. This meant the pilot was targeted to the ambitions and demands of individuals, which proved effective in tackling the specific barriers to employment individuals faced.

Executive summary

Pilot overview

The Steps to Your Goal pilot, delivered by Triage, aimed at testing a model of support specifically for people over 50, developed by the Centre for Ageing Better through an extensive co-design process. The pilot consisted of 12 weeks of support, delivered to two cohorts of participants (the first delivering to 30 participants and the second 20), between June 2024 and January 2025.

The pilot was designed to consist of:

- Weekly one-to-one support. This would be delivered through appointments of between 30 minutes and one hour of time, depending on participant need.
- A dedicated employment specialist acting as a consistent point of support and delivering the weekly appointments.
- Employer engagement support. Participants would be able to access the employer engagement support via the employer engagement team at Triage.
- Up to six hours of optional physical or mental health coaching delivered remotely by HealthFind.

Experiences of and perspectives on the labour market

Participants came to the pilot with quite varied and often long working histories. Despite this, they found themselves out of work for a range of reasons including health, caring responsibilities and redundancy. Some participants had held one job for all, or most of, their working lives and were now facing difficulties in securing new roles. Most participants had been out of work for a long period of time, in some cases more than a year.

Many participants were struggling to sell themselves to employers, change careers and get new and relevant experience. Many had transferable skills acquired over long working lives but often failed to recognise these. Some participants had shown a great degree of adaptability in the labour market previously, but were struggling now to move into new roles.

Life circumstances and barriers to employment

Participants often came to the pilot with challenging life circumstances. For some these were issues that are more common among people as they age, such as long-term health issues or caring responsibilities. Participants also presented with issues related to homelessness, substance and alcohol abuse and past criminal convictions. These issues had presented a barrier to work or had even been the reason they left employment in the first place. In many cases it was important to first focus on addressing these concerns prior to more work-focused conversations.

Often participants faced barriers related to their own skills and qualifications. In some cases, this was a lack of skills, qualifications or experience needed to move into a new sector. Often, a lack of digital skills acted as a barrier, which the health coaches and employment specialist felt was more prevalent among the people aged 50 and over.

Experiences of ageism were a common barrier. This came from employers, who treated participants differently upon learning of their age, but was also internalised in participants, who perceived limitations to their value and abilities because of their age.

Many participants came to the pilot with a lack of confidence in their abilities or chances of finding work. For some, this was tied to their time out of work, while for others it interacted with other barriers, such as their health issues and experiences of ageism both in recruitment processes and in previous interactions with employment support services.

The economy and employment market in which participants operated also presented barriers. These included poor quality public transport links and a lack of jobs in a struggling local economy. Participants also described messy and inconsistent recruitment processes as a key challenge.

Participant journey to the pilot

There were two main referral routes to the pilot:

1. Internal referral from other Triage delivered services. This route accounted for 32% of referrals.
2. External referral, primarily through JCPs in the area but also through self-referral, typically via Facebook. This route accounted for 68% of referrals.

Participants typically found the information and marketing about the pilot appealing and spoke positively about the onboarding process. The pilot broadly engaged appropriate participants, as evidence by the low dropout rate (6%).

Pilot support delivery

Early conversations between the employment specialist and the participant focused on building rapport and getting to know the participants' interests, life circumstances and ambitions. Participants appreciated this open and friendly approach, where they had a chance to talk about their life circumstances rather than the immediate focus being on work.

Following this, a wide range of support was delivered. This support was offered flexibly according to participant needs and interests. Participants were supported to access training courses, build confidence and skills related to the job search process (CVs, applications, interviews etc.).

Seven-in-ten (71%) participants were referred into the optional health coaching element of the support, delivered by HealthFind. Participants that engaged with HealthFind received support for a range of physical and mental health issues. The support delivered by HealthFind covered:

- navigating health systems
- managing existing conditions
- education around healthy lifestyle choices
- therapeutic understanding of health conditions

As with the support overall, HealthFind began by openly discussing participants' holistic needs, which often revealed broader needs beyond the primary health issue. Participants valued the opportunity to discuss their health issues.

Participants spoke particularly positively about the way in which the support was delivered. They emphasised its holistic and friendly approach starting with the person and not focusing on finding work immediately. Ultimately this approach meant that participants felt cared about, positively affecting their motivation to engage with the pilot support.

One aspect of the pilot support that was commonly identified as needing improvement was employer brokerage, with many participants wishing more direct links to vacancies could be made. The health support offer could also be improved by more effectively communicating the offer to participants from the outset, as some participants dropped out, held unrealistic expectations and could have benefited from health coaching but chose not to access it.

The key factors for successful delivery of the pilot included:

- starting with the person and focusing on life as well as employment
- having time to engage properly
- providing a friendly face and a friendly atmosphere
- the voluntary nature of support
- a highly trained and readily accessible employment specialist
- a high level of engagement among participants

The key challenges the pilot faced in delivering to participants were:

- Limited digital access among participants. This was a challenge staff members felt was more prevalent among this group of older participants and presented a particular challenge to the remote delivery of the health coaching. Improving digital skills was a focus of the support delivered to some participants.
- Participants holding entrenched habits or views. On the health support, staff found participants had some incorrect views on health that they had held, in some cases, for a number of years. The time HealthFind staff had with participants afforded them sufficient space to effectively work through these issues.

Pilot outcomes

Overall, participants displayed positive progress towards employment. By the end of their time on the pilot, one-in-five (20%) were in employment, 6% were receiving support to start their own business and a further 46% had taken part in one or more training courses.

However, the pilot aimed to achieve more than just these 'hard' outcomes, by tackling wider barriers to employment. Many participants reported improved confidence, self-worth and motivation across the pilot. This countered the pre-pilot effect of internalised barriers related to ageism and bad experiences looking for employment which had undercut their confidence. Participants also reported improved motivations towards work, including positive changes in their ambition, increased appetite for work and renewed excitement about their future prospects. This was in stark contrast to the disappointment with employment support, and pessimism about their value to employers as older workers, that many participants came to the pilot with.

The health element of the support also saw participants progressing across a range of areas, most commonly in relation to their lifestyle and managing their symptoms. This progress will likely have represented considerable

strides towards employment with many facing significant health barriers to employment at the start of the pilot. These positive health outcomes outline the value of including an element of health support in employment programmes targeting people aged 50 and over, where health barriers can be more prevalent and often need addressing before employment becomes a viable and sustainable option.

Overall, the positive outcomes achieved shows the value of the Steps to Your Goal model for jobseekers in their 50s and 60s. In particular, the strength of support that affords employment specialists and coaches the time with participants to understand and address their holistic needs and wider barriers to employment.

Introduction

In June 2024, Triage began delivery of the Steps to Your Goal pilot. This pilot tested a model of support which was developed by Ageing Better through an extensive co-design process exploring how different approaches to employment support could benefit people over 50. The result was the Steps to Your Goal programme - a holistic, coach-led support programme, focusing on people's wider life circumstance and personal goals to move them towards employment.

Ageing Better is a charitable foundation that promotes change in policy and practice, informed by evidence, to tackle inequalities in ageing. Alongside developing the Steps to Your Goal model, Ageing Better delivered the evaluation of the pilot.

Triage is a provider of education, skills and employability services operating across Northern England and Scotland. The Steps to Your Goal pilot was delivered by Triage Impact, a team within Triage focussed on delivering pilots of new models of support, to people with additional barriers to employment, including those aged over 50.

Triage partnered with health service organisation HealthFind, to offer additional health support to participants. HealthFind is a provider of health coaching that aims to support individuals in their search for employment by helping them to make changes, set goals, and access the services and help they need to lead healthier lives. HealthFind coaches delivered both physical and mental health support on an optional basis to participants taking part in the pilot.

Pilot structure

Steps to Your Goal offered intensive employment coaching support for individuals in their 50s and 60s over a 12 week period. The pilot aimed to support individuals who view employment support as just focused on "getting any job" with the space to find more sustainable opportunities and move closer to employment.

The pilot ran for two cohorts, each moving through the 12 week programme. Cohort one ran from June until September 2024 and consisted of 30 participants. Cohort two ran from October 2024 until January 2025 and consisted of 20 participants.

The pilot was designed to consist of:

- Weekly one-to-one support. This would be delivered through appointments of between 30 minutes and one hour, depending on participant need. Cohort one had bi-weekly face-to-face sessions with telephone sessions in the weeks in between. Cohort two had weekly face-to-face sessions, as far as possible.
- A dedicated employment specialist. A single employment specialist acting as a consistent contact and point of support for participants, delivering the weekly appointments.
- Employer engagement support. Participants would be able to access the employer engagement support via the employer engagement team at Triage. However, it is worth noting that the pilot was not singularly targeted on getting participants into work, as was the case on other programmes running concurrently.
- Optional health coaching. Embedded within this support was the option of referral to HealthFind, a physical and mental health coaching service designed to be delivered alongside employment support. The service provided up to six hours of health coaching delivered remotely, with an expected 75% of pilot participants to be referred.

The pilot aimed to refer 40% (n = 20) of its participants through internal channels (i.e. already engaged with Triage provision of some kind) and 60% (n = 30) through external channels (for example through Jobcentre Plus, community centres, libraries, charities like Age UK etc.).

Evaluation overview

The evaluation aimed to:

1. Understand implementation challenges and successes, including pilot participant experiences of provision, to provide learning for future delivery
2. Explore emerging impact for participants on the programme – focusing on progress towards employment and engagement with training
3. Improve the evidence base of what works to support those in their 50s and 60s closer and back into work

To meet these aims, the evaluation looked to answer the following questions:

1. How was the pilot implemented?
2. What worked well or less well about pilot implementation?
3. Was the pilot delivered as intended?
4. To what extent did the pilot reach its target cohort?
5. How did contextual factors influence the delivery of the pilot?
6. To what extent did the pilot achieve the expected outcomes?
7. How effective were the pilot's different elements of support in securing positive outcomes for participants? Why?
8. Has the pilot resulted in any unintended outcomes?

