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Department  
for Work &  
Pensions



# Work Programme Evaluation: the participant experience report

December 2014

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## **Research report No 892**

A report of research carried out by the Institute for Employment Studies, the Social Policy Research Unit at the University of York, the National Institute of Economic and Social Research, the Centre for Economic and Social Inclusion and GfK NOP on behalf of the Department for Work and Pensions.

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# Glossary

Black box	A term for minimum service prescription, which allows providers to decide which interventions to offer to programme participants into sustainable employment.
Claimant	A term describing someone of working age in receipt of state benefits
Differential pricing	A system of funding where providers are paid at different rates for outcomes achieved by different claimant groups with outcomes for the harder-to-help groups being paid at higher rates than those for groups closer to the labour market.
Jobcentre Plus	Jobcentre Plus is the UK public employment service which is part of the Department for Work and Pensions. It provides services that support people of working age from welfare into work, and helps employers to fill their vacancies.
Minimum Service Standards	When bidding Work Programme prime providers had to specify their own individual set of minimum service standards. These set out, for example, the frequency of contact and nature of support a participant can expect from the provider. The minimum service standards vary considerably between providers and are often not quantifiable or measurable.
Outcome-based funding	Within an outcome-based funding programme, services are paid for on the basis of achieved outcomes (e.g. sustainable job outcomes) rather than for delivering the service (e.g. motivational training, interview techniques).
Participant	A person on the Work Programme. (Also referred to as 'customer' by some providers). Referred to as a claimant prior to participation on the Work Programme.
Payment Group	Work Programme participants are divided into nine payment groups based on the benefit they claim and prior circumstances (e.g. prison leavers, young people formerly NEET). Providers are paid at different rates for outcomes achieved by different payment groups.

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Supply chain	The organisations providing services to Work Programme participants under contract to a Work Programme prime providers.
Sustained job outcome	This refers to a spell of employment entered by a programme participant that lasts for at least 13 or 26 weeks (depending on the claimant group).
The Department	The Department for Work and Pensions

# DWP Preface Notes

Having now helped 444,000 people into jobs and 208,000 into lasting work, the Work Programme is succeeding — transforming the lives of those furthest from the labour market, who are the hardest to help into employment. The Department welcomes this report as an independent view of the current delivery of Work Programme as experienced by participants.

The report contains a lot of positive feedback from participants including a general satisfaction with support provided. DWP is committed to utilising the results from this report in the continuous improvement of the Work Programme and the design of any future contracts. As such, DWP would like the reader to note a number of updates summarised below:

## **Building Best Practice**

In March 2013, the Department commissioned an externally led Building Best Practice group which made recommendations including the following:

- to maximise transparency both in the current Work Programme and in future contracts to allow providers and subcontractors to benchmark their performance against the best in their field.
- to ensure Minimum Service Levels should be incorporated into a Customer Service Standard Framework, which follows the customer journey through the Work Programme.
- to explore capacity building for the sector, to improve engagement with specialist Voluntary and Community Sector organisations.

The Department is committed to implementing these recommendations.

We have an increasing focus on sharing best practice and building the capability of the market to deliver. We have started this with the Work Programme Accelerated Performance Regime workshops, and we will continue to build this approach.

## **Service delivery to ESA participants**

Recognising the growing number of ESA participants on the Work Programme, the Department has taken specific actions to improve performance for this group which includes:

- Improving the way Jobcentre Plus shares information and hand off to providers;
- Quality assurance work to build best practice for ESA participant action plans;
- Encouraging more focused employer engagement on ESA participants;
- Performance Management staff to sample more ESA cases to assess compliance with providers' service standards.

In order to help us better understand what support ESA claimants need to help them move into work we are running various pilots and will be introducing more from early

2015. These are exploring a variety of different approaches including supporting people while still in employment and supporting those with mental health conditions. From early 2015 we are introducing a number of pilots, these include: those awaiting a Work Capability Assessment will be offered voluntary employment-related Work coach interventions; for the first six months following the completion of the Work Programme, pilots will offer increased frequency and intensity of Work Coach support; more personalised Remploy support; enhanced Jobcentre Plus support and support from local health care professionals; and a local authority led pilot in Manchester.

### **In-work Support**

The Work Programme is designed to support people into lasting employment and this remains DWP's goal for the long-term unemployed. The Department is building an evidence base on in-work support through our comprehensive trialling strategy. The Department will be considering the findings in this report alongside the evaluation of current and planned trials to test and learn about effective approaches that can drive employment retention and progression.

### **Work Programme sanctions policy**

Since the conclusion of the research reported here, DWP commissioned an independent review of the operation of JSA sanctions that are validated by the Jobseeker's Act of 2003, which includes the Work Programme. The Oakley review made 17 recommendations about how to improve the system, in particular around improving claimant understanding and communication; in the Department's response it accepted all these recommendation and work is already underway on delivering against these; please see full details below<sup>1</sup>.

### **Universal Credit**

The research identifies a financial challenge for some Work Programme participants in managing the transition from benefits to paid work.

The introduction of Universal Credit will address this by allowing individuals to keep more of their income as they move into work, and by introducing a smoother and more transparent reduction of benefits when they increase their earnings.

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<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/332137/jsa-sanctions-independent-review-government-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332137/jsa-sanctions-independent-review-government-response.pdf)

# Executive Summary

This report brings together and summarises the key evidence available from the different strands of the Work Programme evaluation relating to the experience of participants (a parallel report, Foster et al., 2014, sets out the findings relating to Work Programme providers).

In particular, it presents analyses from two waves of a large scale longitudinal survey of participants and a multi-wave (partly cross-section, partly longitudinal) programme of in-depth qualitative fieldwork with participants.

Previous reports from the evaluation (Newton et al., 2012, and Lane et al., 2013) presented early findings on programme delivery and programme commissioning respectively. A final synthesis report, summarising the overall evaluation is planned for publication in 2015.

The evaluation tracks the Work Programme over several years from its launch in 2011. The present report notes changes in participants' experiences and perceptions of the programme during this period, which reflect changes in delivery of the programme as it beds down over time as well as changes in the economic climate in which it is operating. However, the later data reported here are more likely to represent a picture of the programme as it settles down into a steady state. As the findings from the evaluation build up, DWP is able to use the evidence to improve programme performance and influence the design and management of future programmes.

## Characteristics of Work Programme participants

The representative national survey of Work Programme participants found (Chapter 3) that:

- two thirds were male;
- three quarters were under 45;
- eight in ten were white;
- a fifth had a physical or mental health condition lasting a year or more;
- a quarter had no qualifications and only one in ten were qualified to Level 4 (bachelor's degree or equivalent) or higher;
- most were single, and most lived in rented accommodation; and
- one in ten had never worked, and two thirds had not worked for a year or more.

## Programme entry

The evidence on referral and entry to the programme (Chapter 4), showed that:

- over half of participants attended some kind of information session about the programme prior to referral, and most of them found this useful.
- the time between being referred to the programme by Jobcentre Plus and starting with a provider was less than three weeks for most participants.
- nearly half of participants felt a 'push' from Jobcentre Plus to join the programme, although a third cited intrinsic 'pull' reasons and a desire to find work. Most participants correctly understood that their participation in the programme was mandatory.
- overall, participants seemed well-informed about the programme's rationale, and the procedures for joining it.

## Pre-employment support

Evidence from previous welfare-to-work interventions emphasises the importance of flexible tailored support from personal advisers, but notes that this can be undermined by large caseloads and staff turnover, and that interventions need to be preceded by effective needs assessments.

Evidence from the Work Programme (Chapter 5) shows that early assessments were common, usually but not always conducted face-to-face, and that most participants started the programme with a good understanding of the support available, although some were not completely comfortable to discuss their difficulties in finding work with their advisers.

The existing evidence suggests a growing use of written action plans in welfare-to-work programmes. This term typically refers to written documents listing the steps a participant/claimant should be taking to move towards employment which are often developed collaboratively between the adviser and the participant. In the Work Programme, the provider data (reported separately: Foster et al., 2014) suggested near universal use of personalised action plans, but participants reported them much less commonly (this finding may, in part, reflect a failure to recognise the terminology 'action plan').

Providers report (Foster et al., 2014) that they normally deliver support through personal advisers, usually face-to-face, and aim to offer continuity of adviser support. Evidence from participants, however, suggests that such continuity is less commonly experienced by some groups (e.g. older participants) than others. Fortnightly meetings were most common and most participants were happy with the frequency of contact. In the early months of participation there was significant variation in the frequency of advisory contact between different groups but by the two year point only there was only one group recording a significant difference in frequency of appointments (older participants tended to report less frequent meetings).

Turning to the nature of the support offered, the Work Programme is in line with evidence from previous schemes in the UK and overseas, showing the emerging dominance of the 'work-first' approach (job search support to get people quickly into

work), with less emphasis on human-capital based approaches (e.g. training programmes). Most participants received help with CVs, job search and interview techniques. Few were referred to training provision or to support designed to address specific barriers to employment (e.g. health conditions, accommodation problems or caring responsibilities). Evidence from Work Programme providers (Foster et al., 2014) confirms this, with limited use of subcontractors (especially specialist providers) in supply chains to deliver support interventions, and most support being delivered through generalist, in-house staff.

Nonetheless, most participants who cited difficulties finding work reported that the interventions received were helpful in overcoming their barriers and moving closer to work. However, some groups (older, disabled and better-qualified participants in particular) were less likely to report the interventions as helpful.

Looking overall at their experience of the programme, most participants thought the support they received was adequate, although disabled people and people with health conditions, and highly qualified participants were significantly more likely to feel that they had not received enough support. Participants with health conditions and disabilities often did not feel ready to progress towards work - they were much more likely to be looking for support related specifically to medical or disability matters and they were also rather less likely than participants as a whole to wish for more meetings or contact with advisers.

## **In-work support**

The Work Programme emphasises participants being retained in employment rather than simply starting a job. Previous research suggests that continued support from providers/personal advisers in the early months of employment in particular can help employment retention, especially if a flexible approach is offered and/or if supplementary financial support is also available (Chapter 6).

Half the participants in work while on the programme reported that they had received in-work support (especially participants with caring responsibilities, or those with a long period since they had last worked). Most felt the amount of in-work support they received was about right and had not felt pressurised by providers to stay in work. However most felt sufficiently motivated and did not perceive a need for support to stay in work (and two-thirds of participants receiving in-work support believed that it had made no difference to their retention in employment)

## **Getting work**

Data from the evaluation, broadly consistent with official Work Programme statistics<sup>2</sup>, show that after six months on the programme 22% of participants had been in work

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<sup>2</sup> The official published performance statistics show that the job outcome rate has improved over the course of the Work Programme contract ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/355896/Work\\_Program](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355896/Work_Program))

at some point during the six months and 18% were currently in work. After two years on the programme the corresponding employment rates were 44% and 33% respectively<sup>3</sup>.

Additional insights (from Chapter 7) include:

- part-time and temporary jobs were much more common among Work Programme participants (accounting for 44% and 43% respectively) than among the overall UK workforce, but the proportion of participants in work who were self-employed (13% after six months, 15% after two years) was similar to the national average;
- participants in work were generally satisfied with the job they entered; nearly 80% (after six months and after two years) said their job was well-matched to their skills. There was little evidence of participants being pushed into unsuitable employment;
- however they were more ambivalent about the role the Work Programme had played in helping them find a job (around half of participants in work (after six months and after two years) believed that the programme had played a role in helping them find that work.
- additionally, personal characteristics made a difference to the likelihood of participants finding work while on the programme. In particular, in both waves:
  - women were more likely to enter work than men;
  - younger participants were more likely to enter work than older participants;
  - people without health conditions or disabilities more likely to enter work than people with such conditions;
  - those with recent work experience were more likely to enter work than those with limited prior work experience.

## Staying in work

The first wave survey (which took place 6-9 months after programme entry) found that a quarter of those who had entered work (4% of all participants) had remained in work for six months or more (Chapter 8). By the time of the second survey (when participants had been on the programme for two years), over two thirds of those in work (33% of all participants) had worked for six months or more, and nearly a quarter (24% of participants) had been in work for at least 18 months.

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me\_Statistical\_Release\_Sep14\_Final.pdf). For example, 27% of the early cohorts of JSA 24+ claimants completing the programme achieved job outcomes. This increased to 32% for the cohort which started in March 2012. The rates of job outcomes being achieved compares favourably with the original National Audit Office (2012) projection of 26% (which took account of the challenging economic conditions in the early months of the programme).

<sup>3</sup> It should be stressed that, because the Work Programme was rolled out in all parts of the country simultaneously, with no pilot, there is no 'control group' or 'counterfactual' which would enable a statistical assessment of the impact of the programme on the employment outcomes of participants (see also section 2.3.3 below)

Looking at all participants at the second survey, and their cumulative spells in work, just over 30% had experienced a total of six months or longer (in one or several jobs) during their two year period on the programme.

Multivariate statistical analysis<sup>4</sup> (i.e. controlling for other factors) showed that, after two years, participants' total duration of employment while on the programme was higher if they:

- were female;
- were young;
- did not have a disability or health condition;
- had recent work experience prior to joining the programme;
- lived in a less deprived local labour market.

There was also some statistical evidence that those who had received more frequent contact from personal advisers were likely to achieve longer durations in employment. This may not be conclusive evidence of a positive effect of frequent adviser contact, however, as it could equally reflect a tendency for providers to offer more frequent contact to participants they judge more likely to achieve sustained work (and therefore trigger 'outcome payments').