The key measures for success included:

- progress towards employment
- moving into employment
- moving into training
- being signposted to further support

Methodology

The Steps to Your Goal evaluation collected a mixture of quantitative and qualitative data. Quantitative data covered:

- participant demographic data (age, gender, health)
- referral routes
- support received from both Triage and HealthFind
- work related outcomes (progression into employment, training or volunteering)
- health related outcomes, shown by HealthFind's outcomes star data

Qualitative data was collected through one-to-one and paired interviews with programme participants, managers (from both HealthFind and Triage), HealthFind coaches and the Triage employment specialist. Across the evaluation qualitative interviews were conducted with:

- 12 participants, interviewed towards the end of cohort one
- three Triage managers, interviewed towards the end of cohort one, with the day-to-day programme manager interviewed again at the end of cohort two

- two HealthFind managers, interviewed towards the end of cohort two
- four HealthFind coaches, two interviewed towards the end of cohort one and two at the end of cohort two
- one Triage employment specialist, interviewed once at end of cohort one and once at the end of cohort two

Quotes from qualitative data are used throughout this report to illustrate the findings. To preserve the anonymity of participants, quotes are attributed anonymously, and some personal or potentially identifiable details have been omitted.

Structure of the report

The rest of the report is structured as follows:

1. Experiences of and perspectives on the labour market
2. Life circumstances and barriers to employment
3. Participants' journey to the pilot
4. Pilot support delivery
5. Pilot outcomes
6. Conclusions and recommendations

Experiences of and perspectives on the labour market

This chapter explores the diverse range of experiences and perspectives on the labour market that participants had upon starting the pilot. It is worth first understanding these, as they often shaped the challenges participants faced in relation to employment.

Work history

Pilot participants had worked in a diverse range of industries. These included but were not limited to: clerical and administrative work, manual and skilled trades (including the no longer operating steel industry), cleaning, driving, security, construction, hospitality, retail, care and warehouse work. Some participants had largely worked within one industry, but quite a few had worked across many different industries with one participant saying: *"Well I've tried just about [everything]..."* Participants had also worked at varying levels of responsibility in job roles, including managing charity shops and running bars.

Many participants had experienced redundancy at some point in their working history. This was particularly common for those with histories of working in manufacturing or manual trades but also retail and hospitality. Redundancies were sometimes due to a specific organisation closing but were often related to broader economic pressures. Steel work, for example, was a long-term career for some participants that ended with redundancy, which was perhaps unsurprising considering the local economic history of the region. This meant some participants had lost work later in life in roles they had had for their entire working lives.

"I was 16 when I went into the steel works... [I worked there for] 36 years... And the company... it folded unfortunately... [as many] did in that period."

Participant

Some participants also made reference to how jobs were affected by economic downturns. This included the COVID-19 pandemic and problems in the building industry during the 1980s recession.

"Basically, straight from school, [I] went into the local college, qualified as a joiner. From there I went with a company for about 2-3 years... and this was the late 80s building trade [which] had its worst recession ever and it just went [into a] nose [dive]."

Participant

Despite facing setbacks, some participants had in the past managed to change careers. For example, one participant went into care work following the loss of their job in the construction industry. This illustrates that many participants have in the past exhibited flexibility and transferable skills. In some cases, participants suggested these qualities had been retained.

"I am not averse to applying for everything else. Anything else, and that's the attitude I've been taking. I've been applying for jobs that are foreign to me, but I've got transferable skillsets so... And both [advisors on pilot] were giving me links to different types of jobs all the time..."

Participant

However, many participants were currently struggling with illustrating their transferable skills to employers. In some cases, it was a failure to recognise the skills that they had accumulated across their working lives.

"With this cohort, it's more of a frustration at the system and a real difficulty for them to see their life experience as a skill set that they could utilise moving forward in terms of finding employment... But they are constantly blindsided to the massive life experience they've got, that they need reminding of..."

HealthFind staff member

Job aspirations

There was a clear understanding amongst participants about the potential benefits of work and a desire to find a job. For some this was any job, often due to financial pressures or a desire to get out there and do something. This reflected the fact that participants, regardless of their age or proximity to the state pension, still wanted and needed to find work.

"I don't mind any job. Maybe [in a] warehouse? Any kind of job. I don't mind [being a] kitchen porter. I'd do [a] social [care job] because I've got [a] social [care] qualification. Logistics, recycling, warehouse... I don't mind anything. So what I need is just to be in a job, to look after myself."

Participant

However, for some there were strong reasons why they only wanted to do certain kinds of work. For example, one participant whose health meant that they *"can't do what"* they *"used to do"* had decided they wanted to pursue a new career and were hoping to do a training course that would compensate for their lack of experience and qualifications (which Triage was happy to accommodate).

For others there was a strong sense that, for the long term at least, not just 'any job' would do. One participant had found work via another employment support service but called it a *"dead end job"* and was keen to progress into other jobs, whilst working in their current one to support themselves financially.

Participant profile, life circumstances and barriers to employment

This chapter explores the background of participants and the barriers they faced to employment at the beginning of their time on the pilot.

Demographics of the group

The demographic profile of the group was broadly in line with what one might expect of this cohort given the age and geographic location of the pilot. The vast majority of participants were white (94%), in line with the profile of the over 50s population of Middlesbrough. However, 82% were male, which was much higher than the population as a whole (47%), although unemployment among men aged 50 and over in Middlesbrough was three times higher than among women of the same age, so this gender divide is perhaps unsurprising.[1]

Life circumstances and barriers to employment

Participants came to the pilot with complex life circumstances and often multiple barriers to employment. In some cases, these were broader structural barriers related to the wider labour market and local economy, but many of these were related to participants' personal circumstances.

"[Participants had] real complex, deeper barriers, mental health issues, general life issues. It was very much like a liquorice all sorts box pick and mix, you don't know what's going to come out-of-the-box next... They've got so many things going on right now. Just getting them to the point where those things aren't happening is going to take time."

Triage staff member

1 Office for National Statistics (2021), UK Census, available at Census - Office for National Statistics

Experiences of ageism

Many older people find unfair stereotypes about their ability to work a huge barrier to employment. Participants shared examples of times that they felt they had been subject to ageist attitudes and practices. The experience of one participant captures the ageism many faced. This participant told an employer their age at a telephone interview, which the employer reacted to, and felt they were treated very differently when they turned up for an in-person interview.

"I think age might be a problem... [Advisor from another company] organised me an interview at [organisation] around here, and the guy phoned me up and we were talking when he asks 'how old are you?'. I said '63'. He went 'shu!' [tutting sound] then 'come see me tomorrow'."

Participant

Upon turning up for the in-person interview the participant found out that the person on the phone was not in that day, so they had an interview with another member of staff who was there. They did not get the job, despite feeling they had the right skills and experience. They felt that their age was a key factor for this treatment.

"I'm pretty sure as soon as I said I was [age], that put up a barrier. That I am convinced of, especially when he went 'shu!'."

Participant

Some participants showed evidence that they had begun to internalise the ageism they had faced. These participants had believed that some of the negative stereotypes of older workers applied to themselves. This served to undermine their confidence in applying for work as they had a diminished view of what they could offer.

"[Participants think] 'nobody sees my value. Nobody sees my skills, my experience. They just see me and I'm about to retire in their eyes and they don't understand.' You know, they can't see beyond that surface level."

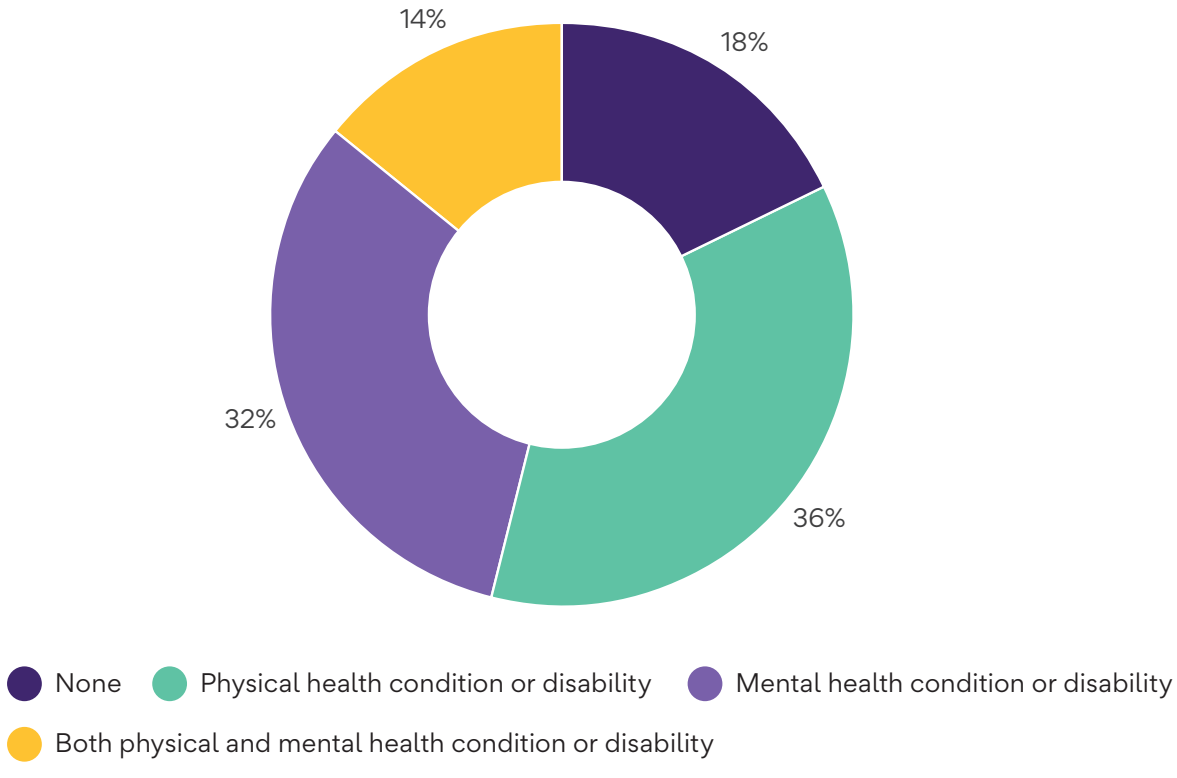
Triage staff member

Participants would say offhand statements that indicated their negative feelings about their own age. For example, one reflected on having various health issues as *"usual stuff like that... but that's just old age."* Another said they wanted to move into a new job sector that appealed to them but worried that *"maybe it's too late for that"*. Worrying about what is 'normal' for an older person was very common, with another participant undermining their aspirations due their age, reflecting *"that's the kind of job I wanted... [but] I shouldn't have this ambitious appetite for a guy my age."* This same participant had also experienced ageism with some staff at other employment support services, where they had gone on a training course with a guaranteed interview at the end but had not been put forward for interview despite completing the course. When they rang an advisor to find out why, they said they had been told that *"you older ones don't do well at interviews."*