Qualitative evidence suggested that financial pressures and the belief that 'any work is better than no work' both acted as motivators for participants to hang on to the jobs they secured; some also reported intrinsic motivation, job satisfaction, dignity and self-esteem as important factors in work retention.

## Those who completed the programme without finding sustained work

After two years on the programme, two thirds (67%) of participants were not in work, and would return to Jobcentre Plus job-search support provision, although 21% of this group had managed to find work at some point during their participation on the

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<sup>4</sup> Multivariate analysis, used in a number of places in the report, describes a range of statistical techniques which allow us to look at the impact of one factor ('independent variable') on another ('dependent variable'), holding other factors constant. So, if our independent variable is whether a Work Programme participant finds a job, we might find that this correlates with age (e.g. older people are less likely to enter work) and separately that it also correlates with disability (e.g. disabled people are less likely to find work), and with qualifications (e.g. people with low qualifications are less likely to find work). But these three independent variables also correlate with each other (older people are more likely to be disabled, and less likely to be highly-qualified than younger people, and disabled people are less likely to have qualifications than non-disabled people). As a result we can't tell from the simple correlations whether we are observing an age effect, a disability effect, a qualification effect (or some combination). Multivariate analysis disentangles the different effects – e.g. it tells us whether the disability effect is just an age effect (or whether *within* age groups, disabled people are also less likely to get work), and whether the qualification effect is just an age effect (or whether *within* groups of people with the same qualifications, disabled people are also less likely to get work) etc..

Work Programme. This is broadly in line with the official statistics for the Work Programme<sup>5</sup>.

Evaluation evidence showed that statistically, these ‘completers’ were more likely to be men, to be older than 55, to have a health condition or disability, to have low or no qualifications, and to have no recent work experience prior to joining the programme.

Qualitative research provided some insight to the process by which this group transitioned back to Jobcentre Plus support, and what they thought they had got from their time on the programme:

- Some reported a well-structured transition with a review of achievements and progress, while others noted a less well co-ordinated process and less clarity about what would happen next.
- Some, who had a good relationship with providers, wanted to remain on the Work Programme, looking for work. Others, less satisfied with their contact with the provider, were keen to leave the programme.
- Some (especially older participants, and with health conditions) believed they were too ill to work, and reported having little support from providers (often because their conditions inhibited regular contact). Others completing their time on the programme, mainly JSA claimants, remained optimistic about their employment prospects, and a further group were planning entry to further education or training on leaving the programme (believing that access to such education/training had been prevented by being on the programme)
- As with other participants, this group had mixed views on whether the programme had made a difference to them. Some appreciated positive and supportive adviser contact, but this did not always lead them to feel that the programme had made a difference. Others highlighted benefits such as an improved CV or greater confidence as a result of the programme. Some of those completing the programme criticised it for not delivering the promised personalised support, and some highlighted a need for more contact time with advisers, and more access to training linked to labour market opportunities.

## Some key themes emerging from the evaluation

In addition to the detailed findings about how different stages of the programme were functioning, the research identified several cross-cutting themes, relating to factors which affect the success of the programme in getting and keeping participants in work, and influenced the kind of provision delivered under the programme.

### Conditionality

The evidence from participants on the operation of mandation, conditionality<sup>6</sup> and benefit sanctions in the Work Programme (Chapter 10), suggested that:

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<sup>5</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/355896/Work\\_Programme\\_Statistical\\_Release\\_Sep14\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355896/Work_Programme_Statistical_Release_Sep14_Final.pdf)

## Work Programme Evaluation: the participant experience report

- there was widespread awareness among participants of the mandatory nature of the programme and the implications of not engaging with it, and a general acceptance that such an approach was 'reasonable' in principle;
- participants believed the system should be fair, transparent, and operate correctly and consistently. Those who believed that these criteria had not been applied to their own situations said that the sanctions regime could be subject to administrative inconsistencies
- the most common view among participants interviewed shortly after joining the programme was that the conditionality and sanctions regime was largely unnecessary or irrelevant to them. This was because they saw themselves as naturally compliant because of their overwhelming desire to find work
- after six months 10% of participants reported that they had been sanctioned and said they had their benefits stopped or reduced, and of these a third said they had applied for a hardship payment as a result. After two years the proportion who reported a sanction increased to 14% (of whom half had applied for hardship payments);
- qualitative findings suggested that some people who reported experience of a sanction also felt they had been largely compliant, and faced sanctions because of isolated lapses or missed appointments.
- 40% of participants responding to the survey said that awareness of the threat of sanctions made them more likely to comply with provider requests, but slightly more than half felt the sanctions regime had made no difference to compliance;
- from participants' accounts there was little to indicate that they believed that the threat and operation of sanctions had changed their job search behaviour or had increased their likelihood of entering work.

### **Personalisation**

A key aim of the Work Programme is to provide individually-tailored support to help participants find and retain work. Several waves of findings from participants on this aspect (Chapter 10) reinforce those reported in the first evaluation report (Newton et al, 2012). It is apparent that personalisation is a subjective notion that means different things to different people. The key themes emerging included the following:

- Providers were seen by participants as delivering a high level of 'procedural' personalisation, creating friendly, mutually respectful relationships with participants, and using assessment and action-planning tools which incorporated a degree of 'procedural' personalisation in their operation.
- Whilst there was less evidence of 'substantive' personalisation in the sense of delivering customised support services to individual participants, tailored to specific needs, the majority of participants said they received support that

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<sup>6</sup>Mandation is a term used by DWP to describe the process of requiring programme participants to undertake certain activities, under the threat of benefit sanctions. Conditionality refers to the conditions or requirements that claimants must meet in order to continue to qualify for the receipt of benefits. Work Programme providers have the freedom to decide whether or not an activity is mandatory. Non-compliance with a required activity can lead to withdrawal of benefit for increasing periods of time: two weeks for an initial sanction, followed by four weeks and then for 26 weeks.

matched their needs either very or fairly well. For these participants, a standardised service was deemed sufficient and appropriate because the interaction with the adviser provided the individualised support that many appreciated. Some participants benefited from frequent meetings while for others (for example those waiting for external interventions such as health services), meetings spaced months apart were welcome and appropriate.

- A minority (particularly older and more highly-qualified participants) felt their needs weren't met because of insufficient personalisation.

### **Variations in provision across different groups**

The design of the Work Programme funding model (in particular, differential pricing which offers higher payments for 'harder-to-help' participants) aimed to discourage providers from skewing support provision towards those closest to the labour market<sup>7</sup>. Early qualitative findings reported in Newton et al., (2012) suggested that such behaviour occurred to some extent among providers. The more recent quantitative and qualitative data from participants (Chapter 12) suggested that:

- Participants' readiness to work and other characteristics are used by providers to vary the frequency and intensity of support they receive. The participant data did not suggest that payment group was influencing these decisions about support.
- Participants in the survey confirmed that continuity of adviser contact was the norm: at the two year point 70% reported seeing the same adviser always or almost always, indicating a high level of adviser continuity (although older participants reported less continuity).
- Other examples of variations in support experienced by different groups included:
  - One in ten participants did not receive any additional support beyond adviser meetings. Women, the youngest and oldest participants and those with health conditions/disabilities were more likely to report this. There was little evidence that providers had offered specialised and targeted support to help participants address particular barriers to work<sup>8</sup>;
  - Participants with health conditions and disabilities often reported a different experience from those in other groups, although many felt this was appropriate to their circumstances.

The quantitative data show that some of the variation in support apparent in the early stages of the programme had diminished 18 months on. This might reflect changes in provider behaviour overall, or might result from the staging of provider support (e.g. that some groups who received less support early on, got more intensive input later in their Work Programme experience). It is important to stress that variations in support between groups may equally represent the implementation

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<sup>7</sup> A practice commonly observed in contracted out public services that adopt 'payment-by-results' funding regimes

<sup>8</sup> The survey captured information on a) the nature of support received **or** b) support wanted and not received, but not on the organisation delivering the support. Thus for example, respondents might have reported receiving 'Help with housing issues' which could have been delivered by their adviser or by an organisation to which their adviser referred them.

of established good practice in frequent and concerted job searching for those nearest the labour market; and/or a sequencing of support for those whose barriers were greatest. However, for DWP, a notable finding from the quantitative<sup>9</sup> and qualitative data is that the payment groups have not significantly influenced the support being received by participants.

## Specific and multiple barriers to work

The evaluation evidence confirmed that participants face many barriers to work. Some related to personal characteristics (e.g. health status, or their attitudes or motivation to work), others related to their personal situation (e.g. housing or financial circumstances), and both could have a role in the delivery and impact of the programme.

### Participant motivation

Evidence from participants provides considerable insight into their aspirations and motivation (Chapter 13):

- overwhelmingly, participants wanted to work; there was little or no evidence of preference for a life on benefits, although repeated lack of success in job search had a negative impact on motivation;
- how providers engaged with participants (particularly early on), the style of engagement adopted by personal advisers and the extent to which interventions were seen by participants as 'appropriate', were important influences both on participant job search motivation and on their commitment and willingness to engage with the programme.

### Health and disability

Participants with health conditions and disabled people reported different experiences of the Work Programme from other participants, though most were content with the level of support received. Sometimes these participants were offered less frequent, but longer appointments, and/or a frequency of appointments that they saw as appropriate for their needs or their ability to work. It also seemed that some of these differences may have moderated over time as the programme developed.

### Housing

While, few participants viewed their housing situation as a constraint to finding work (any such evidence tended to relate to financial difficulties with housing), a more detailed examination of the experience of the 1% of participants who were 'homeless' (typically living in hostel accommodation) was undertaken (Chapter 15). This suggested that homelessness did, for obvious reasons (e.g. financial or lack of

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<sup>9</sup> Note that, in most of the multivariate statistical models which were tested, variables reflecting participants' payment groups were not significant influences once personal characteristics were controlled for. Given that the qualitative analysis supported this and suggested strongly that most providers were taking account of personal characteristics rather than payment group or benefit status in deciding on support provision, we have generally not included payment group as an independent variable in the models presented in this report.

documentation to prove identity), constitute an additional barrier, but there was no evidence of homeless participants receiving a different experience under the programme than other participants, and their level of satisfaction with programme provision was broadly similar to other participants. However, some reported that their housing needs were not discussed, and that they were not offered specialist support to resolve housing problems and others noted that their criminal records and/or substance misuse problems were also not discussed. Nonetheless, the evidence suggested that few participants raised their need for these types of support with their advisers.

It was notable that where specialist support was offered to homeless participants it was typically from organisations outside the Work Programme and, although the research with providers (Foster et al., 2014) indicated that this specialist support existed with Work Programme supply chains, as with other forms of specialist support, it did not appear to be widely used. For some of those homeless participants who moved into work, the relatively high cost of hostel accommodation could constitute a major barrier to being retained in work. However, not all participants in hostel accommodation reported that this acted as a financial barrier and some were offered financial help from the Work Programme provider or the hostel to ease the transition to work. Others had not thought about whether living in a hostel was a barrier to work, or had thought that they would be able to find private rented accommodation quickly if they moved into work.

### **Finances**

Participants' financial circumstances, their benefit status, and their understanding of whether and to what extent they would be better off in work, played an important role in their engagement with the programme (Chapter 16).

Financial advice and guidance (including 'better off calculations') were not commonly offered to participants (less than a fifth reported such support), despite the current policy emphasis on ensuring that 'work pays' and on communicating this. However, there were indications that many participants did not consider a better-off calculation to be necessary, as in their view it was obvious that they would be better off in work. In parallel to this, some participants thought that coming off benefits to take up work of any kind was the most important priority, regardless of any financial difference made.

It was nevertheless common for participants seeking work to believe that they would be better off in work, although those who had found work were more mixed in their views on whether they were actually better off.

While there was little evidence on whether and how participants who had entered work received financial advice and support, there was a positive statistical association between having received pre-work financial advice from a Work Programme provider and the likelihood of participants achieving longer durations in work while on the programme.

### **Caring responsibilities**

Around a third of participants had caring responsibilities for a child or adult. Those caring for adults were more likely to see this as a constraint to finding work than were those caring for children (Chapter 17). There was some evidence that participants' view that caring responsibilities posed a barrier to their availability for work or the type of work they could do, had increased during their time on the programme.

It did not appear that Work Programme providers made widespread use of specialist support for parents and carers; however those participants who did receive this support (such as help in finding childcare, or in managing the fit between work and care) were generally satisfied with it. Providers were often reported to be flexible in making adjustments to take account of participants' caring commitments.

Participants with caring responsibilities had a higher than average rate of employment entry after six months on the programme (although this effect was no longer statistically significant after two years on the programme). They were also more likely than non-carers to have received in-work support from providers (although there remained some questions about the nature of that support).

### **Multiple barriers to work**

The participant survey showed that individuals reporting multiple barriers to finding work (around a quarter of all participants) typically reported a combination of 'asset-based' barriers which inhibited their progress. The combination included a lack of work experience, a lack of jobs and suitable jobs in the local area as well as out-of-date CVs and barriers related to age.

Older participants were more likely to report multiple barriers, but participants with a health condition or disability were not. However, the latter often had complex inter-related health conditions but typically noted only 'health' as their main barrier to work. Overall the evidence suggests that where participants had health barriers these often dominated their perceptions of any other types of barriers and might have taken such a priority in participants' minds that they did not consider other barriers to work.