Health issues

Health issues were prevalent among programme participants, perhaps unsurprising given the health element of the pilot. More than four-in-five (82%) participants reported a long-term health condition or disability at the outset of the programme. There was often a high degree of complexity and co-morbidity, with 14% of participants presenting with both physical and mental health issues and 20% of participants presenting with two or more health conditions.

Figure 1. Proportion of pilot participants with health conditions



In line with the prevalence of health conditions, every participant in the qualitative interviews spoke about health. Often participants had had quite serious conditions for a long period of their lives. For those with severe health issues, concerns about their health often, understandably, trumped concerns about employment. One participant spoke about having their elbow removed and needing further surgery on that arm, but the surgery kept getting postponed. As one of the staff members observed, *"in terms of [their] head, [they're] just focused on the future of this and [they're] not ready for [work]"*. Another participant had suffered an injury at work that had left them with significant memory issues and had completely changed their life. They had left their family, changed cities and were having to re-think what kind of jobs they could do and how they lived their life. They were still keen to find work and, while their memory had improved over time, their health issues presented a huge barrier to finding a job in a new sector, as they reflected that *"my problem is I can learn something new and then that will be gone at the end of the day."*

For some participants, mental health issues presented a seemingly insurmountable barrier to moving into work. This led some to feel *"I have mental health and anxiety going on and [I think] hang on I can't do that at this moment in time. I can't go for that job because I'm down"*. One staff member reflected that a lot of their focus had to be on building participants' confidence and working through the mental health issues that many of them faced.

"[The focus is on] self-worth, the confidence. How do you see yourself? You know what, what do you want from your life as well? Where do you see yourself going? What do you want to do?"

HealthFind staff member

There was also an overlap between health and the types of jobs available to participants. One participant spoke about their hearing issues in the context of there being *"a lot of call centre work out there, that's probably the major employer. But because my hearing is so unreliable, I never know when it's going to crash to zero, I can't do anything full time on the phones"*. Reasonable adjustments for their hearing issues had been mentioned once by a prospective employer, but they had asked them about it in such an open way that they did not know what adjustments might be available or how to even answer the question.

Some participants highlighted an issue with the interaction of health with broader employment support services. Those who had engaged with

mandatory programmes despite having serious health issues felt like they were being forced to prioritise work over their health.

"And they'll say – 'oh, there's a job here'. [And I'll say] 'Hang on. I can't do that'. [And they'll say], 'well you have to do something'. [And I think] Yeah, I wanna do [whatever will] benefit my health. If you know what I mean? My health comes before money."

Participant

For some participants, health directly affected their confidence. One participant spoke about their *"learning disabilities"* which meant that they had *"never had a full-time job"*. They had been on a lot of different employment support *"schemes"* and really *"want to get a job"* but because of their struggles to communicate with prospective employers finding a job proved a big challenge. Indeed, even during the interview they expressed frustration at *"struggling to explain [to] people, just like I'm talking to you now, being confused."* Others spoke about mental health in this context, *"it was hard [to find work] because I got mental health conditions as it is... I got borderline ADH[D]... I struggle with new people, crowds and all that."*

Despite this, for many participants work was seen as a pathway to improved mental health. For some, employment was even seen as the primary solution to their mental health issues- *"I know what my anxiety and depression is... Like the only thing that will sort me out is when I get a job."* For others it was part of the solution, potentially providing greater purpose in life leading to improvements in their mental health.

"My main problem is, when I go to bed I know when I wake up I am not going anywhere... That's why I just want to know when I go to bed [that] when I wake up I'm going to go to a job or somewhere. Even if it's [just] for 3 hours or something. It's what I'm waiting for... Whenever I go out, I feel better... I want to do something"

Participant

Caring responsibilities

Participants did not commonly have caring responsibilities at the time of the pilot. This was perhaps surprising, given one in five people over 50 in wider society have informal caring responsibilities. One staff member reflected that this might have been down to chance and *"it might be that we've*

picked a cohort that doesn't have a lot of caring responsibilities." However, it might also be a reflection of the pilot cohort being predominantly male, with one in eight (13%) male older workers having caring responsibility compared to one in four (24%) female older workers.[2]

While many of the participants did not have current caring responsibilities, some had caring responsibilities in the past that had interrupted their careers, indirectly leading to long-term unemployment and the need for specialised employment support services.

"I had to come away from that [job] to look after my wife, she passed away last year, but I spent 3 years looking after her and I had to come back onboard [with employment support] and start looking for another job."

Participant

For participants with caring responsibilities, a few found they had directly affected the types of employment they could do, despite desires to work more. For one participant this meant that *"a lot of the time I've been caring [for two children with long-term health issues]... I've worked all the time but not as I would have liked to."*

Caring responsibilities also impacted on engagement with employment support services. However, the pilot looked to accommodate these needs wherever possible, to keep participants engaged.

"We've got a guy... [they're] one of these where [they] miss [their] appointment [because of caring responsibilities for their mum]. We haven't disengaged and we've kept [them] on, but we haven't met [them] face-to-face yet apart from [their] very first appointment... We don't really wanna let [them] go..."

Triage staff member

Social isolation caused by caring responsibilities and the loss of at work interactions was present amongst some participants. This was caused by participants with caring responsibilities losing employment that had been the community upon which they relied for social contact.

2 Office for National Statistics (2019), Living Longer: caring in later working life, available at Living longer - Office for National Statistics

"I've always been working with people... from when I was in steel work. So it was like... you know a community type thing on the shifts? So everybody knew everybody and it was just one big happy family type thing. But [I'm] just getting back to... socialising type of thing, and interacting with people again 'cause I spent three year where I didn't see a soul"

Participant

Confidence

Many participants were lacking confidence when it came to finding a job. For some this was due to being out of work for a while, *"[I have] confidence barriers as well, perhaps now because [my] confidence has actually, over this year, has gone down and down."* Others lacked confidence that they would ever get a job, or in a specific skill set such as working with people - *"I'm a good worker... if I ever get a job I'll get down to it and just do it... I just want to get confidence, you know, with people."* For some, job interviews were felt to expose their lack of confidence- *"it's my confidence, my self-esteem... I felt like I was getting caught out in interviews."*

In some cases, a lack of confidence interacted with other barriers to employment. For example, a few participants felt that they might face negative attitudes due to their physical health issues, while others had had their confidence undermined by their experiences of ageism in the labour market.

"I think it's obviously my confidence because I keep thinking if I go for an interview and you see me with my arm [with the elbow removed] as it is... And I'm thinking they're just going to look at me and say no, we can't give you a job."

Participant

Skills, experience and qualifications

The difficulty of re-training and then moving into new sectors as an older worker was a frustration for some participants. They found it hard to access new sectors, despite willingness and access to training courses.

Others struggled with employers not recognising experience that they felt was transferable. One participant spoke about wanting to work as a teaching assistant and having experience *"coaching kids on a Sunday"* but that not being enough to convince an employer to take a chance on them.

As mentioned earlier in the report, participants often struggled to think about their transferable skills from previous careers. Some feared that just because they've *"only ever driven wagons and that"* and *"never really worked in an office"* that no employer would hire them in a different job.

A lack of digital skills was also a common theme. Staff members reflected that this was more common among this group of older participants than on other programmes not targeted at people over 50. For some participants this was a broad struggle with technology, a sense reflected by one participant who said *"I just can't get my head around them [computers]"*. For others, challenges were with specific digital skills, such as looking for jobs online, *"I do struggle, because I am not a computer person. The idea of looking for jobs, you know, online. I need like, a bit of support..."*

It was also apparent that it was not a case of people either 'having digital skills' or 'lacking digital skills'. Some people could use certain digital tools but not others.

"I do my job search on the phone... Yeah 'cause I've downloaded Indeed, Fish for Jobs and things like that. So I do that and I know what to do on the phone... [but] I don't like... computers. [In a previous job] I said, well, can't I just do it on my phone and transfer it to you?"

Participant

These challenges were not universal, as some participants reported good digital skills across the board. Those who presented with strong digital skills had previously held jobs that made use of these skills, such as working for the Civil Service. By contrast, all of those who presented with low digital skills had primarily worked in roles that did not require them to have these skills, typically in the now closed steel works.

"There's no need [for digital skills training]. I am quite computer literate. I know me way around a computer. I can touch type, I am familiar with Word, Outlook, Excel..."

Participant

Some participants felt they were lacking a specific qualification. These people were confident in their skills and experience generally but were lacking the qualification to prove to an employer they could do a job.

"Most of the feedback I get is... yes you've got experience, but no, you haven't got the qualifications and you need up-to-date qualifications, you need up-to-date training or up-to-date volunteering. You know, I have got experience, [but] it's not good enough."