The survey data showed that those with multiple barriers were more likely to perceive a lack of jobs locally, and believe that they lacked the right skills for the jobs that they would like, and that they faced too much competition for jobs. Many of these asset-based barriers they cited, however, could in principle be overcome with support, careers advice and, possibly, training. Survey data suggested further that those with multiple barriers received much the same or even a slightly better service than others. For example, more frequent adviser meetings were more common among this group, as was receipt of some form of intervention (e.g. training or specialist support). In contrast, however, the evaluation evidence suggests, if anything, a lack of intervention or support for those with complex barriers (i.e. a set of interlocking health conditions).

# Part 1: Introduction

## Coverage of this report and methods

This, the third published report from the official Work Programme evaluation, draws together the evidence on the participant perspective from the various strands of research undertaken in the evaluation, namely:

- **Four waves of qualitative research with Work Programme participants.** The fieldwork focused on 12 local authority areas across 6 contract package areas. The findings from the first wave (published in Newton et al, 2012) included interviews with participants (using a mixed cross-sectional/longitudinal design), as well as observations of provider-participant meetings. The findings from the second, third and fourth waves of the cross-sectional and longitudinal participant interviews, which took place in autumn 2012, spring 2013, and autumn 2013 are incorporated in the current report.
- A large scale, **statistically representative telephone survey of around 4,700 Work Programme participants** (approximately 6-9 months since their referral to the programme), conducted in July to October 2012, and a follow-up survey of around 1,800 of the same participants in early 2014 (aiming to coincide with each participant's two year anniversary of entering the programme).

Throughout the report, the survey data are used to provide a broad quantitative picture of participants' characteristics and their experiences on the programme. The qualitative research provides further in-depth insights on participants' experiences and views to supplement and flesh-out the quantitative findings, and should be interpreted alongside the quantitative data. In this light, the qualitative findings are not intended to be used in isolation to indicate the scale or incidence of particular aspects of programme delivery. For this, the quantitative data should be used.

The overall structure of the evaluation and the reporting schedule are summarised in the table below.

## Work Programme evaluation structure and reporting schedule

Report title	Content	Publication date
Newton et al (2012). <i>Work Programme evaluation: Findings from the first phase of qualitative research on programme delivery</i> . DWP Research Report 821	Findings from: <ul style="list-style-type: none"> <li>- observational research</li> <li>- wave 1 of qualitative participant study</li> <li>- wave 1 of Jobcentre Plus &amp; provider visits/interviews (programme evaluation)</li> </ul>	November 2012
Lane et al (2013), <i>Work Programme Evaluation: Procurement, supply chains and implementation of the commissioning model</i> , DWP Research Report 831	Findings from: <ul style="list-style-type: none"> <li>- wave 1 of qualitative study of unsuccessful bidders, non-bidders and market leavers</li> <li>- wave 1 of qualitative commissioning study</li> <li>- online provider survey (commissioning)</li> <li>-</li> </ul>	March 2013
Work Programme Evaluation: the participant experience	Findings from: <ul style="list-style-type: none"> <li>- longitudinal survey of participants (both waves)</li> <li>- all waves of qualitative participant research.</li> </ul>	December 2014
Work Programme Evaluation: operation of the commissioning model, finance and programme delivery	Findings from: <ul style="list-style-type: none"> <li>- wave 2 of the programme delivery strand</li> <li>- waves 2 and 3 of the commissioning study</li> <li>- waves 2 and 3 of online provider surveys (commissioning and programme delivery)</li> </ul>	December 2014
Work Programme Evaluation: A synthesis of the evidence ( <i>provisional title</i> )	Final synthesis of all the qualitative and quantitative evidence exploring the commissioning approach, programme delivery and participant experiences and outcome. Also including econometric analysis of administrative data examining the factors influencing provider effectiveness.	2015 ( <i>date to be confirmed</i> )

## Report structure

The report is structured in four parts:

## Work Programme Evaluation: the participant experience report

- Part 1 (Chapters 1 to 3), '**Introduction**', introduces the Work Programme and its objectives, outlines the scope of the evaluation, and describes the characteristics of the Work Programme's target eligible population(s).
- Part 2 (Chapters 4 to 6), '**Programme delivery**', looks at the operation of the programme, following participants through different stages of their engagement with the programme (referral and entry to the programme, pre-employment support, and in-work support and progression).
- Part 3 (Chapters 7 to 9), '**Outcomes**', looks at programme outcomes and the programme's perceived impact, focusing on programme participants' entry into work, the extent to which they are achieving sustained employment, the characteristics and experiences of 'completers' (those who leave the programme after two years without finding work and return to Jobcentre Plus support) and their views on the 'difference made' by the programme.
- Part 4 (Chapters 10 to 18), '**Thematic analysis**', picks up and builds on some of the thematic analyses introduced in the first programme delivery report (Newton et al, 2012) exploring in particular: the role and impact of conditionality and sanctions; the personalisation of support provision; and the extent and nature of any variation by providers of the support they offer to participants with different needs and characteristics. In addition it introduces a number of new themes which emerged in more recent stages of the evaluation, relating to the role of various personal and situational characteristics of participants which affect both support provision under the programme and outcomes from the programme, including the aspirations and motivation of Work Programme participants, health status, housing, multiple and complex barriers to work, financial circumstances, and caring responsibilities.

# 1 The Work Programme

The Work Programme (WP) is an integrated welfare-to-work programme, implemented across Great Britain<sup>10</sup> in June 2011. It replaces a range of predecessor back-to-work programmes for unemployed and economically inactive people including Pathways to Work<sup>11</sup> and the Flexible New Deal<sup>12</sup>. This chapter outlines the genesis and design of this new programme.

## 1.1 A new model for welfare-to-work

The programme is designed to address concerns raised about the performance and cost-effectiveness of existing employment programmes targeted at unemployed and inactive people. For example, the National Audit Office examined Pathways to Work and noted:

*“Pathways has turned out to provide poor value for money and the Department needs to learn from this experience.”*

(National Audit Office)

The Work Programme builds on previous approaches to commissioning welfare-to-work programmes delivered through private and voluntary sector contractors. A distinguishing feature of the Work Programme, compared with previous programmes such as the Flexible New Deal, is that it combines a minimum specification or ‘black box’ approach with payment by results (PbR)<sup>13</sup>. Thus contracted providers are paid for getting people into work and are free to design their own support provision, with minimal intervention from the Department.

The invitation to tender for potential Work Programme providers stated that the programme’s core objectives are to:

- *“increase off-flow rates for WP customer<sup>14</sup> groups (more people into work);*

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<sup>10</sup>Different arrangements apply in Northern Ireland

<sup>11</sup>See NAO (2010), for a summary of evaluation findings relating to Pathways to Work.

<sup>12</sup>Several published reports set out the evaluation findings relating to the Flexible New Deal: see Vegeris et al. (2011a and 2011b)

<sup>13</sup>Previous national employment programmes also incorporating a payment by results approach include the New Deal for Disabled People: see Stafford et al, 2007

<sup>14</sup>Note that, although this term (customers) was used in the original invitation to tender, throughout this report we refer to people in the target groups for the Work Programme as ‘claimants’ (during the period before their participation in the programme), and as ‘participants’ (during their period on the programme itself).

- *decrease average time on benefit for WP customer groups (people into work sooner);*
- *increase average time in employment for WP customer groups (longer sustained jobs);*
- *narrow the gap between off-flow rates/time in employment for disadvantaged groups and everyone else; and*
- *contribute to a decrease in numbers of workless households”*  
(DWP: Work Programme invitation to tender, pp. 3-4)

While some of these objectives are similar to previous UK welfare-to-work schemes, the focus on sustainable employment is an important new emphasis. This confirms the intention to address a key deficiency of previous active labour market measures in the UK and elsewhere,<sup>15</sup> namely their susceptibility to ‘revolving door syndrome’, where the emphasis on getting participants quickly into work results in short-term, unstable employment spells, with many participants quickly returning to benefit.

The programme therefore combines: a) a new commissioning approach, with payment-by-results and flexibility for providers to innovate; and b) an emphasis on sustainable outcomes, with much of the payment to providers occurring only after participants have spent a significant period in work. This combination makes the programme’s performance of considerable interest not only as a welfare-to-work scheme, but more broadly as the largest example to date of PbR in the delivery of UK public services.

## 1.2 The commissioning model

The Work Programme commissioning model develops the approach set out by the previous administration (DWP, 2008), and continues the direction of travel implicit in this approach. Its key elements are:

- **A prime-provider approach.** The Department contracts with a single provider (the prime provider, or ‘prime’). The prime, in turn, commissions and manages a supply chain of sub-contracted providers to deliver the contract.
- **Outcome-based funding.** This goes further than previous models, incorporating several new elements:
  - **Emphasis on sustained outcomes.** While the amount and timing of payments to providers vary between different participant groups (see below), the key principle is that the payment on ‘attachment’ (when the participant enters the programme) is a small part of the total. Participants remain attached to the programme for two years, irrespective of whether they have entered work, and the bulk of the payment is triggered for achievements later during these two years. In particular, a ‘job outcome’ payment is triggered after a participant has been in work for a number of

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<sup>15</sup>See, for example, the discussion in Meadows (2006), section 6.2

weeks (13 to 26 weeks, depending on the target group). This aims to reduce 'deadweight' (the extent to which providers are rewarded for outcomes that would have happened anyway). Further 'sustainment' payments are payable (on a regular four-weekly basis, subject to a variable cap on the number of payments) after a trigger point when the participant has been in work for a longer period (17-30 weeks, dependent on the target group).

- **Differential payments**<sup>16</sup>. Providers are paid at different rates for outcomes achieved by different target groups (outcomes for harder-to-help groups paid at higher rates than those for groups closer to the labour market). This incentive structure aims to discourage providers from concentrating effort and resources on those participants for whom they can achieve an employment outcome most quickly or cheaply.
- **Ongoing performance competition**. DWP manages the provider 'market' so that providers can compete for market share to reap rewards from good performance and suffer the consequences of poor performance. This happens through a process of 'market share shifting', under which better-performing providers are rewarded by being allocated more claimants, while poorer-performing providers (who remain above the minimum quality threshold) receive fewer claimants.
- **Minimum service prescription**<sup>17</sup> by the Department. This 'black box' approach allows providers flexibility to decide what interventions will best help participants into sustainable employment. This is intended to encourage providers to develop a personalised approach customised to the needs of individual participants, and stimulate wider innovation in service delivery.
- **Larger, longer contracts** (typically five to seven years in length). The greater market stability this offers aims to facilitate the development of provider capacity and expertise and encourage investment to support service delivery innovation<sup>18</sup>.

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<sup>16</sup>Strictly speaking this approach is not entirely new in the welfare-to-work field. Indeed it has a provenance going back at least 20 years. Thus, in the early 1990s, Training and Enterprise Councils delivering government employment programmes under contract operated under a variable tariff for outcome payments, with higher rates for outcomes achieved by participants with 'special training needs': Meager (1995)

<sup>17</sup> The minimum service standards for each prime provider, as agreed in their contracts are set out in [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/252740/provider-minimum-service-delivery.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252740/provider-minimum-service-delivery.pdf)

<sup>18</sup>The case for larger, longer contracts was first made by Lord Freud in 2007 in his review of welfare provision, *Reducing dependency, increasing opportunity: options for the future of welfare to work*. [http://base-uk.org/sites/base-uk.org/files/\[user-raw\]/11-07/welfarereview.pdf](http://base-uk.org/sites/base-uk.org/files/[user-raw]/11-07/welfarereview.pdf)

## **1.3 Programme delivery and service design**

### **1.3.1 Who participates in the Work Programme?**

The Work Programme applies to benefit claimants in various categories<sup>19</sup> ('payment groups') summarised<sup>20</sup> in Table 1.1 below. This also shows the time during their benefit claim at which claimants will be referred to the programme, and whether their participation will be compulsory or voluntary.

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<sup>19</sup>In due course, these categories will be redefined in light of the new unified system of benefit payment known as Universal Credit, being implemented in stages from 2013.

<sup>20</sup>Fuller details of each of the payment group categories can be found in:  
<http://www.dwp.gov.uk/docs/wp-pg-chapter-2.pdf>

**Table 1.1: Work Programme Payment Groups**

<b>Payment Group</b>	<b>Point of referral</b>	<b>Basis for referral</b>
1 JSA claimants aged 18-24	From 9 months on JSA	Mandatory
2 JSA claimants aged 25+	From 12 months on JSA	Mandatory
3 JSA 'early access' groups	From 3 months on JSA	Mandatory or voluntary depending on circumstance
4 JSA ex-IB	From 3 months on JSA	Mandatory
5 ESA Volunteers	At any time from point of Work Capability Assessment	Voluntary
6 New ESA claimants	Mandatory when expected to be fit for work within 3-6 months*. Voluntary from point of Work Capability Assessment for specified participants.	Mandatory or voluntary depending on circumstance
7 ESA Ex-IB	Mandatory when expected to be fit for work within 3-6 months*. Voluntary from point of Work Capability Assessment for participants with longer prognoses.	Mandatory or voluntary depending on circumstance
8 IB/IS (England only)	From benefit entitlement	Voluntary
9 JSA prison leavers	From day one of release from prison	Mandatory

*\*note: since autumn 2012, this mandatory requirement for ESA groups has been extended to cover claimants who are expected to be fit for work within 3-12 months.*

### 1.3.2 What do providers offer participants?

Providers are expected to deliver an individually-tailored service for each participant, regardless of their benefit category. The nature of that service and how it varies between participants and between participant groups is not specified by DWP, in line with the programme's underlying 'black box' principles. When tendering for the Work Programme, prime providers indicated the level and nature of the support they would offer each participant group. Minimum Service Standards were specified in their

contracts and any revisions are made publicly available through the DWP website. Jobcentre Plus advisers also explain the Minimum Service Standards to participants on referral to the programme. The rationale is that both DWP and participants will be able to hold the providers to these standards.