Participant

Transport and challenges in the local economy

Many participants faced barriers relating to the local economy. The lack of jobs local to where people lived (particularly Middlesbrough) was spoken about a lot.

"I still need to get over that line... Get a full time job. There's jobs, but they're outside Middlesbrough. There's no jobs in Middlesbrough... I don't drive [so] I have to get a bus."

Participant

There was also the sense from some participants that the local economy was struggling and that *"many companies... haven't bounced back [after the pandemic]... [so] there's so many people looking for work"*. Alongside this, the kinds of jobs that are available were quite narrowly focused and therefore not necessarily suitable for a wide range of jobseekers: *"the only jobs you seem to get up here is care [work], going into people's homes. And I don't want that. I tried two companies and they were horrendous... It's not working"*.

For some participants, access to transport was a barrier to accessing employment. Many couldn't afford a car so had to rely on public transport, which was not always run with the regularity or timings they needed to get to work.

"There's more jobs in Stockton. But I would have to catch my bus at 1.00 in the morning, but there's no buses after 6.00 in the evening that goes all the way to Stockton. And 'cause the hours of cleaning jobs are in the morning... it's one of those things. [But] if I had a car, I could have got lots of cleaning jobs at least."

Participant

Messy and inconsistent recruitment processes

One of the major barriers faced by participants was the way in which recruitment processes are conducted. The often confusing and the negative experiences led to participants feeling disengaged with employers and the labour market more generally. A common theme was participants having applied for jobs, not hearing anything back, only to see them repeatedly re-advertised.

> **"A lot of the jobs that I'm applying for, I'm not hearing back from them. And then a couple of weeks later, they're asking again for people"**
>
> **Participant**

Sometimes participants had to go through very complex and drawn-out processes only to find out that the job possibly never existed or that it was given to someone else. One participant got *"promised a job by three different people"* before then being *"sent... a letter saying they've changed their mind"*. They went for an interview *"with the manager"* and then *"half an hour later, I got a... message [saying] 'Congratulations, you've got the job! I'm going to send you a link to do some training then HR [Human Resources] will send you a contract'."* However, they then received a letter from the HR person at the organisation who said they had been incorrectly offered the job and it had to come through HR first. They had another interview with the person from HR who said *"yes you are definitely suitable for the job"* but when they arrived at the business the area manager wanted to *"have another chat"* with them. This seemingly went well, and they were told to expect the contract in a day or two. When this time passed, they prompted them only to receive the reply *"sorry, we've decided to go another route"*.

Others shared stories of similarly poor recruitment processes. One participant spoke of multiple experiences; the first was where *"they changed the date of the interview, and they changed the job description"* after they had arrived at the interview. Ultimately, what they *"applied for was not the same position as I was being interviewed for"* which left them feeling they had been *"very underhanded"*. The second was an interview *"where the interviewer just couldn't be bothered to interview me... told me what the job was and then they just shot me out the door"* and the third *"was another interview where I felt like I was set up to fail... there was a typing test... [and] there was no proper work surface, I had to kneel down and use a coffee table or try to balance it [laptop] on my knee."*

All of these negative experiences may have the effect of reducing confidence for future interviews, alongside a general sense of unfairness in the recruitment process.

Substance abuse and criminal convictions

One-in-ten (10%) participants on the pilot had past criminal convictions, which can act as a barrier to employment. In some cases, these were historic convictions. However, some convictions were more recent and were linked to other issues participants faced around substance abuse, which also acted as an additional barrier to access employment.

> **"[The participant] had drug and alcohol issues and fallen out with a partner. And there'd been some incident where the police had had to intervene, and he'd now have a criminal record as well as a drug habit and an alcohol habit."**

Triage staff member

Participant Journey to the Pilot

This chapter outlines the routes participants took to the pilot, including their referral pathways and motivations for engaging.

Marketing, referrals and motivations for engaging

Recruitment from external channels accounted for 68% of participants, compared to 32% recruited from internal channels. This meant there were marginally more external referrals than the pre-pilot aim of a 60 / 40 split between external and internal recruitment.

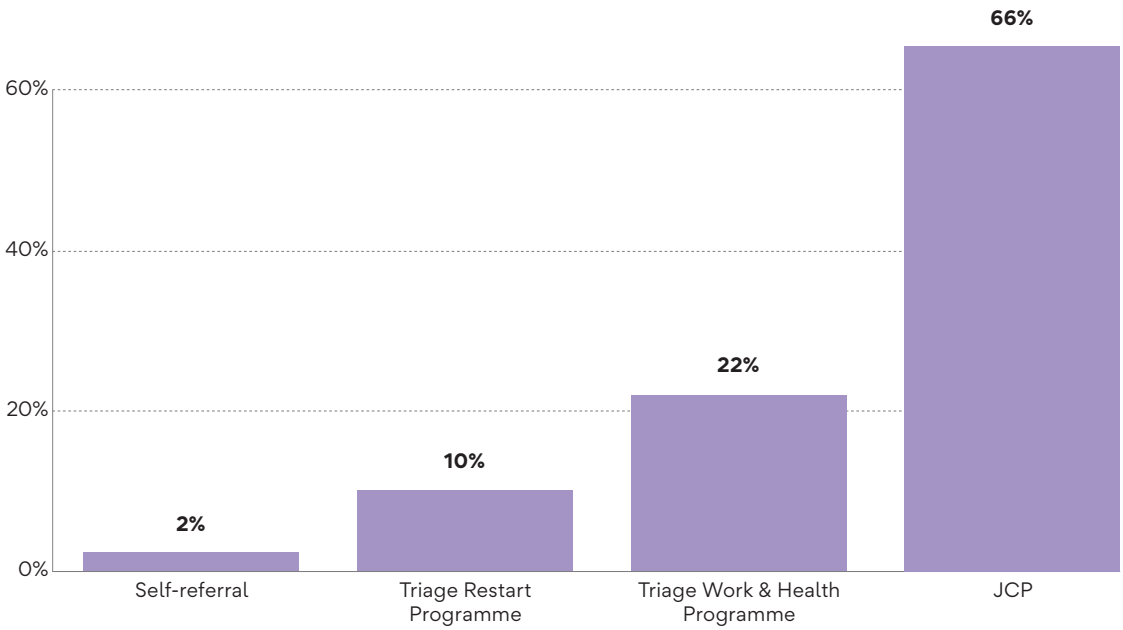
The most common external recruitment route was Jobcentre Plus, which accounted for more than half of programme participants. The strength of this referral route is unsurprising given Triage's utilisation of their existing relationships with local JCPs. Staff members ran *"quite detailed information session[s]"* and held meetings with staff, including those whose specific focus was on supporting people over 50, to outline the purpose of the programme including its focus on people in this age group. This in turn, meant JCP staff were equipped to refer their clients to the pilot.

"We've got a really good working relationship with Darlington Jobcentre. We do with the majority of the jobcentres in the area... and we sat with their over 50s, older workers, work coaches."

Triage staff member

Internally, the Triage delivered Work and Health programme was the most common route, reflecting the mix of employment and health support available on the pilot.

Figure 2. Proportion of pilot participant recruited via different recruitment channels



Marketing sessions for the pilot tended to focus on outlining the purpose of the programme and information on how to get in contact with Triage. There were clear expectations built into this, framed in terms of *"an expectation to say that you've got to be looking for work in some shape or form."* However, a permissive tone was key to this marketing, with Triage making it very clear that it doesn't necessarily mean being ready to move into work immediately, *"whether or not you see that as a year down the line and, you know, work really scares you at the moment. That's fine."* At some sessions the tone was purposefully quite friendly and fun, with one participant saying of the discussion:

> **"What it was, it was a meeting downstairs in the Jobcentre and there was I guess 12/14 people... it was [a] really light hearted conversation. It was talking about what was your feeling on pineapple on pizzas. It was getting people to interact."**
>
> **Participant**

There was a strong response to recruitment and the pilot ended up with more referrals than they had spaces. Ultimately, participants and staff members were positive about a programme for people over 50, noting that they had specific barriers that merited targeted support.

"It [the pilot] was welcomed... being able to provide dedicated support to those aged 50 plus... people are just aware of the numbers of people out of work and the barriers that people face, and so welcome[d] the dedicated focus."

Triage staff member

There were very few dropouts, suggesting the pilot broadly secured appropriate referrals. Of the 53 participants referred to the programme, three dropped out (6%). Where participants did drop out, it tended to be because they had quite complex support needs, such as severe paranoia or delusion, which meant they were unable to engage with the programme. This suggests that these participants were not suitable for the programme.

Participant motivations

A common theme was the idea of 'not having anything to lose'. As one participant reflected, *"at the end of the day... what did I have to lose? I might gain something, I might not. So I gave it a try."* This sense appears to have come from participants' past (unsuccessful) experiences with employment support leaving them feeling like they had nothing to lose from giving the pilot a go.

Sometimes this sense presented with a deeper desperation and despair. One participant spoke of the pilot being their *"last hope"* as previous efforts at securing work had *"all fell through."* This sense of institutional failure elsewhere in the system was felt particularly keenly by some participants.

"Because I told [Name – work coach from a different organisation] I really want to do something and [they] say [they] can't help me, but [they] will send me somewhere that can... And they will help me from then..."

This highlights the fact that this is a group that has struggled with being out of work for long periods of time, with other employment support services not necessarily helping them secure work, leaving participants feeling like any additional support would be helpful.

Pilot support delivery

This chapter outlines the nature of the support received by participants. It details the core elements of the support including the initial meeting, the practical support received and the nature of the health support. Finally, it explores the factors that enabled successful delivery and the challenges the pilot faced in delivering.

Initial meeting with employment specialist

The first meeting between participant and employment specialist was intended as a chance for them to get to know each other and for a range of diagnostic questions to be answered. It was soon realised that adhering too closely to the diagnostic questions could be overwhelming for participants and so the diagnostic tool was used less *"as a tick box"* form to fill out question by question but more as *"a sort of pointer... as a conversation tool"*. This change enabled the employment specialist to *"understand somebody's personal circumstances and give them that time to be able to open up"* especially about sensitive issues like health.

"What [the employment specialist] does really well is [they have] the first session with them and doesn't just say 'complete this diagnostic let's see where you're at', [they] will have a bit of a chat with them, get to know who they are, what type of character they are, what the background's been, and then maybe the second or third session, or after they've been a bit more open and honest, then [they] can be like right let's go through these together. It's obviously then a little bit more challenging to the person and they're a bit more honest."

Triage staff member

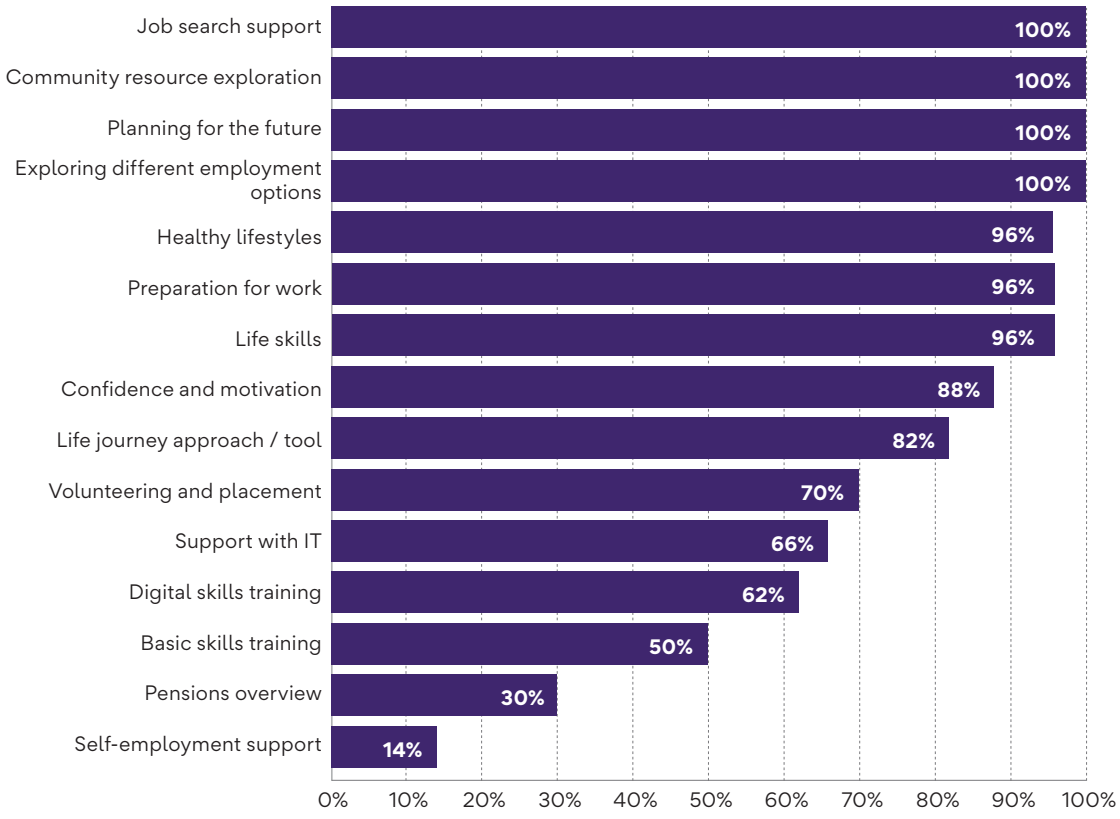
Participants appreciated this open and friendly approach, where they had a chance to talk about who they were and their lives rather than going straight into specific employment related conversation. This time gave them a sense of being heard and allowed them to build up trust and rapport with the employment specialist.

However, a few participants wanted to immediately discuss employment. One participant spoke about the first appointment being *"brilliant"* because the team immediately went into action to secure them a place on a training course funded by a nearby local authority.

Practical support from the pilot

The pilot delivered support flexibly according to the aims and needs of the participant. However, as the chart below shows, some core components of the pilot were delivered, such as job search support, community resource exploration, planning for the future and exploring different support options. These elements were focused specifically on accessing employment and tackling some of the barriers to it, so it makes sense that these would be delivered across the pilot.

Figure 3. Support received by pilot participants



In those elements delivered to fewer participants, we can see the flexibility of the pilot. For example, support with IT, digital skills training and basic skills training were all delivered to most but not all participants. This reflected the fact that some participants came with confidence in their IT, digital and basic skills so delivery did not focus on areas that were not an issue for these participants. Likewise, self-employment was not a widely held ambition so the pilot support could be adapted to ensure it was delivered to the small minority of participants for whom it was of interest.

Participants spoke positively about the support they received, however they often struggled to talk about specific aspects of the support. Despite this,

every participant spoke about the practical support with the job search process offered through the pilot, particularly around re-writing CVs. There was a general sense that this was one of the most effective aspects of support, with many feeling positive about their CV after sessions focused on that – even those who felt that they already had a pretty good CV.

"Well, I let [them] talk me into having me CV tweaked. I was already impressed with my CV [before coming on the pilot], but when [they] tweaked it I was a lot more impressed."

Participant

Participants were also helped with the process of finding jobs, often online. For some this involved supporting them to do it themselves; for example, *"[the employment specialist] give me different ideas [on how] to look online. How to look for jobs."* For others the employment specialist did *"job search[es] on"* the participant's *"behalf as well"*, including *"sending"* them *"things for places that have got work"* alongside encouraging them to do their own job searches too such as doing their *"own CV drop"*. One way in which the employment specialist motivated certain participants was to set them goals between sessions.

"[They have been] giving me things to do. [They] told me, 'I want you to apply for five companies for vacancies. Like Asda, Morrisons, Tescos like that. So [they have] given me challenges to do on the computer, [they] knows that this is probably my weakest link."

Participant

As the above quote shows, part of this goal setting was aimed at supporting participants to develop skills – in this case computer based – that were perhaps lacking. For some participants this meant that they could then become self-sufficient with job searches in the future. Others mostly talked about having things done for them rather than by them, which might suggest that were they to find themselves unemployed again in the future they may struggle to replicate what was done in this pilot.

The other major part of the job search process that participants were supported on was interviews. This included pre-interview preparation, mock interviews, post-interview evaluation and coaching to talk about how it went and see what could be learnt for next time alongside *"putting in the foundations. Smiling, dressing stuff."*

More than one in four (27%) participants attended a training course through the pilot. This included both external training opportunities as well as internal ones as *"Triage have their own skills team."* Courses attended were quite broad, including health and social care, construction, security work, and digital skills. Many participants reflected positively on the training courses they attended. However, some turned down courses because they weren't of interest or did not feel relevant to their job aspirations. There was also a sense for some participants that they had done many courses on a wide range of topics in the past but were still struggling to find work so wondered what the point of doing more training was.

"I mean in terms of my CV, I've got quite an extensive CV. I've done loads of training courses. So, what I'm applying for, I'm pretty much qualified for, so I don't think any extra skills would help me, certainly not manual skills because I'm useless with my hands."

Participant

One aspect of support that participants felt was lacking was direct connections with employers. Triage does have an employer engagement team; however, they are primarily assigned to other established services that Triage is contracted to deliver and so did not have a dedicated focus on this pilot.

However, the employment specialist was able to overcome this internal barrier for some participants. This was largely due to their own effective advocacy within Triage.

"[The employment specialist has] got a really strong relationship with all members of staff to be honest. So if we've got internal vacancies from our employer services team, [they] would just go and reach out to them and say that I've got Joe Blogs"

Triage staff member

As a result, for some there was a sense that the employment team could be tasked with more targeted interventions for pilot participants. Some suggested that part of the problem was that there needs to be more of an advocacy role for older jobseekers specifically, with Triage encouraging employers to take a more positive view towards them and supporting by *"reverse marketing"* those over 50 to help get past initial negative perceptions.

Health support from the pilot

The mechanism for health support within the pilot was referral to HealthFind, which 71% of participants opted for. The purpose of this support was:

"To work on the barriers to work. So we look at what health issues they have, what are the struggles, are there any external providers we can refer to? Is that something we can work with ourselves? So, sort of looking at overall picture of a lifestyle of a mental, physical health... what is the reason that they are not able to go back to work? ... we look at housing, we look at finances, we look at social networks, lifestyle changes. So, all those little things come together as improving your health."

HealthFind staff member

Once a referral to HealthFind was made by Triage, participants would be contacted by one of the two health coaches. Participants were assigned to a coach according to whether they primarily presented with a physical or mental health issue, with one coach working on each 'stream'. At first contact participants and coach agreed the timing and regularity of their six sessions accommodating participant preference. For example, some participants preferred weekly calls and others wanted less regular, fortnightly sessions.

"The initial calls [were about] seeing what times they could do, etc. Really just working around their diary and their calendar and then just squeezing them in."

HealthFind staff member

The first of the six sessions was a triage of participant needs. This open conversation explored the holistic health needs of participants, beyond just the primary issue they presented with and explored many different aspects of their life that might be impacting their health and work readiness. At this point, secondary health issues often emerged and became a large focus of the support.

"[The participant] had physical health issues there, but the symptoms of dyslexia had actually come to surface when [they were] talking to me, and it was something that they] really felt [they] needed clarity on."

HealthFind staff member

Coaches also looked to complete a quantitative assessment of participant health and wellbeing in the first, diagnostic, session. This used HealthFind's 'Outcomes Star' form, which participants completed with the coach, assessing their health and wellbeing across eight areas: your lifestyle; looking after yourself; managing your symptoms; work, volunteering and other activities; money; where you live; family and friends; and feeling positive. This form was completed again at the end of the HealthFind sessions to give an indication of progress across the six sessions.