### **1.3.3 How do claimants enter the Work Programme?**

Jobcentre Plus refers claimants to Work Programme providers through the 'Provider Referral and Payments System' (PRaP), giving the provider basic details of the claimant with each referral. At this point the provider makes initial contact with the participant, and agrees the action(s) that the provider and participant will undertake through the programme. This agreement should be recorded in an 'action plan', which also incorporates any mandatory activity which the provider requires the participant to undertake. If a participant fails to comply with any mandatory activities, the provider notifies Jobcentre Plus in order that sanctions can be considered.

### **1.3.4 How long do participants stay on the programme?**

Once Jobcentre Plus refers a participant to the Work Programme, the provider is expected to deliver two years (104 weeks) of continuous support regardless of whether the participant changes benefits or moves into employment. Early completion of the Work Programme occurs only when:

- the final outcome payment has been claimed by the provider;
- the participant is referred to Work Choice or a Residential Training College; or
- the participant dies.

Participants who leave benefit and return within the two-year period are referred back to the relevant provider. If, however, they return to claim benefit after two years, or when the provider has claimed a final outcome payment for them, they remain with Jobcentre Plus.

### **1.3.5 Who are the Work Programme providers?**

England, Wales and Scotland are divided into 18 'contract package areas' (CPAs). Following a competitive tendering process, two or three Work Programme providers (drawn from the private, voluntary and public sectors) were contracted to operate as prime providers in each of the CPAs<sup>21</sup>. Prime providers may deliver services directly to Work Programme participants, or through a network of subcontractors, or both.

Eligible claimants are randomly allocated by Jobcentre Plus advisers to one of the prime providers operating in the claimant's CPA. Claimants are not given a choice of provider, but competition is generated over time through the better-performing

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<sup>21</sup> For a list of prime providers and a map of CPAs, see: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/253680/cpa-preferred-bidders.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253680/cpa-preferred-bidders.pdf)

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providers being offered an increased share of the claimants referred to the programme in each CPA.

## 2 The evaluation of the Work Programme

The Department for Work and Pensions commissioned a consortium led by the Institute for Employment Studies (IES) to undertake an independent evaluation of the Work Programme. Research started in autumn 2011 and concludes in early 2015. The consortium includes the following organisations working alongside IES on various strands of the evaluation: Centre for Economic and Social Inclusion; GfK NOP; National Institute of Economic and Social Research; Social Policy Research Unit at the University of York. This chapter provides details of the evaluation approach and research methodologies.

### 2.1 About the evaluation

The evaluation is exploring the delivery and effectiveness of the Work Programme by assessing participants' experiences and outcomes. Given the innovative manner in which the programme is commissioned, the evaluation also focuses on how the commissioning approach impacts on the provider market and influences service delivery and participant outcomes. Thus the evaluation is split into commissioning and programme evaluation strands with considerable overlap between the two.

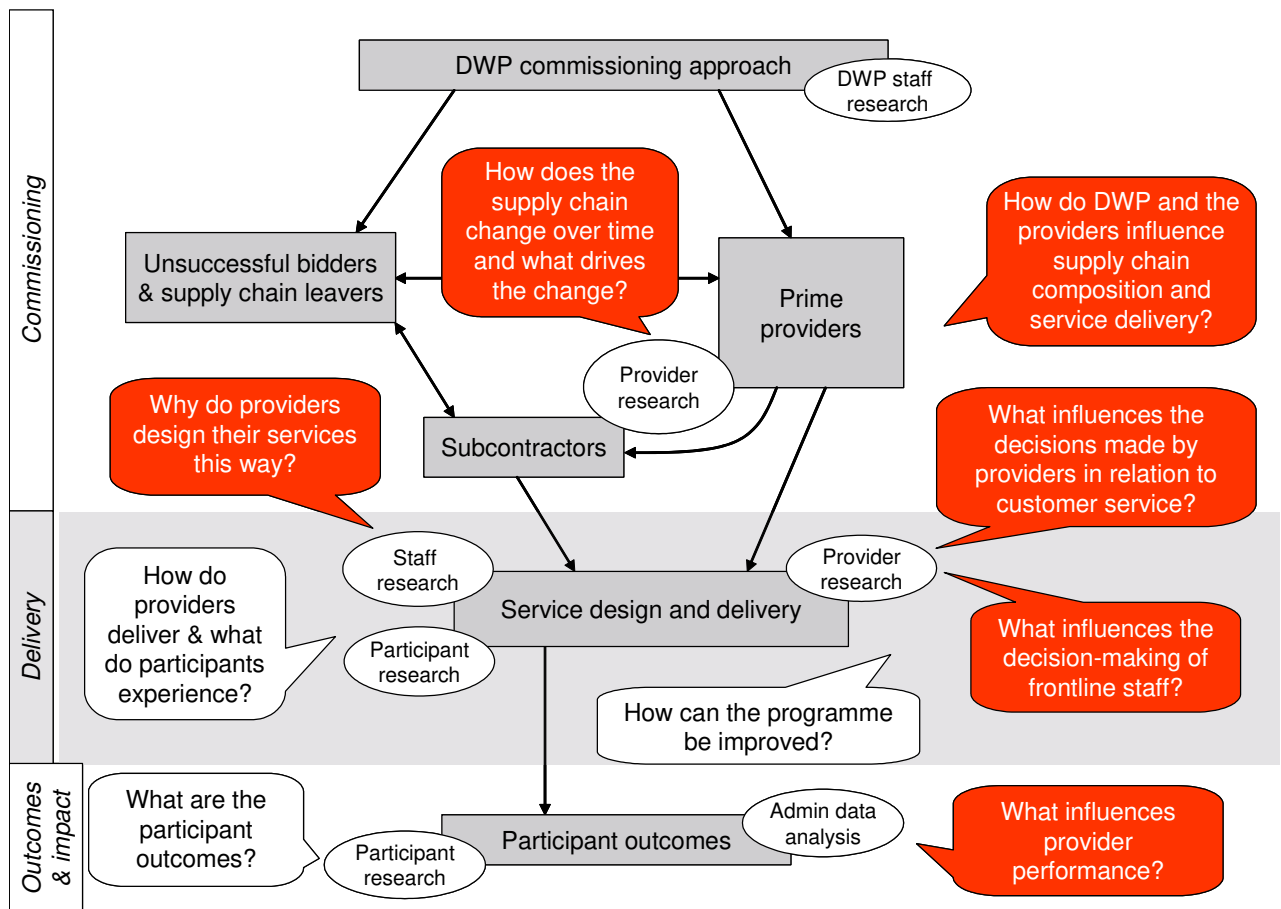
Key research questions for the evaluation as a whole include the following:

**Commissioning:** How does the commissioning model impact on the provider market? How do DWP and prime providers influence service delivery and outcomes? Why do providers design their services the way they do?

**Delivery:** What services do providers deliver to participants and how do they deliver them? What is the participant experience? What are the key operational lessons learnt from delivery?

**Outcomes:** What are participants' outcomes and destinations? How quickly do participants flow off benefit? How long do participants stay in work? What is the impact on benefit off-flows, job entry, retention and time in employment?

**Figure 2.1 Structure of the Work Programme Evaluation**



## 2.2 The commissioning model evaluation

This strand examines how the commissioning approach impacts on the provider market and the decision-making processes of Work Programme providers, and thereby influences service delivery and participant outcomes. Findings from the commissioning research undertaken in 2012, which comprised a provider survey and interviews with DWP and Jobcentre Plus staff, unsuccessful bidders, non-bidders and providers leaving supply chains as well as prime providers and sub-contractors, were reported in Lane et al, (2013).

The commissioning research has continued through into 2014, including two further online surveys, and interviews with the same range of providers, and is reported in the companion report published alongside this one (Foster et al., 2014).

## 2.3 Programme delivery evaluation

The evaluation of Work Programme delivery involves research with both providers and participants. The black box model means that DWP has little information about

the services that providers deliver to participants, so exploring the type and nature of the services delivered is a key aspect of this element of the evaluation.

### **2.3.1 Provider research**

The provider research aims to identify the services provided and the factors shaping their nature, which may vary between providers according to local conditions, participant types served and provider preference. The research includes:

- observational research (Jan/Feb 2012) examining key interventions and interactions between participants and advisory staff from four prime providers;
- qualitative research with Jobcentre Plus staff and provider managers and advisers covering 11 prime providers across six contract package areas (spring/summer 2012);
- further qualitative research with Jobcentre Plus staff and provider managers and advisers in six contract package areas in summer 2013;
- three national online surveys of Work Programme providers (summer 2012, 2013 and 2014).

Findings from the first two of these elements (observational research, first wave of qualitative research with providers) were reported in Newton et al, 2012, and the remaining provider research (qualitative and quantitative) is reported with the commissioning research in the provider-focused report published alongside the present report (Foster et al., 2014).

### **2.3.2 Participant research**

Research with participants explored their end-to-end experience of the programme and their views on services received, the relevance and helpfulness of services, and outcomes from the programme as a whole. This element looked beyond immediate job outcomes, to examine whether and how providers support participants to stay in employment, and work with employers to facilitate this.

In summer/autumn 2012 a national telephone survey that was representative of those joining the programme at that time was conducted with over 4,700 participants between six and nine months into their Work Programme journey; a follow-up survey of over 1,800 of the same participants was conducted in early 2014 when respondents had completed the two-year programme period. Findings from both surveys are included in this report. Methodological details, including the survey tools, are provided in an accompanying technical report.

The survey was complemented by a qualitative participant study, employing a mixed cross-sectional, longitudinal panel design. This comprised four waves of in-depth interviews with participants in spring 2012, autumn 2012, spring 2013, and autumn 2013. The research drew samples of participants aligned to the participant journey, as shown in Table 2.1 below. It also included targeted research with homeless participants receiving support from Work Programme providers. A key to the stages of the participant journey is provided below the table.

**Table 2.1: Qualitative participant samples**

Fieldwork period	Participant journey									
	Stage 1		Stage 2			Stage 3	Stage 3a	Stage 4		Stage 5
W1 Feb-Mar 2012	30		30			30				
W2 Sep-Oct 2012	30	18	30	30	15	30		40		
W3 Feb-Mar 2013			30	16				30	30	40
W4 Sept Oct 2013							7	30	14	
Key:										
Panel interviews – Panel 1										
Panel interviews – Panel 2										
Panel interviews – Panel 3 (Homeless sample)										
Cross-sectional interviews										
Panel interviews – Panel 4 (ESA claimants)										

**Key: description of stages**

- Stage 1 – initial engagement with a Work Programme prime provider
- Stage 2 – during pre-employment engagement with a prime provider or subcontractor
- Stage 3 – job entry
- Stage 3a – ongoing support from the programme
- Stage 4 – sustained employment
- Stage 5 – end of engagement with the Work Programme.

This report includes qualitative evidence from participants at all five stages drawn from the four interview waves (findings from the first wave were included in Newton et al, 2012). The accompanying technical report contains further methodological information, including topic guides used in the participant interviews.

**2.3.3 Measuring outcomes and impact**

Analysts within DWP are undertaking econometric work to estimate the net impact of the Work Programme on employment outcomes and benefit receipt. The consortium is providing advice to support this element of the evaluation, which faces significant

methodological challenges due to the absence of a clear control group or 'counterfactual' against which to compare participants' outcomes.

In addition, the consortium is undertaking a separate piece of econometric analysis, exploiting the opportunities offered by the random allocation of participants to the prime providers operating in each contract package area, drawing on administrative data and data generated by other strands of the evaluation to identify the factors associated with variations in provider effectiveness, asking:

- which prime provider characteristics (e.g. supply chain composition, whether for profit or not-for-profit) tend to lead to better performance;
- which participant groups appear to benefit most; and
- how strongly area characteristics (e.g. labour market conditions) influence delivery and performance.

### **2.3.4 Locating the evaluation within existing evidence**

The DWP and evaluation consortium agreed that the evaluation findings should be located within the international evidence base on active labour market programmes (ALMPs), both within the UK and, where relevant, overseas. To do this systematically an 'evidence review group' (ERG) was established. This group involved participants from all organisations in the evaluation consortium, supplemented with additional key experts including from DWP itself. The group facilitated a peer-based discussion and review process for UK and international evidence, to situate the Work Programme evaluation findings in the context of wider evidence and highlight differences and similarities between what is coming out of the Work Programme evaluation, and that corpus of earlier knowledge and experience.

The activities of the ERG included:

- Ongoing review of findings emerging from the evaluation, in particular, contributing to the development of the evaluation synthesis report.
- Ongoing review of evidence and data from previous UK and international research on ALMP interventions for relevant client groups and evidence on the underlying commissioning and funding regimes.

## 3 Work programme participants: their labour market background and personal characteristics

Later sections of this report describe what happens to participants in the Work Programme. Before this, the current chapter draws on the first wave of the representative telephone survey of Work Programme participants<sup>22</sup> to outline their key personal and other characteristics, as well as what is known of their (work) history prior to their period of worklessness and engagement with the programme.

### 3.1 Personal characteristics

Nearly two thirds (65%) of the Work Programme participant survey sample were male. Nearly a third (30%) were under 25 years old (Table 3.1), and just over half the sample were under 35. Only 7% were 55 or older<sup>23</sup>. Just over a quarter of participants reported a physical or mental health condition or illness lasting, or expected to last, for six months or more (Table 3.3), and most of these (over 80%) had conditions lasting or expected to last for a year or more (the latter accounted for 22% of the total sample of participants). Of those with conditions lasting or expected to last 12 months or more, 42% had one or more musculo-skeletal conditions or physical injuries, 37% had one or more mental health conditions, and 37% had one or more chronic, systemic or progressive conditions (table 3.4). Other kinds of health conditions and disabilities were much less common.

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<sup>22</sup>A sample of 4,715 Work Programme participants who had entered the programme between January and March 2012 was interviewed between July and November 2012, the aim being to catch people at around 6-9 months after entry to the programme. Some smaller Work Programme payment groups were deliberately over-sampled in the survey, but data presented here have been reweighted to be representative of the overall WP participant population, and have also been weighted (by age, sex and ethnic origin) to control for any response bias. Full details are given in the accompanying technical report.

<sup>23</sup> These (gender and age) characteristics reflect the population of new entrants to the programme in early 2012, as the sample was constructed to be representative of this population at the time of the survey.

**Table 3.1: Age distribution of WP participants in survey**

<b>Age</b>	<b>%</b>
18-24	30.2
25-34	21.9
35-44	21.7
45-54	19.0
55-59	5.9
60+	1.3
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

Four in five participants described themselves as white, 9% as black and 6% as Asian (Table 3.2).

**Table 3.2: Ethnic origin of WP participants in survey**

<b>Ethnicity</b>	<b>%</b>
White	80.2
Black	8.6
Asian	6.0
Other	2.4
Mixed	1.1
Don't Know	0.4
Refused	1.2
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

**Table 3.3: Health conditions among WP participants in survey**

	<b>Physical or mental health conditions lasting 6 months or more</b> %	<b>Physical or mental health conditions lasting 12 months or more</b> %
Yes	26.4	84.3
No	72.2	6.0
Don't know	1.0	9.7
Refused	0.4	0.0
<b>Total</b>	100.0	100.0
	<i>Unweighted base: 4,715 (all respondents)</i>	<i>Unweighted base: 2,018 (All respondents with a physical or mental health condition lasting 6 months or more)</i>

Source: First wave participant telephone survey, 2012

**Table 3.4: Type of health condition/disability**

	<b>Health condition/disability lasting 6m+</b> %	<b>Health condition/disability lasting 12m+</b> %
Mental health conditions	40.1	36.9
Learning difficulties	5.1	5.8
Musculo-skeletal conditions/physical injury	35.7	37.1
Sensory impairments	4.6	5.0
Chronic/systemic/progressive conditions	38.5	41.8
Problems with drugs or alcohol	1.9	1.6
Other conditions or disabilities	10.1	10.2
<i>Unweighted base</i>	<i>2,018</i>	<i>1,748</i>

*Note: %s sum to more than 100%, as respondents could indicate more than one condition.*

*Source: First wave participant telephone survey, 2012*

The data were also broken down according to whether participants had one particular health condition or disability or whether they experienced an interaction between multiple conditions. This showed (Table A.0.1 in Appendix 1) that just under half of those participants with a health condition or disability (lasting for 12 months or longer)

reported more than one condition, and close to a fifth (19%) reported three or more conditions interacting.

Table A.0.2 (Appendix 1) gives more detail on the nature of health conditions and disabilities, and the most common condition was depression (reported by 28% of those with a condition lasting 12 months or more), followed by problems with the neck or back (18%), stress (14%) and problems with legs or feet (13%).

Respondents reporting a health condition or disability were asked about its impact on their daily lives and their ability to find work (Table A.0.3 in Appendix 1). Nearly three quarters reported that it reduced their ability to carry out day-to-day activities (a little or a lot), and just under two thirds that it made it difficult for them to find work.

As Table A.0.4 (Appendix 1) shows, while there is an association between a participant reporting a health condition or disability and their Work Programme payment group, it is by no means a perfect relationship. Disabled people and people with health conditions were more likely to be found in the ESA and related payment groups, and less likely to be found in the JSA groups, but there were significant minorities of disabled participants in payment groups 1-3 and similarly significant minorities of non-disabled participants in payment groups 4-8.

## 3.2 Qualifications

Participants in the survey were asked about their highest level of qualification (Table 3.5)<sup>24</sup>. This was a population with low average qualifications, a quarter having no qualifications at all, and only 10% educated to level 4 (degree level) or higher. It should, however, be noted that there was a high level of non-response to this question, with a fifth not able to provide the information requested.

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<sup>24</sup>The analysis uses standard definitions of qualifications levels, see here: <http://ofqual.gov.uk/qualifications-and-assessments/qualification-frameworks/levels-of-qualifications/>

**Table 3.5: Qualification levels of WP participants**

Highest qualification level	%
No qualifications	25.3
Below Level 2	10.9
Level 2	22.3
Level 3	10.6
Level 4 and above	10.3
Not answered/don't know	20.6
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

Table A.0.5 in Appendix 1 shows major differences in the average qualification levels of participants in the different Work Programme participant groups. In particular, the three main JSA payment groups (PGs 1-3) contain smaller proportions of participants with no or low qualifications and larger proportions with higher qualifications than the payment groups containing participants claiming Employment Support Allowance (ESA) or Incapacity Benefit (IB). In part this reflected the fact that payment groups 1-3 contain higher proportions of younger people and middle-aged people than other groups (younger people are more likely to have formal qualifications than their older counterparts). In part it was likely also to reflect the fact that, as shown in wider population data (e.g. the Labour Force Survey) disabled people (concentrated in the ESA/IB payment groups) generally have lower qualification levels than non-disabled people (this is itself partly, but not entirely, also an age effect).

### **3.3 Family, caring, household and housing circumstances**

Over two-thirds of participants (69%) were single at the time of the first survey (Table 3.6), while only 17% were married or cohabiting.

**Table 3.6: Family/household status of WP participants**

<b>Household status</b>	<b>%</b>
Single (or engaged but not living with a partner as a couple)	69.2
Married or in a Civil Partnership	9.7
Divorced	8.0
Living with partner (cohabiting)	7.1
Separated	4.1
Widowed	0.8
Refused	0.6
Don't Know	0.5
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4715*

*Source: First wave participant telephone survey, 2012*

A fifth (22%) had responsibility for children under 16 who lived with them (Table 3.7), and just over half of these had two or more children (Table A.0.6, Appendix 1) and in just over a third of these cases, the youngest child was five or under (Table A.0.7, Appendix 1). Table 3.7 also shows that, of those with dependent children under 16, over half (58%, or 13% of all participants) were single parents.

**Table 3.7: Children under 16**

<b>Do you have children under 16 living with you who you are responsible for looking after?</b>	<b>%</b>	<b>Unweighted base</b>
Yes	22.4	965
<i>of which...</i>		
<i>Married or living with a partner</i>	9.3	
<i>Single</i>	13.0	
<i>Detailed household status unknown</i>	0.1	
No	77.5	3,745
Refused	0.1	5
<b>Total</b>	<b>100</b>	<b>4,715</b>

*Source: First wave participant telephone survey, 2012*

Just over one in ten participants provided care to a sick, disabled or elderly adult (Table 3.8), but nearly two thirds of these reported that caring responsibilities did not limit their availability to work, or the kind of work they could undertake (Table 3.9).

**Table 3.8: Caring responsibilities**

<b>Do you provide care to anyone who is sick, disabled or elderly?</b>	<b>%</b>
Yes	10.6
No	89.2
Refused	0.2
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

**Table 3.9: Employment impact of caring responsibilities**

<b>Whether care provided limits employment opportunities</b>	<b>%</b>
Limits availability to work	29.1
Limits types of work can do	14.8
Does not limit availability to work or type of work	61.0
Don't know	3.0
<b>Total</b>	<b>100.0</b>

*Unweighted base: 499 (All respondents with a non-professional caring role for another adult)*

*Source: First wave participant telephone survey, 2012*

Turning to housing tenure (Table 3.10), most participants (60%) rented accommodation (a third of these renting privately), a further 28% lived with friends or relatives, and 9% were home owners. Around 1% were homeless or living in a hostel.

**Table 3.10: Housing tenure**

<b>Accommodation status</b>	<b>%</b>
Living with friends/relatives	28.1
Rented from a council or local authority	25.1
Rented privately	21.2
Rented from a Housing Association	13.3
Being bought on a mortgage/bank loan	5.3
Owned outright	3.8
Living in a hostel	0.6
Homeless / no fixed abode / sleeping rough	0.5
Other	0.4
Shared ownership where pay part rent and part mortgage	0.3
Caravan	0.1
Provided by the employer / comes with the job	0.1
Sheltered / supported housing	0.1
Don't Know	0.5
Refused	0.6
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

### **3.4 Participants' labour market background and circumstances**

Most participants had been in work at some point before their referral to the Work Programme (Table 3.11). Two thirds had been out of work for at least a year before referral, but only one in six had spent five or more years out of work. A tenth (12%) had never been in paid work.

**Table 3.11: Time since last paid employment on referral to WP**

<b>Time since last in employment</b>	<b>%</b>
Never been in paid work	12.2
Less than one month before referral	0.8
At least one month, but less than three months before referral	1.8
At least three months, but less than six months before referral	2.8
At least six months, but less than nine months before referral	5.3
At least nine months, but less than twelve months before referral	4.5
At least one year, but less than two years before referral	25.2
At least two years, but less than five years before referral	24.6
At least five years but less than ten years before referral	8.9
More than ten years before referral	7.5
Don't know/can't remember	6.5
<b>Total</b>	<b>100.0</b>

*Unweighted base 4,715*

*Source: First wave participant telephone survey, 2012*

Table 3.12 shows that there was a big difference between participants in the different Work Programme payment groups in this respect. In particular participants with the longest durations of worklessness prior to joining the Work Programme were concentrated in the various ESA/IB categories.

The most common reason for the end of their last job (Table A.0.8 in Appendix 1) was the completion of a temporary contract (which applied to 24% of respondents who had previously been in work).

**Table 3.12: Work Programme Payment Groups by time since last paid employment on referral to WP**

<i>Row percentages</i>	<b>Years since last employment</b>						<i>Unweighted base</i>
	<b>Payment Group</b>	Never	< 1	1 and <2	2 and < 5	5+	
1: JSA 18-24	20.7	27.4	27.5	14.4	2.0	8.0	821
2: JSA 25+	4.7	12.2	32.0	25.7	20.3	5.0	1,276
3: JSA early access	19.6	13.6	16.5	28.8	14.0	7.5	844
4: JSA ex-IB	5.9	8.8	11.8	23.5	44.1	5.9	321
5: ESA Volunteers	5.8	7.4	11.6	29.8	40.5	5.0	421
6: New ESA claimants	8.1	11.4	22.5	30.3	21.0	6.6	741
7: ESA Ex-IB	8.5	0.0	1.7	15.3	66.1	8.5	210
8: IB/IS	11.1	0.0	0.0	33.3	44.4	11.1	81

*Source: First wave participant telephone survey, 2012*

Respondents were asked to think about the time just before their referral to the Work Programme, and to identify the main difficulties they faced in finding work at that time (Table A.0.9 in Appendix 1). Participants mentioned a wide range of difficulties they faced in finding work, but the most commonly-cited were a lack of jobs in the local area (21%), lack of work experience (15%) and health problems (13%).

### 3.5 Summary

This chapter uses the data from the representative, national survey of participants who entered the programme in early 2012 (interviewed between summer and autumn 2012) to describe the characteristics of Work Programme participants at that time. Two-thirds were male, three-quarters were aged under 45, and four-fifths were white. A quarter had a physical or mental health condition that would affect them for at least six months and most of these predicted their health condition would last for a year or more. Chronic, systemic, or progressive conditions were most frequently reported, closely followed by musculo-skeletal conditions or physical injuries, and mental health conditions.

A third of participants had qualifications at Levels 2 or 3, a quarter had no qualifications, while a tenth were qualified to below Level 2 or to Level 4 or above respectively.

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Seven in ten were single at the time of the survey, and a fifth had responsibility for children under the age of 16. Six in ten lived in rented accommodation, and fewer than one in ten were home owners. A very small group (around 1%) were homeless or living in a hostel.

Just over a tenth had never been in paid work and two-thirds had been out of work for at least a year. The most common reason for previous jobs ending was the completion of a temporary contract.

Participants reported that they faced a wide range of difficulties in finding work. Most commonly, they perceived a lack of jobs in the local labour market. However, a lack of work experience and health issues or disabilities were reported as the second and third most common barriers.

## Part 2: Programme delivery

The chapters in this second part of the report look in more detail at the operation of the Work Programme, following participants through different stages of their engagement with the programme, to explore:

- their referral to and entry into the programme (Chapter 4);
- the pre-work support offered to them by Work Programme providers (Chapter 5);
- for those participants who find and enter work during their time on the programme, the in-work support provided under the programme and its implications for job-retention and progression (Chapter 6).

## 4 Referral and entry to the Work Programme

This chapter focuses on early stages of engagement with the Work Programme. It explores the referral of claimants to Work Programme providers by Jobcentre Plus, the information they are given about the process, and how long they wait before starting the programme. The first telephone survey which gathered the experiences of participants some six to nine months after joining the programme is a key source of evidence on these themes. The two waves of participant qualitative research which focused on programme entry (the first of which was reported in Newton et al, 2012) also contribute to this analysis.