Subsequent sessions covered four broad areas:

- Navigating health systems. This included some signposting to other services, for example to support for learning disabilities, or, most commonly, writing letters to participants' GPs. HealthFind coaches were able to support and direct participants to access healthcare, with many participants struggling to navigate booking systems, either because they lacked the skills or knowledge or simply lacked the confidence to do so.

"They might find it difficult to get into their GP, you know, now a lot of the systems are online systems and they struggle with that as well. From my end it was OK, I know you struggle with online appointments, it's something I'm not gonna force you to do, let me write a GP letter and see if we can get an appointment in that way."

HealthFind staff member

- Managing existing conditions. Support to manage longstanding health conditions was a common aspect of the HealthFind support, perhaps unsurprisingly with 82% of programme participants reporting a long-term health condition or disability. Discussions around lifestyle adaptions and exploring medication options were the focus of this work.

"I had a guy who's got back and hip problems. Doctor prescribed pain relief and [they were] prescribed to take it three to four times a day, and [they were] only taking it as and when [they] felt the pain was really bad. So you know, talking to [them] about taking the medication every day as it's prescribed. Getting it into your system. And that made a huge difference to [them] and [their] pain was actually much reduced."

HealthFind staff member

- Education around healthy lifestyle choices. Conversations often focused on how participants could lead healthy lives through better lifestyle choices. For many participants this was about the coach challenging some established beliefs about health and the impact of lifestyle on health. For others it was just about having the opportunity to reflect on their lifestyle with a knowledgeable professional.

"I think sometimes by just having that discussion, a lot of people don't realise that their lifestyle is not that good until we have that discussion with someone like... what is your diet like? OK, maybe it's not as good as I thought, maybe I don't eat as much as I should, maybe too much. You know, all those things."

HealthFind staff member

- Therapeutic understanding of health conditions. The calls with HealthFind offered some participants the space to discuss and reflect on their health in a way that was otherwise unavailable to them. This was designed to give participants the space to mentally process and understand their health conditions.

"We took the whole hour for the phone call and it allowed [them] space to voice what [they] felt has been an issue for years. But also, [they] said that, oh, this is the first time I'm talking about it, you know this, I am feeling overwhelmed, and [they were] crying a little bit and it was a lot of reassurance given actually."

HealthFind staff member

Often HealthFind coaches would work with participants on a particular tool or approach to an issue during a session and then they *"would give them... a thing to try until the next session. It's like planting a seed"*.

HealthFind coaches and the Triage employment specialist held weekly calls across the pilot. In this time they discussed any issues or developments with participants, which allowed them to coordinate their approach. Both HealthFind and Triage felt the ongoing communication process enabled them to effectively collaborate and coordinate across the pilot, despite HealthFind not being based in the local area. The strength of this communication between the two organisations meant local support could often be secured in those situations where it was necessary, including cases of extreme need.

> **"Not to go into too much detail, but I had a participant who was very risky and well, I won't say their name, but suicidal. And the linking up process was vital. As soon as I red flagged it and sent it over, it was immediately responded to. And we could kind of contain and keep that person safe from different organisational angles, which I think was vital because some other organisations that I work with, I could flag something up and they would respond a week later, whereas I got a response same day within an hour. And I think that's vital."**

HealthFind staff member

Participant experience

Most of those participants who accessed HealthFind found it a positive experience. This was particularly true of those who were on the mental health stream, who found the specific tools or approaches to help manage their emotions effective.

> **"Oh [HealthFind coach] was good. [We talked about] how I should manage myself [and my anger]... I can become mad [from minor things] and the whole day [is ruined], that can affect me. And [they] told me what I can do... go watch a movie, listen to music. That help[ed] a lot!"**

Participant

Others spoke of the profound changes that just having the space to talk about mental health had on them.

> **"I spoke to a person, [they] phoned us and [they] helped me get back out of myself, you know? I was in a dark place..."**

Participant

Having space to talk about health without necessarily worrying too much about employment was particularly important to participants. As one staff member reflected, the conversation was about employment, but not in an overbearing way.

"[work] was always discussed in the first meeting... I do use the word work, but I talk about the benefits of reconnecting with people and having a purpose, because if we have no purpose our mental health really, really deteriorates. So, I would put that in context... [And ask] what do you want to do? What skills do you have? What would you enjoy? as opposed to just being a tick box in a job."

HealthFind staff member

Limitations to health support

A few participants felt there were practical limits to the mental health support HealthFind could offer. One participant found it useful to talk about their stress, but then was frustrated that *"after 3 or 4 appointments, the only thing we've agreed on is the fact that stress won't go away"* and that they still have *"the stress of being unemployed, trying to do 35 hours job search [a week], going from interview to interview"* and that ultimately *"even if by some miracle I do land a new job, I will be swapping one stress for another."* The result was that they did not feel particularly empowered to deal with this stress while they felt powerless to change the material circumstances that caused much of the stress. Another participant worried about the fact that the time was limited and that the HealthFind coach was a *"life coach"* rather than a qualified psychologist with the training to navigate their serious trauma. Despite this, they did say that *"[the HealthFind coach] was really good"* despite not really having the time to *"do the trauma work, because there was no time to process."* This suggests that more could be done to ensure participants understand the scope of the health coaching and therefore hold realistic expectations of it.

Despite the high proportion of referrals, HealthFind staff members reported a high level of drop outs, with some people not attending any sessions at all. It was clear from interviews with participants that some people did not want health support, but others did not seem to really understand what the offer was and had not engaged despite having health issues. In future iterations of the pilot it could be useful to explain what the offer was multiple times and check people understand. One Triage staff member suggested it would have been better for HealthFind to come to one of the early Triage sessions to outline their offer and create some familiarity with their team. Again, this suggests that detail of the health offer could be communicated more effectively to participants.

"One thing that would probably work a little bit better... would be to do a group session with HealthFind coming in to speak to [the participants] upfront beforehand because...if a company comes in and visits the guys, chats to them...it's a bit more than just, you know, a piece of paper, and engages with them a bit more. I think they'll probably get a bit more of an uptake."

Triage staff member

Some staff members felt that HealthFind lacked knowledge of support available in the Middlesbrough area. This was acknowledged by both Triage and HealthFind staff, who reflected that delivering remotely meant that there were services locally that HealthFind coaches would, understandably, not have had previous awareness of or contact with. In future delivery, local teams could look to provide a detailed guide of local physical and mental health services that coaches might wish to refer to.

"We're Googling it or just looking around their post code and seeing what is close. Whereas I think, if it was a list of potential services, it might give us more options to explore, because I'm in [location redacted], I don't know what's around that area."

HealthFind staff member

Staff members also reflected on wider limitations to the health support. This included wider constraints from a health *"system in crisis"* to such an extent that sometimes they *"do not even bother"* trying to engage with it. They also mentioned only having six hours limits what you can do with participants who have *"quite complex conditions... I'm not going to be able to fix [those] in 12 weeks"*. As such, it probably would be helpful in future to have *"more sessions over a longer period of time."*

Factors for successful delivery

This section explores the ways in which the pilot support offer was delivered, including factors in successful delivery and challenges faced. The key factors for success in this pilot included:

- starting with the person and focusing on life as well as employment
- having time to engage properly
- providing a friendly face and a friendly atmosphere

- the voluntary nature of support
- a highly trained and readily accessible employment specialist
- a high level of engagement among participants

Starting with the person and focusing on life as well as employment

As evidenced in the barriers section, it was important to focus on participants' overall life circumstances rather than just thinking narrowly about employment. It was clear that this was central to the pilot's approach.

> **"You put the Christmas tree up first and then you put the baubles on, you can't just hang the baubles in thin air. So working on that Christmas tree first to make sure they're ready and they're confident and they know where they're going and they've got something to aim for, they feel like they've got a purpose, they feel like they've got a plan."**

Triage staff member

Participants also reflected on this positively, feeling support was individualised, targeting their needs and ambitions.

> **"You come in here and it's almost like they're getting to know you, and your needs. So, they're not saying - oh we can do this. They get to know you and then they suggest things, or you know - we've got this if you're interested in, you could do that. So, they let you decide... So, they answered everything that I actually needed, which is brilliant."**

Participant

Having time to engage properly and being open to communication outside the sessions

Having enough time to engage properly with individuals was also key to the pilot approach. This was central to successfully delivering support to older participants that often presented with complex challenges, that some had been facing for a number of years. This left participants feeling heard and valued, and was often contrasted to other employment support programmes where caseloads are much higher, and the time spent with participants is much lower.

"it's really nice to have that time to work intensively with people, and I think they feel listened to and valued more and appreciated more."

Triage staff member

Again, this was clear to participants who thought this intensive nature was *"absolutely brilliant"* especially as they felt that they could contact the advisor at times that suited them.

"If I had a question, tonight at 10.00, I could put it in a text message or whatever convenient way and... [the employment specialist] would get to it the next morning and she'll reply straight away. And if that topic is deemed to need a phone call, she'll phone me."

Participant

Providing a friendly face and a friendly atmosphere

Perhaps one of the strongest findings about how the pilot operated related to the friendliness of the support. This was instilled by a range of different things, including something as simple as being *"welcomed with a cuppa"* upon arrival right through to emotional support when people are going through difficult times.

"I would say I have had a bit of a wobbler - a bit of anxiety. I was just sat there crying and I had to go down to Triage. So, and I said to [employment specialist], I said - not being funny, I just, I just broke down. [They] went - are you alright? I was in there for about an hour and a half, just talking with [them]... I'm like, 'yeah, I'm alright now'. [They] said - 'you tell me, if anything goes, just pick the phone up... we'll talk to you as much as we can', you know what I mean?"

Participant

This sense of the pilot being a 'safe' space was apparent in many participants' stories about the support.

"And sometimes I have mental health and anxiety going on, and hang on I can't do that at this moment in time. I can't go for that job because I'm down. You know what I mean? That's why I can pick the phone up to [employment

specialist] and say, 'look, I'm a bit down today. But I'll try and come in'. They'll probably say – 'Yeah, come in. We have a chit chat. Have a cup of coffee. We go somewhere else where it's quiet'. Which they do. You know what I mean? I'm over the moon with them. I can't fault them at all."