### 4.1 Pre-programme information sessions

#### 4.1.1 Most participants attend an information session

Six in ten (60%) respondents to the first telephone survey reported attending an information session of some sort before starting the Work Programme (Table 4.1). Attendance at these sessions did not vary significantly according to participants' gender, age, ethnicity or health/disability status. There were, however, some significant differences by qualification level (Table A.0.10, Appendix 1), and those with the highest levels of qualification were slightly less likely to attend a session than those who were less-qualified.

JSA claimants interviewed as part of the qualitative research noted that they were told about the Work Programme by Jobcentre Plus advisers. Some recalled Jobcentre Plus staff telling them that under the rules, people who had been claiming benefits for a specified length of time had to move to the Work Programme.

Others recalled explanations that the Work Programme could offer a range of assistance including training courses, help with CVs and job search.

Views among ESA claimants were a little more varied, particularly regarding the emphasis on an immediate return to work<sup>25</sup>. For example, some said their Jobcentre

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<sup>25</sup> Internal DWP guidance relating to ESA claimants states that: Jobcentre Plus advisers should inform claimants that providers will discuss and work with the claimant to determine what help they need to find work (dependant on their circumstances and needs); provide them with the support needed to improve their chances of obtaining work when they are able to; and that claimants must make the most of the support offered.

Plus adviser had indicated that the Work Programme provider could offer them more help and support than the Jobcentre and any emphasis on an immediate return to work was downplayed. In contrast, other participants claiming ESA said that they were told by their Jobcentre Plus adviser that they would be under increased pressure to find work.

The survey showed that the majority of those attending an information session (84%) found it 'very' or 'fairly' useful (Table 4.2). Accordingly, the qualitative research indicated that many participants had gained a sufficient or good understanding about the Work Programme although some stated that only limited information had been supplied by Jobcentre Plus. It was apparent from the responses of this latter group that a lack of information could lead to nervousness and apprehension about what would happen when they started on the programme.

**Table 4.1: Information sessions for new participants**

<b>Did you attend an information session before starting WP?</b>	<b>%</b>
Yes	59.7
No	29.2
Don't know	11.1
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

**Table 4.2: Value of information sessions to WP participants**

<b>Was the information session...?</b>	<b>%</b>
Very useful	45.0
Fairly useful	39.1
Not very useful	7.4
Not at all useful	5.4
Not sure/can't remember	3.0
<b>Total</b>	<b>100.0</b>

*Unweighted Base: 2,799*

*All who attended an information session*

*Source: First wave participant telephone survey, 2012*

## 4.1.2 Understanding still relatively high among those who do not attend a session

Respondents to the first survey who reported that they had not attended an information session were asked whether, from the information provided to them by Jobcentre Plus advisers, they had understood the types of support available on the Work Programme (Table 4.3). Of this group, 38% stated that they ‘understood completely’ the support that would be available and 35% understood ‘to some extent’.

**Table 4.3: Information provided to WP participants who did not attend information sessions**

<b>From the information provided by Jobcentre Plus, did you understand the types of support you could receive on WP?</b>	<b>%</b>
Yes - understood completely	38.2
Yes - understood to some extent	35.0
No - didn't understand at all	21.1
Not sure/can't remember	5.8
<b>Total</b>	<b>100.0</b>

*Unweighted base: 1,916*

*All who had not attended an information session*

*Source: First wave participant telephone survey, 2012*

## 4.2 Waiting time before starting on the programme

Participants were asked in the first survey how much time had elapsed between being referred to the Work Programme (or, in the case of voluntary participants, their telling Jobcentre Plus that they wanted to participate) and their actual start on the programme (known as ‘attachment’ to the programme) (Table 4.4). For most respondents (57%) attachment took less than three weeks.

**Table 4.4: Waiting times for attachment to the Programme**

<b>How long between telling Jobcentre that you wanted to take part in WP and actually starting?</b>	<b>%</b>
Less than a week	12.0
At least 1 but less than 2 weeks	23.9
At least 2 but less than 3 weeks	21.1
At least 3 but less than 4 weeks	8.7
4 weeks or more	14.8
Don't know/can't remember	19.6
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

The survey showed significant variation in reported waiting times between prime providers. Thus, looking at the proportion of participants who waited less than a week before starting the programme, this varied at prime provider level between a high of 24% and a low of 7%. Similarly, the proportion of participants who had to wait four weeks or more before starting varied between 9% and 24% between prime providers.

The survey also showed significant variation in attachment waiting times by Jobcentre Plus district, with the best-performing district recording 8% of participants waiting four weeks or more, and the worst recording 29% of participants waiting this long.

Some participant characteristics were also significantly associated with variations in waiting times. In particular, disabled people or those with a health condition (Table A.0.11), older participants (Table A.0.12) and those with the highest qualification levels (Table A.0.13) reported having to wait longer to start on the Work Programme. There were no significant differences in reported waiting times by gender or ethnicity. These patterns were broadly confirmed in the multivariate analysis (Appendix 1, Table A.0.107); the main difference was that the qualification variable was no longer significant once other factors were controlled for, and the main influences appeared to be age and health status (ethnicity, gender and local area deprivation were also not significant in the multivariate model).

### **4.3 Why participants join the programme**

Participants interviewed for the first survey were asked to indicate the reason (or reasons) they joined the Work Programme, although it must be remembered that a large proportion were mandated (or required) to join. While a wide range of reasons were cited (Table A.0.14 in Appendix 1), two broad types of response dominated. One reflected 'push' motivations: i.e. that the participant was told by Jobcentre Plus

that they had no choice in the matter – 47% of respondents were told by the Jobcentre that they had to join, or felt under pressure to join the programme (6%). The other, only slightly less common, reflected ‘pull’ motivations: 31% said it was because they were keen to find work, 9% thought that the range of support offered by the programme sounded good, and 4% felt that the support offered by the Work Programme provider was better than that available through Jobcentre Plus. Some participants cited both push and pull factors.

Table A.0.15 analyses the percentage of respondents who reported that they were told to join the Work Programme by Jobcentre Plus, according to their ‘opportunity type’ (i.e. this is a more detailed breakdown of the payment groups set out in Table 1.1 above, highlighting the mandatory or voluntary nature of participation for each category of participant). While for some groups the numbers involved were too small to draw clear conclusions, it was striking that relatively small proportions in some mandatory groups reported that Jobcentre Plus told them they had to join the Work Programme (e.g. just 38% of JSA claimants not in employment, education or training). At the same time a significant proportion reported this in some of the supposedly voluntary groups (20% or more of ESA participants in some of the Work-Related Activity ‘voluntary’ groups<sup>26</sup>). This may raise some questions about the effectiveness of the messages which were given to (potential) participants by Jobcentre Plus on whether participation is compulsory or a matter of individual preference.

In the first survey, participants were asked whether and to what extent, from the information provided by Jobcentre Plus advisers prior to referral, they understood: a) why they were being referred to the programme; b) when and where they needed to go to be able to start on the programme; and c) what would happen if they failed to attend. Notwithstanding the inaccuracy of some participants’ understanding of the compulsory/voluntary nature of participation the majority at least believed that they had been given a fairly good understanding of these matters prior to referral (Table 4.5). Thus 59% claimed to ‘understand completely’ why they had been referred to the Work Programme, 79% ‘understood completely’ where and when they had to go for their referral and 87% ‘understood completely’ what would happen if they failed to attend.

It is, however, notable that participants’ (self-reported) understanding of the reasons for their referral to the programme was considerably lower than their degree of understanding about the practical aspects of referral, and the implications of non-compliance. This suggests that Jobcentre Plus and/or providers were doing a better job of explaining to participants what they needed to do and what would happen if they did not co-operate, than they were in conveying how the programme would help the participants.

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<sup>26</sup> It should be noted that once an ESA participant in one of these groups has volunteered to join the Work Programme, their participation becomes mandatory.

**Table 4.5: Prior understanding of Work Programme**

	<b>Understood why referred to WP?</b> %	<b>Understood when and where to go to start WP?</b> %	<b>Understood what would happen if failed to attend?</b> %
Understood completely	58.9	78.8	87.4
Understood to some extent	25.5	14.7	7.6
Didn't understand at all	11.4	4.1	3.0
Not sure/don't know/ can't remember	4.2	2.3	2.0
<b>Total</b>	100.0	100.0	100.0
<i>Unweighted base</i>	4,715	4,715	4,715

*Source: First wave participant telephone survey, 2012*

Additionally, there was a clear and statistically significant relationship between participants' waiting times to join the programme and their understanding of why they were joining it (Table A.0.16): 16% of respondents who had had to wait four weeks or more to join the programme reported that they 'didn't understand at all' the reasons for their referral, compared with 10% of those who were referred within a week.

## 4.4 Perceptions of voluntary or mandatory participation

Participants in the 'voluntary' payment groups were asked whether they had indeed volunteered for the programme, and all other participants (i.e. in the 'mandatory' payment groups) were asked whether they had believed at the time of referral that their participation was compulsory or voluntary. Combining the two sets of responses (Table 4.6) showed that 80% of respondents believed attendance on the Work Programme to be compulsory, with different categories of participants being more or less likely to believe this. In particular:

- disabled people and those with health conditions were significantly less likely to believe that programme participation was compulsory than those without (Table A.0.17, Appendix 1);
- better-qualified respondents were significantly more likely to believe that participation was compulsory (Table A.0.18, Appendix 1);

- respondents at the older and younger ends of the age spectrum were significantly less likely to report that participation was compulsory than those in the middle age ranges (Table A.0.19, Appendix 1);
- there were no significant differences in beliefs about the programme being compulsory by gender, ethnicity or caring responsibilities.

**Table 4.6: Participants’ understanding of whether participation was compulsory or voluntary**

<b>Attendance on WP was...</b>	<b>%</b>
Compulsory	79.5
Voluntary	9.6
It was not clear	10.1
Not stated	0.7
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

Finally (and reinforcing the picture given by Table A.0.15, discussed above) when distinguishing participants in mandatory payment groups from those whose participation was voluntary, it is of interest to note that eight in ten participants in mandatory payment groups perceived that their participation in the programme was compulsory (see Table A.0.20 in Appendix 1). While most participants (70%) in voluntary payment groups understood that they had entered the programme voluntarily, a fifth (23%) reported that joining the programme was compulsory. This was further reinforced by the qualitative evidence from participants which suggested some confusion on this issue.

## 4.5 Summary

This chapter explores the early stages of participants’ engagement with the programme. It demonstrates that six in ten recalled attending an information session of some sort and a large majority of these found the sessions useful. However, most participants who did not recall an information session still felt well informed about the programme. Overall, a picture emerged that, on being referred, participants were relatively well informed about the procedural aspects of the programme. Attachment to the programme took less than three weeks for most participants, although this varied by prime provider and Jobcentre Plus district, as well as some participant characteristics such as health/disability and age. Most participants were attached within one to two weeks, which is generally better than the DWP performance targets which aim for new referrals to be attached within 15 working days.

## Work Programme Evaluation: the participant experience report

While nearly half of the participants reported that they were required to join the programme, a substantial proportion (three in ten) also showed some intrinsic motivation on joining; such as being keen to find work.

While most participants correctly understand that programme participation was mandatory, there was some confusion on this point among a minority of participants mandated to join the programme (who thought their participation was voluntary) and a minority of those who were in voluntary participation groups (who thought they had to join).

## 5 Pre-employment support

This chapter focuses on what happens to participants during their time with Work Programme providers before any entry to employment. It covers assessment, action planning and the relationship between personal advisers and individual participants. It then reviews the kinds of pre-employment support and intervention which are offered to participants. In addressing these themes it draws on the quantitative survey as the primary source of evidence, supplemented with insights from the qualitative research with programme participants.

### 5.1 Initial contact with participants, role of advisers, assessment and action planning

A wealth of previous evidence from the UK and other OECD countries (e.g. Daguerre and Etherington, 2009) shows that, as the emphasis in active labour market programmes has shifted towards assisted job-search activities and a ‘work-first’ approach, so the role of the staff administering these services has changed from being largely focused on benefit administration to being a ‘personal adviser’ engaged in supporting and policing job-search activity, often on a one-to-one basis. This places a much greater emphasis on strong relationships between benefit claimants (increasingly referred to as clients, customers or participants) and advisers, with interventions being more closely tailored to their individual needs and circumstances. This explores how far Work Programme provision matches this model.

#### 5.1.1 Assessment and initial contact with providers

Early qualitative work with providers and participants (Newton et al, 2012) suggested that most participants received an individual initial assessment and this was confirmed by the evidence from the online provider surveys, reported in the provider report published alongside this one (Foster et al, 2014). Evidence from participants suggested that the form and nature of assessment varied between providers and that in some cases, an element of skills assessment was often involved along with an assessment of work-readiness and potential barriers.

Some participants provided further insights in later phases of the qualitative research, on their experiences of initial meetings and assessments. It appeared typical for participants to be invited to attend a meeting with an adviser – either individually or as part of a group – in order to understand more about the provision available as well as to discuss their own situation and needs. Many participants’ impressions of their

provider were very positive following their first meetings. Factors contributing to this included that explanations of the programme had been clear and sufficiently detailed, that the programme was perceived as having something useful to offer, that useful advice had already been received (for example, on potential employment options or how to deal with health-related gaps in a CV), that advisers acknowledged and were willing to work within participants' perceived capacity, and that the adviser had been pleasant and relaxed. Some participants who had health problems but were keen to return to work seemed particularly pleased to have this opportunity to talk to somebody in detail about their future aspirations.