Participant

It was also apparent from observing the space during fieldwork that the building operated as a 'third space' for many participants, providing a place for community where people could come and sit, linger and chat with others. This was especially important in the context of spaces like these closing down in huge numbers over the preceding decade and a half of austerity.

"Everyone's just friends here, just like family... I think for me, meeting people is my problem... But I don't want to see anybody. So when I start[ed] coming here, it's like another door open[ed]."

Participant

Staff members also reflected on the safe environment created by the welcoming physical space. They reflected that participants came into the building and saw friendly, familiar faces, but there were also private spaces if they needed to have sensitive conversations. This was seen as affording participants the security and safety to open up and fully engage with the support on offer.

"We had the option of private rooms as well. So if something sensitive came up, which a lot of the time it did, we end up in those rooms, so they felt more comfortable in that private setting and they could just say whatever they needed to say and be themselves in that sense without feeling like they might be getting listened in on."

Triage staff member

The voluntary and flexible nature of support

One strength came from participants choosing to engage and having the flexibility to do so in a way that worked for them. Participants found this approach supportive and motivating.

"They don't pressurise you... so, in your mind you think – 'OK, they're not pressurising me but I'm gonna do well for the girls' and... 'I'm gonna get this job'. At the end of the road, there's a job there for me, and now I'm gonna push myself, but sometimes, like I said to you, sometimes I'll fall back and they'll say... 'ok, just take your time step by step, keep on going and we'll get you there'."

Participant

Underpinning this was a gentle, participant-led approach. Participants were empowered to lead the direction of support as much as they wanted, with the advisor stepping in if they were struggling with that.

"But yeah, I try and tend to let them lead it and only if I feel that they've got nothing in particular they want to discover I'll suggest things."

Triage staff member

Many participants positively contrasted the pilot with other employment support provision, suggesting the latter was much more demanding and less supportive.

"Oh yeah it didn't feel like [other employment support programme]... That was like 'have you done this, have you done that?'. This isn't that, it's more like a warm atmosphere."

Participant

A highly trained employment specialist

The Triage employment specialist was highly skilled, with a degree level Information, Advice and Guidance (IAG) qualification. They were effective in getting participants to open up about their lives, showed genuine compassion towards them, and ultimately help them work out what steps were necessary to take on their journey towards employment.

"I think [employment specialist] has that much of a good relationship with the guys that they do open up to her, don't they? I think that's one thing that's been sort of shining light through all this, the employment specialists are phenomenal and honestly, I don't think you can just drop a trainer in to do these roles, you know 'cause there's so much more."

Triage staff member

And this was mirrored by participants, who felt that they were someone who took a genuine interest in their lives and put them at ease. This enabled them to build rapport with participants and identify what would help them most in their journey towards employment.

"[They] wanted to know all about me and what are my favourite subjects, and I could talk forever. I don't know, maybe [they] just felt as if... if I talk about myself I'll be at ease and then [they] can ask me questions and I'll be more truthful, and I won't be reserved. So [they] made me feel relaxed."

Participant

Engaged participants

Staff members often spoke positively about the level of engagement from the programme participants. They felt participants were willing to engage with the tasks they were given and typically presented with a genuine commitment to work towards employment. Staff members felt this was a strength of the programme, as it enabled them to use the time afforded by the programme to greatest effect. Some contrasted this level of engagement to other employment programmes they worked on.

"The cohort were much more willing to engage. ... we can struggle sometimes to get people to engage... [but pilot participants] were really, really wanting to engage and were really positive. We had very high attendance."

HealthFind staff member

This high level of engagement was attributed to the voluntary nature of the programme and the fact that it was self-funded by the organisations involved. The voluntary engagement of the participants meant that it was delivered to people who had chosen to commit to participating in the

support. Staff members felt that the programme not being run as a larger contract gave participants the impression that Triage were focused on helping them, rather than seeing it as a transactional process, which acted as a motivator for engaging with the programme.

"This is a big one, and not many companies can say this but we're not trying to make any money, and that's huge. They're like, 'what you're not making [money]?', and then the mind shifts, you see that they change. 'Oh, actually these [people] might be trying to support me'."

Triage staff member

Challenges to delivery

The key challenges the pilot faced in delivering to this group were:

- limited digital access among participants
- participants holding entrenched habits or views

Limited digital access

The pilot faced some challenges from participants who presented with low digital literacy or limited digital access. Some staff members felt these issues were more prevalent among this age group than with younger participants on other programmes.

For HealthFind, that offered a fully remote service, this presented challenges to their core delivery model. The main issue seemed to be sharing documents and links to support with participants. However, coaches felt able to navigate this by either sending materials to Triage to share with participants in person or by encouraging participants to ask more digitally literate family for help.

"I noticed that IT skills were quite low. Normally I would send a lot of resources and things like that, but because we were all remote I did find a little bit of a struggle with some of them that we weren't able to access emails, weren't able to use certain IT resources, which maybe a younger generation would be quite aware of."

HealthFind staff member

Despite the challenges of digital access, HealthFind staff members felt there were strengths in delivering the health support remotely. Their view was that having sensitive conversations over the phone allowed some participants to

feel comfortable to open up about their health in a way that they might not in a face-to-face meeting with someone they had only recently met.

"I think over the phone calls provided that space for them to be comfortable over time because...you're not able to see that person." HealthFind staff member.

Improving digital skills and literacy became a focus of support for some participants. Across the pilot 66% of participants received support with IT skills and 62% support with digital skills, showing a direct focus on this for some participants. The Triage employment specialist outlined some of their work aimed at tackling digital barriers to employment, for example helping one participant to do an MS Teams job interview in the Triage offices.

"There was a guy who attended an interview but it was on Teams and [they] didn't have a clue as to what [they were] doing. So... [Triage staff were] sitting with [them], getting [them] a room booked out so [they] had quiet... having a member of staff there to just make sure [they're] online and this is what [they] need to do. We did a mock interview through Teams as well as face-to-face, so [they] had the general mock interview but also the actual video call mock interview to compare before."

Triage staff member

Entrenched habits and views

HealthFind staff members found that participants came with long-held views about their health and lifestyle. Often this was a reluctance to seek help or take action for longstanding conditions because they viewed them as just a part of their life. There were also incorrect beliefs about healthy living that had simply never been challenged. Staff members felt that these views took more work to challenge and unpick than with younger people, as they had often been held for a number of years. However, it was felt that the time the pilot afforded, gave them sufficient space with participants to effectively work through these issues.

"I think a lot of them were quite set in their ways to some extent because obviously they were a bit older. So we've been doing things the same way for so long. Sometimes it was a little bit harder to be like, OK, let's make some changes, because we've done it for 50 plus years. So for some of them, it was quite difficult to break that cycle."

HealthFind staff member

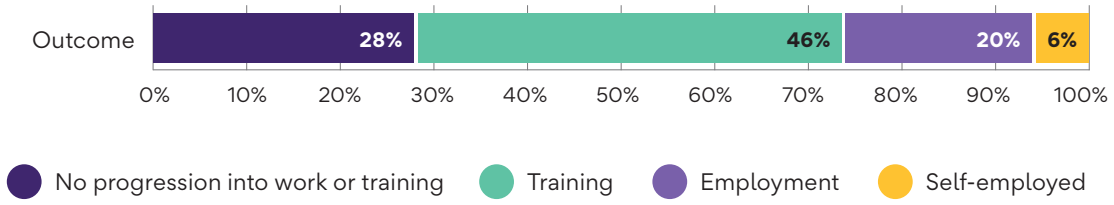
Pilot outcomes

This chapter explores the outcomes participants displayed across their time with the pilot. It examines the 'hard' outcomes of moving into employment and training, but also the broader outcomes the pilot looked to achieve, around tackling wider barriers to work.

Progressing towards employment

One-in-five (20%) participants were in employment by the end of their time with the pilot. This outcome is notable given it was achieved in just 12 weeks of support, a far shorter duration than other employment support programmes. For example, on the government's Work and Health Programme, which consists of 15 months of support, 19% of participants moved into work.[3] Further to those in employment, 6% had progressed to receiving support from a not for profit local enterprise agency to start their own business. Just under half (46%) had taken part in one or more training courses.

Figure 4. Participant progression into employment or training by the end of time on the pilot



Progression into work or training does not appear to have been limited to the younger end of the cohort, which barriers around ageism suggest might be the case. Those who progressed into employment were aged between 51 and 65 at the start of their time with the pilot and those who attended training were also aged between 51 and 65. This shows that these outcomes were not limited to those furthest from the state pension age.

It is also worth noting that the pilot always set out to achieve a wide range of outcomes beyond just that of moving people into work. These depended on where the individual was starting from and what was realistic in the timeframe.

3 Department for Work and Pensions (2023), Work and Health Programme Evaluation, available at Work and Health Programme evaluation: synthesis report - GOV.UK

"We wanna be able to get outcomes out of it. We wanna be able to positively move somebody from A to B. Even if that's a small journey for them as long as they see that as a positive destination, that's what we want."

Triage staff member

There was a sense of striving for positive movement towards employment rather than necessarily directly into it across the programme. This focused on the needs of the individual and the specific barriers to employment they faced.

"For some people it is absolutely set on finding work, for other people, they don't feel ready for work, or they need some help with their confidence or getting a CV, they've never had one before, or whatever it is. There's a lot of health concerns so getting some support with that and just generally having a better mind set and more tools in the toolkit if you like to help them move forward in terms of progression into learning or into work or just general confidence feeling better, feeling like it's helped them at some point by coming on the programme. They're a bit higher up than when they started."

Triage staff member

For participants this was reflected in the idea of 'distance travelled' across the programme that many held.

"I can only describe... compared to where I was... the final goal is closer than it was three months ago. A lot closer."