However, some participants had concerns – for example:

- where an initial appointment was a group session covering terms and conditions of participation along with a maths and English assessment. Some individuals (particularly highly-skilled participants) were unclear of the value of the session, while others (particularly those with low skill levels) felt uncomfortable with the process.
- Where a participant with a disability or health condition felt that the access arrangements for initial meetings were inadequate.

Turning to early meetings, respondents to the first survey were asked for their views of the support they had received (see Table 5.1). This showed that three-quarters (74%) had completely understood when and where to go to access support i.e. procedural aspects of support; while two-thirds (66%) completely understood the nature of the support that would be available to them. Fewer (57%) were completely comfortable discussing their difficulties in finding work with their adviser. On this latter point, some 12% reported that they were not at all comfortable to discuss this information with their adviser.

Previous research has highlighted the importance of establishing a rapport with an adviser to discuss barriers to work, as a critical element of work-first approaches (see section 5.1). Positively, the early qualitative research (Newton et al, 2012) suggested that procedural elements of the Work Programme were often well communicated and the survey reinforced this view. However, four in ten participants reported that they were not completely at ease to share their barriers to work with their adviser (see Table 5.1). Exploring this further through multivariate analysis showed that disabled participants and those with a health condition were significantly more likely to report not feeling comfortable with advisers 'at all', as were men and the most highly qualified participants (Appendix 1, Table A0.101). It is difficult to know what underlies this finding, but one possible contributing factor is that not all meetings offered privacy to participants (see also Newton et al. 2012), which could limit the information that might be shared. While it is not possible to comment on whether a good rapport was established over time, the data indicated that some participants' lack of comfort to discuss their barriers posed some possible challenges to establishing trust and rapport during early experiences.

**Table 5.1: Level of support received**

	<b>Advisers helped you feel comfortable discussing difficulties faced finding work?</b>	<b>Understood information about the support available?</b>	<b>Understood when and where to go to access support?</b>
	<b>%</b>	<b>%</b>	<b>%</b>
Completely	57.2	66.4	74.0
To some extent	26.5	24.0	17.0
Not at all	12.2	6.4	5.7
Don't know	4.0	3.2	3.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>4715</i>	<i>4715</i>	<i>4715</i>

*Source: First wave participant telephone survey, 2012*

### 5.1.2 Action planning

The research literature on previous welfare-to-work programmes suggests that the use of action plans has been widespread in recent UK employment programmes. In addition, a focus on a personalised approach to advisory services for the unemployed has led to a growing use of ‘action plans’. This term typically refers to written documents listing the steps a participant/claimant should be taking to move towards employment which are often developed collaboratively between the adviser and the participant.

The early qualitative research (Newton et al, 2012) found that many participants were unaware of having an action plan (although where they were aware of it, it was common for them to value it). Further evidence from the survey (see Table 5.8) showed that just under half of participants recalled having an action plan – although this meant that half did not. This is somewhat inconsistent with evidence from provider surveys (Foster et al., 2014) suggesting that use of action planning is near to universal. However, this difference might be explained by different approaches to action planning among providers which meant that participants had lesser or greater awareness of them, and more generally limited awareness of action plans, and a lack of understanding of how the plan differed from their Jobseeker’s Agreement<sup>27</sup>.

<sup>27</sup> To receive Jobseeker’s Allowance individuals must sign up to a Jobseeker’s Agreement, which is a form of contract. It sets out the activities that they will undertake in order to find work. Individuals then meet regularly with Jobcentre Plus staff to demonstrate that they are seeking work, and to enable Jobcentre Plus to check their progress against the Jobseeker’s Agreement.

The qualitative research provided additional insights into experiences of action planning. Where participants discussed having an action plan, their views were a little mixed.

- One group described the plan as a computerised document maintained and updated by their adviser following each meeting. These did not always receive a copy of their plan. Where they did, some found it an irrelevance to their efforts to find work and others had never referred back to it, suggesting its usefulness was marginal.
- In contrast, other participants received a hard copy of their plan which was reviewed with their adviser on a regular basis and in these instances, it was said to be helpful to have a written plan in order to keep job searches focused and on track.
- A final group of participants described an action plan with targets and goals reflecting their interests and experience, and with agreed time parameters for achieving goals. These reported that the plan was helpful as it developed their confidence about getting a job, and showed how the provider would help, by detailing the actions they too would undertake. There were also examples where a change of provider could lead to an enhanced action plan. For example, a participant described how as part of being referred to a subcontractor delivering intensive employability support, she now had a detailed action plan that was regularly reviewed and updated.
- Participants in the qualitative research who were homeless (typically living in hostel accommodation) provided some insight into whether specialist support on accommodation issues formed part of action planning. Their evidence suggested that very few had even discussed their housing situation as part of early meetings, and this was their key criticism of the support they received.

### **5.1.3 Nature and frequency of ongoing contact with Work Programme advisers**

#### **Use and continuity of personal advisers**

Evidence from providers (Foster et al., 2014) highlighted that nearly all who provided an 'end-to-end' service delivered support through personal advisers, and that most aimed to ensure that participants remained with the same adviser throughout their time on the programme.

This overall pattern of advisory contact with participants was broadly confirmed by participants in the first survey who were asked (Table 5.2) about the kinds of contacts and meetings they had had with their Work Programme provider (or providers).<sup>28</sup> By far the most common form of contact was face-to-face meetings with an adviser (94%), although 55% of participants had also been involved in group support sessions, and just over half also had telephone contact with advisers. By the time of

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<sup>28</sup> Note that, at the time of interview, the vast majority of participants (82%) had had contact with only one WP provider, the prime provider (the relatively low level of referral to subcontractors at the time of the research is explored and discussed in more detail in Foster et al. (2014).

the second survey interview, unsurprisingly, all of the methods of contact were reported slightly more frequently than at wave 1, but the ranking of contact forms remained, with one exception, more or less the same. The exception was the use of contact by letter – at wave 1 just over a quarter of participants had received a letter from their provider; by wave 2 this had increased to two thirds<sup>29</sup>. The qualitative research with participants suggested that face-to-face meetings with advisers were preferred by some, including participants who had complex situations to explain. However, others preferred to keep in touch by telephone or email, typically for reasons to do with their health or the availability or cost of local transport. In these cases providers were generally happy to adapt to suit the participants preference, although some participants who preferred telephone contact also said they specifically wanted to keep contact brief because they believed the adviser had little to offer to them.

**Table 5.2: Form(s) of contact with WP providers**

	Wave 1	Wave 2
	%	%
Face-to-face with an adviser	93.7	94.8
In a group meeting involving other people looking for work	54.6	54.4
By telephone	52.3	60.6**
By email	30.2	35.1**
By letter/post	26.1	65.8**
By text	23.1	32.1**
Don't know/can't remember	1.1	0.9
Using Skype or video call	0.6	1.3**
In some other format	0.2	0.7**
No contact	0.1	0.0*
<i>Unweighted base:</i>	<i>4,715</i>	<i>1,800</i>

*Note that responses sum to more than 100%, as respondents could give more than one reason*

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01*

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

Participants in the first survey also confirmed that continuity of adviser contact was the norm: two-thirds (68%) always or almost always saw the same adviser (Table

<sup>29</sup> Note that this does not imply that letters had increasingly become the norm for a proportion of participants; it could simply reflect that the longer a participant had been on the programme the more likely they were to have received at least one letter from a provider.

5.3) and only a tenth (9%) reported seeing a different adviser each time they attended. These proportions were very similar by the time of the second survey, at which point 70% reported seeing the same adviser always or almost always, indicating a high level of adviser continuity, especially given that the second wave was following up respondents some 18 months later than the first survey. The data were analysed to see whether the pattern of contact varied with participant characteristics. While there was no variation by gender or disability/health condition, ethnic minority participants, and those who were older participants were less likely to see the same adviser each time (Table A.0.25 and Table A.0.26 in Appendix 1), at the time of the first survey. By the time of the second survey, however, there was no statistically significant variation by ethnicity, although the variation by age persisted.

**Table 5.3: Continuity of adviser contact**

<b>Contact with advisers</b>	<b>Wave 1</b>	<b>Wave 2</b>
	<b>%</b>	<b>%</b>
Always or almost always saw the same adviser	67.7	70.3*
Saw the same adviser sometimes	20.4	18.7
Saw a different adviser each time	8.8	10.0
Don't know/can't remember/not stated	3.1	1.0**
<b>Total</b>	100.0	100.0
<i>Unweighted base: (All who had seen an adviser more than once)</i>	<i>3,557</i>	<i>1,846</i>

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave 2012 and second wave 2014)*

Multivariate analysis was used to investigate this further (see Appendix 1, Table A.0.99). This was able to control for whether the participant had been referred onto another organisation (which might have reduced the likelihood of adviser continuity) and whether the participant had entered employment since joining the Work Programme (those having quickly found work might have been less likely to have experienced changes in adviser). This multivariate analysis confirmed that participants from an ethnic minority background were significantly more likely to report seeing the same adviser ‘sometimes’ (rather than ‘always or almost always’), but they were not significantly more likely to report ‘seeing a different adviser every time’. Further, controlling for other factors in the multivariate analysis, the oldest participants (50 plus) were also significantly more likely to report only ‘seeing the same adviser sometimes’. Health status, gender, qualifications and the relative deprivation of the local area had no association with the likelihood of adviser continuity. As expected, participants who had entered work since joining the Work Programme were less likely to report having seen different advisers, but being referred on to other organisations did not make a statistically significant difference to adviser continuity. As also shown in Table A.0.99, however, by the time of the second survey wave (albeit with a smaller sample of participants) most of these

effects were no longer apparent; in particular there was no statistically significant variation by ethnicity, or whether the participant had entered employment during the Work Programme. An age effect continued to be present at the second wave, however, and was even more marked – compared with 18-24 year olds, both 25-49 year olds and 50-plus year olds were more likely to have seen different advisers each time.

### **Effects of adviser continuity**

Participants who generally saw the same adviser were more positive about the support they received: 57% deemed the arrangements 'very helpful', compared with 12% of those who saw different advisers each time. A third (31%) of those who saw different advisers thought this set-up was 'not helpful at all' (Table 5.4). Reinforcing these findings, adviser continuity was identified as a positive element of provision in the qualitative research, along with the quality of support. Providing an alternative view, were some participants who said they had not built positive relationships with their advisers because of staff turnover and that this was a negative element of their experience. Where other participants had met with a series of different advisers, they often did not understand or recall why this happened. It was apparent that different support approaches had resulted from working with different advisers and there were examples where this was thought to be positive but also where it was negatively perceived (such as participants reporting that one adviser did not understand their situation as well as another).

The multivariate analysis in Appendix 1 (see Table A.0.100) explored how participants' responses to seeing multiple advisers varied with different personal characteristics, and showed that only those with higher levels of qualifications were significantly more likely to feel that seeing different advisers each time was unhelpful (although it should also be noted that this group was not statistically more likely to see multiple advisers than other groups). There was, however, no significant relationship in response to multiple advisers by ethnicity, health/disability status, age or gender.

**Table 5.4: Participants' views on how helpful adviser continuity was**

	<b>Always, or almost always, seeing same adviser was...?</b>	<b>Sometimes seeing same adviser was...?</b>	<b>Seeing a different personal adviser each time was...?</b>
	<b>%</b>	<b>%</b>	<b>%</b>
Very helpful	56.9	32.3	12.0
Helpful	32.5	44.9	36.0
Not very helpful	6.0	13.6	18.1
Not helpful at all	3.7	5.9	30.6
Don't know	1.0	3.2	3.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>2,487</i>	<i>737</i>	<i>333</i>

*Source: First wave participant telephone survey, 2012*

### Frequency of meetings

Participants were asked about the frequency of meetings<sup>30</sup> at both the first and second waves – and there are significant differences between the two waves. For example:

- whilst both waves show a wide range of frequencies of adviser contact, in the second wave over half of participants had fortnightly meetings, whereas in the first wave participants were being seen less often (just over a quarter had been seen 11 or more times in the first 6-9 months)
- multivariate analysis showed no significant difference in frequency of contact for different sub-groups at the two year point aside from older participants who reported lower frequency of contact

Turning to the separate findings from the two waves, respondents to the first participant survey were asked about the number of times they had met with a Work Programme adviser since starting the programme (between six and nine months

<sup>30</sup> Slightly different questions were asked in the two waves. At the first wave, participants were asked how many times they had met with an adviser so far (6-9 months into their participation); at the second wave (two years after starting on the programme), some participants would have had too many meetings to remember the total accurately, so they were asked instead how often they had met an adviser on average during their participation (weekly, fortnightly etc).

previously). The data showed that just over half (54%) had met with an adviser ten or fewer times, so meeting perhaps every four weeks or so; although half of this group (24% of respondents overall) had met with their adviser four or fewer times (Table 5.5) in the six to nine months of their time in the Work Programme.

**Table 5.5: Number of meetings with personal adviser**

<b>How many meetings have you had with your personal adviser?</b>	<b>%</b>
Four or fewer	23.5
Between five and ten	30.5
Eleven or more	27.3
Don't know	18.7
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

There was significant variation in the frequency of advisory contact between different participant groups, and multivariate analysis shows (see the ordered logistic regression model reported in Appendix 1 below - Table A.0.98):

- the link between participants having a health condition/disability and reporting fewer adviser meetings;
- participants with no paid employment experience since starting the Work Programme were likely to report fewer adviser meetings; and
- participants who had qualifications (other than those in the highest category and those with level 2 qualifications) appeared to be significantly more likely to report more adviser meetings than those with no qualifications;
- a link between participants' ethnicity and reporting fewer adviser meetings - although this may partly reflect the geographical concentration of ethnic minority groups and variation in provider practice between different areas of the country;
- unsurprisingly, those who had been in paid employment since starting the Work Programme reported significantly fewer adviser meetings<sup>31</sup>.