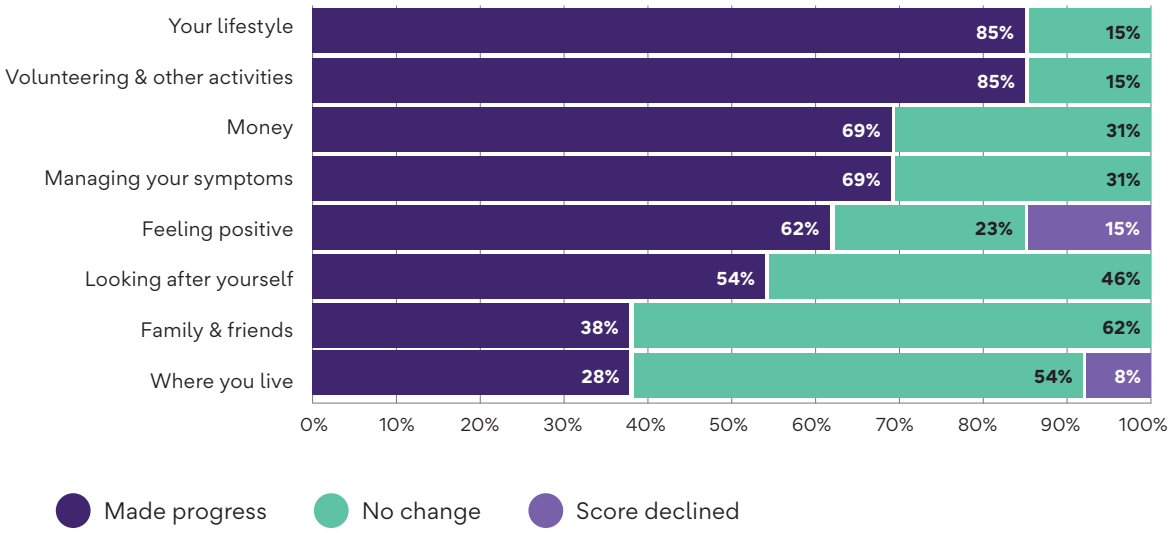
Participant

For some participants, getting closer to employment was about improving their job search knowledge and changing their behaviour. One spoke about how the pilot had given them the impetus to do more job searching and now: *"I am looking for work everyday constantly. I am applying for jobs again, and again, and again"* and another talked about the fact they were much better at keeping an eye out on a broad range of jobsites: *"name me a jobsite, I am on it"*.

Reducing health barriers to employment

Health and wellbeing was another area where evidence of positive progress existed, particularly for participants that engaged with HealthFind. The HealthFind outcomes star data shows participant lifestyle was one of the areas in which progress was most common, reflecting the education and lifestyle focus of the health coaching.

Figure 5. Participant health progression by the end of the pilot



The progress made towards managing their symptoms (69%) and improving their lifestyle (85%) will likely have represented considerable strides towards employment for these participants. Many came to the pilot with their health a considerable barrier to work, and for a few it had been the reason they had left employment in the first place. These positive health outcomes outline the value of including an element of health support in employment programmes targeting people aged 50 and over, where health barriers are more prevalent and often need tackling before employment becomes a viable option.

Participants also reflected positively on the progress made regarding their health, especially in terms of mental health.

"But I love it, I can't, you know, I'd probably get depressed if I didn't have their [Triage's] support. Because it's not all sun and roses... But they keep me positive, especially [employment specialist] they've been wonderful."

Participant

Improved confidence

Improved confidence was also another important outcome, in terms of moving towards employment, and one that commonly presented among participants. Many participants had come to the programme having faced and internalised barriers related to ageism, which had, alongside other bad experiences looking for employment, undercut their confidence. The pilot helped them to regain some of this lost confidence.

"I was worried that it [the previous incident] would hold me back. But Triage have been helpful to get me motivated and get me started again and getting the confidence back."

Participant

Both staff members and participants reflected that improved confidence was often tied to the social time the pilot gave participants. For some it was just about *"getting me out more... going to the Triage place... [without this] I don't really see anyone."* Bringing people together, even just to play games or chat, was seen as improving their confidence.

"Playing things like Jenga to just get them used to being in a room with other people, those who had social anxiety or playing the squares game, getting a flipchart with four or five of them, which we did on a couple of occasions with cohort one... they just think that they're all having fun but at the end of it... What skills did you use? Did you realise, [participant name], that you were interacting with [participant name] there? And you didn't want to come into this group."

Triage staff member

Other participants spoke in terms of improvement to self-worth and motivation, seeing both as valuable for trying to find work. Again, these were qualities that had been undercut by bad experiences of searching for employment and the age-related barriers participants had faced. Reversing some of this decline was therefore a considerable step towards employment for these participants.

> **"Well [they] made me feel as if I was valuable. And self-value you need to be able to get a job. So [they] made me feel that I was worth something and that give me the consciousness to go after my job with belief in myself..."**

Participant

Changes in confidence were not universally positive. For some, the constant grind of looking for and being turned down for work was adversely affecting their confidence. This might also be reflected in the 15% of HealthFind participants that reported a decline in feeling positive.

> **"I haven't really said that, but I just – there've been, I've done a couple of little things where they're supposed to improve your confidence, but I don't think it has really – 'cause all I can think about is getting turned down for jobs."**

Participant

Improved motivation towards work

It is also clear that motivations relating to work changed for some participants. For example, one participant spoke of how they had initially come into the programme convinced they were going to return to work as a driver. The pilot helped them realise this was no longer possible due to health reasons but also to widen their horizons of what might constitute a desirable job.

> **"[The employment specialist] open[ed] my mind a lot as well, because [they're] the one who really thought about the cleaning job."**

Participant

Other participants spoke about an increased appetite for work and a higher level of ambition for their own employment.

"The progress I've made, it's easy for me to understand. It's given me that appetite, it's given me the appetite. And now I think there is a lot more than the... dead end job. And [employment specialist] might have the keys or the foot in the door to something else and..."

Participant

In some cases participants ended up with a real sense of excitement about their future prospects. This was in stark contrast to the disappointment with employment support, and pessimism about their value to employers as older workers, that many participants came to the pilot with.

"I am excited, I'm really excited [about finding work/getting into work]... Yeah. It looks like I can see myself, I can do something is how I'm feeling... I can do something, yeah..."

Participant

Conclusions and recommendations

The Steps to Your Goal pilot worked with a complex group of people in their fifties and sixties, often facing multiple barriers to employment, and successfully moved many of them closer to, and into, work. Participant and staff member interviews highlighted ongoing system-level challenges, including ageism in recruitment, internalised ageism, the impact of poor health on employment, and the wider limitations of other employment and health support services. Despite these challenges, this evaluation found evidence of positive outcomes and identified a number of factors central to this success, which should be replicated in future provision looking to move a similar cohort of people over 50 towards employment.

Time with participants. Throughout both the Triage and HealthFind support, it was the opportunity to get to know participants and talk through the, often complex, issues they faced that underpinned successful support. Having weekly hour-long sessions gave health coaches and the employment specialist time to build a holistic understanding of the needs of participants, and the rapport to allow them to open up and engage.

The holistic and person-centred approach. The wider focus on individuals' life circumstance rather than a "work-first" approach had a positive impact on participants' views of the programme and led to increased engagement. An emphasis on progression, rather than just securing employment, was seen as helping participants maintain motivation and have confidence in finding work. This approach also afforded the employment specialist the flexibility to work with participants on their wider life circumstances, which often presented significant barriers to employment.

Having a consistent, highly-skilled contact. The employment specialist's high level of training and their commitment to supporting participants was critical in helping participants feel valued, and engage positively with the pilot. Their ability to build strong, individualised relationships enabled participants to open up and engage fully with support. This is at odds with the experience described on other provision.

Highly engaged participants. The pilot benefited from a cohort of participants that broadly displayed a willingness to engage and overcome their barriers to employment from the outset. This appears to be down to effective referrals and the voluntary nature of the programme, that meant programme participants were people who wanted to work with the pilot to move towards employment.

Access to health support. The inclusion of health support via HealthFind helped participants address a number of mental and physical health-related barriers. The HealthFind service seemed particularly impactful in addressing mental health challenges and providing tools for stress and emotion management. Where people engaged with support, they reported a positive impact and felt that progress was made quickly.

Future programmes looking to replicate the Steps to Your Goal programme could improve delivery through:

1. Greater integration between health support and employment support. The process of referral to HealthFind could be improved through greater integration with Triage by coming to sessions to pitch their support and meet participants. This could familiarise participants with their offer and team, potentially opening more up to accessing the voluntary referrals. Further to this, collaboration before the programme to establish health services in the delivery area could allow for more effective local signposting for a health coaching service delivered remotely.
2. Bring in more employer brokerage. Making more direct links to employers and to vacancies could afford participants more direct access to employment opportunities. This was an area that some participants on the pilot felt was lacking, and those that did experience direct connection to vacancies found it helpful in their job search. Expanding these opportunities to ensure they are available to all participants could improve outcomes across the programme.

There are wider lessons for designing employment support for people in their fifties and sixties that can be learned from the Steps to Your Goal pilot:

1. There is value in spending more time with participants. This pilot showed the value of having the time to understand the needs of participants. Creating the space to tackle the holistic issues older participants, who may present with multiple barriers to employment, face can help them to progress towards employment.
2. Consistent contact. Having a single, friendly contact allows participants to build rapport and the employment specialist to develop a deep understanding of their needs. This can create momentum across the programme of support, rather than progress stalling with time taken in each session to build familiarity between employment specialist and participant.
3. Offer support on a voluntary basis. Having support that exists for people who are able and ready to engage means programmes face fewer dropouts by avoiding forcing delivery to participants for whom the support is not suitable. Ultimately, providing opportunities that people can choose to take means they invest more and therefore take more from it than if participation had been mandated.

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