At the second wave of the survey, participants were asked to indicate roughly how often they had met with an adviser, on average, during the course of their participation. As Table 5.6 shows there was a fairly wide range of experience in this respect, but 60% reported that their adviser contact was once a fortnight or more often than that. This is consistent with survey evidence from providers (Foster et al, 2014) suggesting that fortnightly meetings were most common.

<sup>31</sup> Some caution should be exercised in interpreting the coefficient on this variable, since it is also possible that causality goes in both directions – on the one hand those who enter work quickly have less time to experience a large number of adviser meetings as part of their pre-work support; on the other hand, the larger the number of meetings an individual receives in their initial period on the programme, the more likely they may be to enter work quickly.

**Table 5.6: Frequency of meetings with personal adviser**

<b>Since starting the programme, approximately how often have you had contact with your personal adviser?</b>	<b>%</b>
Only once	1.5
Less often than every two months	3.2
Once every two months	3.3
Once every month	18.1
Once every three weeks	4.0
Once a fortnight	34.4
Once a week	19.8
More often than once a week	5.8
Varies a lot/not possible to say	7.1
Don't know/can't remember	3.0
<b>Total</b>	<b>100.0</b>

*Unweighted base: 1,880*

*Source: Second wave participant telephone survey, 2014*

Looking at how meeting frequency varied with personal characteristics the multivariate analysis of the wave 2 data shows much less variation than at wave 1 (Table A.0.98). In particular, the only significant variations were by age, location and whether participants had found work while on the programme. Thus older participants were less likely to have frequent meetings than their younger counterparts, and those in the least deprived local labour markets were also likely to be seen less often. Interestingly, although the variable for employment status during the Work Programme is statistically significant again, the effect is in the opposite direction, i.e. by the end of the second year on the programme, those who had got work at some time during their participation were likely to have been seen more often by advisers than those who had not. It is possible that this difference reflects the different question wording: at wave 1 (when we asked how many meetings participants had had), those who got work quickly had had less opportunity for multiple adviser meetings. At wave 2, by contrast, we asked how often participants had met with advisers, and it is plausible that a higher frequency of meetings in this sense, is associated with a greater chance of moving into work, although we cannot interpret causality from this, because of likely selection effects).

The qualitative research with participants provided some insight into participants' views about different meeting frequencies. For example, individuals who reported little contact during their first six months on the programme were often ESA claimants, and some of these reported that the lack of contact was appropriate since

they were not yet ready to move towards work. Others who experienced fewer meetings were nearing retirement age and had little expectation of working again. None of these had proactively approached their advisers for more support.

In contrast, regular meetings with a named adviser, every couple of weeks or so, were common among participants who were JSA claimants but there were differing perspectives on the value of these frequent meetings. Where participants had a good rapport with their adviser and even if meeting did not produce a feeling of making progress towards work, they held positive views of regular meetings; if a good working relationship had not been established, this frequency proved less satisfactory to participants.

The longitudinal panels used in qualitative research allowed meeting frequency and length to be explored over time and this showed that both aspects could vary. For example, some participants indicated that following lengthier and frequent initial meetings, with time a pattern of regular, but short reviews had been established.

**Satisfaction with adviser support**

In both waves of the survey, the majority of participants felt that the amount of contact with their adviser(s) was ‘about right’; in wave 1, 7% thought it was too much and 17% thought it was too little (Table 5.7); in wave 2 there was a slight increase to 19% of those reporting that the amount of advisory contact was ‘not enough’.

**Table 5.7: Participants’ satisfaction with frequency of advisory contact**

	Wave 1	Wave 2
Overall amount of contact with adviser was..?	%	%
Too much	7.1	6.9
About right	73.6	71.5
Not enough	16.5	19.4**
Don't know	2.9	2.3
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	<i>4,715</i>	<i>1,880</i>

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: Participant telephone survey (first wave 2012 and second wave 2014)*

**Drivers and consequences of satisfaction levels arising from early contact**

Findings from the qualitative interviews confirmed a picture that emerged from the early qualitative research (see Newton et al, 2012) about the impact that early relationships could have on ongoing experiences:

- initial meetings with the provider were important influences on participant’s readiness to engage with support and advice;
- strongly negative views resulting from initial meetings could be hard to shift;

- advisers' personal manner and reliability were positive influences on participant's readiness to engage;
- support and help from an adviser, along with employability training and help with job search could be instrumental in participant's success in securing jobs; and
- bad experiences and disappointments strained relationships with advisers could lead to disengagement from formal support.

## 5.2 Nature of provision: work-first, human capital and other approaches

International research literature on labour market programmes distinguishes, in particular between “work-first” based approaches and “human capital” based approaches<sup>32</sup>, and records an ongoing shift in the UK and many other OECD countries towards the former and away from the latter, in line with a growing body of evidence suggesting greater impact and cost-effectiveness of the work-first approach compared with training and other human capital interventions<sup>33</sup>.

### Types of support offered by providers

Unsurprisingly, given previous evidence on ‘what works’, the early qualitative evidence suggested that the Work Programme followed the dominant recent UK approach, with an emphasis on work-first type interventions. There was no suggestion in early evaluation messages that the freedom to innovate implicit in the black box model (see Chapter 1) had led to any significant deviation from this approach.

Thus the qualitative research with participants showed that support was skewed towards job-search related activities: CV preparation, compiling job applications, interview training etc. with little evidence of other models, such as human capital-based or targeted approaches addressing the range of the direct and indirect barriers to work that participants, particularly the hardest-to-help, might exhibit.

The picture painted by the early qualitative fieldwork was strongly reinforced by the first survey (and the further research with providers similarly indicated that provision is primarily work-first in nature: see Foster et al 2014). Responses to the first participant survey showed that the most common type of Work Programme support, received by 64% of respondents, was help with CVs, job applications and interview techniques. Half (49%) recalled drawing up an action plan and 38% had undergone a skills assessment (Table 5.8). However, the numbers going on to receive some kind

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<sup>32</sup>In addition to these two dominant models, other approaches, including work experience, employer subsidies, direct job creation and support for entry into self-employment and intensive provision for specific disadvantaged groups are also found in many countries' portfolios of active labour market interventions, often in different combinations with each other.

<sup>33</sup>Although it should also be noted that the poorer performance of training-related interventions has often been attributed to the relatively short time scale over which evaluations are typically undertaken, with the impact of human capital support tending to build up over time.

of human capital intervention were much smaller (17% reported having been allocated to some kind of training course, while 14% reported receiving basic skills support or training). Interventions related to indirect barriers to work, such as health problems, caring responsibilities, housing issues or substance dependency were also relatively uncommon<sup>34</sup>. By the time of the second survey, approximately 18 months later, with few exceptions<sup>35</sup>, the proportion of participants who had received the various types of support had increased (Table 5.8). The largest increases were for drawing up an action plan (by the second wave, just over two thirds of participants recalled having had an action plan), having had a skills assessment (the proportion receiving this increased from 38% to 57% between waves), and having been referred to a careers adviser (the proportion reporting this nearly doubled from 18% to 35% between waves).

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<sup>34</sup> The survey asked whether participants had received different forms of support, but not about the organisation delivering that support. Hence where respondents identified that support had been received, it could have been delivered 'in-house' by their provider or through a signposting or subcontracting arrangement with another provider. Foster et al. (2014) report findings on the provider perspective on support delivery, the extent to which this was in-house, through supply chains of subcontractors, or outside those supply chains.

<sup>35</sup> In a couple of cases (help with housing issues; help/advice related to having a criminal record) the table records a small fall between waves in the proportion reporting that kind of support – this is likely to be due to some combination of recall and sampling issues.

**Table 5.8: Nature of support received by participants**

<b>Have you received any of the following...?</b>	<b>Wave 1 (%)</b>	<b>Wave 2 (%)</b>	<b>% point change between waves</b>
Help with writing a CV, job applications or interview skills	63.9	74.6	+10.7**
Drawing up an action plan	48.8	68.2	+19.4**
An assessment of your skills	38.0	56.8	+18.0**
Financial support to help cover the costs associated with looking for work (e.g. travel expenses or childcare costs)	36.3	42.4	+6.1**
A session on motivation or confidence	27.6	38.4	+10.8**
Referral to a careers adviser	18.2	35.4	+17.2**
Financial advice of some sort	17.5	23.0	+5.5**
A place on a training course	17.0	27.1	+10.1**
A work experience placement or voluntary work	14.6	19.4	+4.8**
Support or training in maths, reading, writing or English language	13.7	18.0	+4.3**
Support or advice on becoming self-employed	12.9	16.1	+3.2**
Advice or support relating to your health or a disability	12.4	16.7	+3.8**
Help with housing issues	7.7	6.9	-0.8
Help or advice related to having a criminal record	6.3	4.1	-2.2**
Help or advice in relation to looking after children or adults	4.5	7.7	+3.2**
Help with drug or alcohol problems	2.8	3.5	+0.7
Any other type of assessment, support, training or advice	1.9	1.7	-0.2
Don't know/not sure	0.2	0.2	0.0
None of these	11.7	5.5	-6.2**
<i>Unweighted base:</i>	4,715	1,880	

*Note that responses sum to more than 100%, as respondents could give more than one response*

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave 2012 and second wave 2014)*

Qualitative evidence from later stages of research with participants suggested that some training activity was taking place although it was not always clear who was leading this provision. Descriptions indicated that basic skills assessment, updating CVs, job-search, employability advice and guidance, training and work experience

could be offered. However, the majority of those taking part in the qualitative research had not been engaged in work-related activities that extended beyond job-search and there was little evidence of tailored or intensive input responding to health conditions, individual needs and circumstances<sup>36</sup>.

A breakdown of the support received by individuals in work or in sustained employment suggested the following categorisation of the support was common:

- **Employability skills**, such as help with CVs, covering letters, online applications and interview training. Views on the relevance or usefulness of this were mixed, depending on people's existing levels of knowledge and expertise.
- **Adviser assisted job search**, including identification of vacancies and submitting CVs and applications. Views varied as to whether this was a helpful or did not add anything to what the participant could accomplish without help.

Among those who were already in work (often these jobs were not full-time and as a result individuals continued to claim benefits) there was also some limited evidence of job brokerage, such as being put in touch with specialist agencies for particular sectors of work, and of vacancy sharing with advisers in order that they could manage the application in order to increase success rates.

For participants who remained unemployed the mix of provision was broadly similar and heavily focused on job search and application and proactive approaches to employers. Where training had been undertaken this typically focused on industry and other accreditations (such as CSCS<sup>37</sup> cards, first aid, food hygiene), basic skills (maths, English and IT), or employability (typically reported to be offered in-house by providers). There was also some limited evidence of participants engaging in voluntary activity (although some of this pre-dated Work Programme engagement) or work placements, which in some cases had been secured with the assistance of their providers. Overall, for all participant groups in the qualitative research there was less evidence of and therefore fewer and less consistent views about, other types of intervention received although the balance of support types described was consistent with the survey findings (see Table 5.8). More typically, participants in the qualitative research were critical of the lack of support available to them. For example, some said that they had been refused access to industry accreditations because of the cost involved. Where they understood the reasons for this, some said that providers would only pay once a firm job offer was in place, while others said that an employer would cover these costs. Others had not been offered financial support to enable them to volunteer and gain work experience (although other participants, in other areas, indicated that they had received this). Participants with professional skills often said that advisers were ill-equipped to support their job-search, since they lacked the specific industry knowledge and networks required. It is impossible to know, on the basis of the participant research, whether requests for these forms of support were reasonable or otherwise.

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<sup>36</sup> Further evidence on provider use of external provision can be found in Foster et al. (2014)

<sup>37</sup> Construction Skills Certificate Scheme

It was notable that the first participant survey also showed that only a small minority (12%) of respondents (Table 5.8) had not received any of the types of support listed. As the more detailed analysis in Appendix 1 shows, not having received any of the types of support was reported more commonly amongst women and participants with a health condition/disabled participants<sup>38</sup> (Table A.0.32), those aged 24 and under or over 45 (Table A.0.33), those with no qualifications and those with the highest level qualifications (Level 4 and above): Table A.0.34.

### **5.3 Support for participants with a health condition or disability**

Only 30% of participants with health conditions/disabilities which hindered their job-finding ability reported they had been offered support related to their health condition or disability by their Work Programme provider(s) (Table 5.9). Examples of support include being referred to a local authority funded fitness programme for disabled people, a pain management consultation, and attending a community physiotherapy class. One participant who described an improvement in their mental health said that a referral to an organisation which offered telephone counselling had been helpful.

Participants who did not get this kind of support often described complex health conditions, and did not yet feel ready to make progress towards work. In these situations, they often indicated that there was little their adviser would be able to do about their health conditions in any case, perceiving this was the remit of their medical practitioner.

*“Because of the situation, I am not actually fit for work. So there isn’t a great deal they can do other than sort of monitor how I’m doing and try and access at what point I am going to be able to be fit for work.”*  
(Female participant with health condition)

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<sup>38</sup>Note, however, that in the case of health condition/disability (Table A.0.32), the relationship is statistically significant at conventional levels in the case of people with conditions lasting six months or more (Pr=0.014), but not in the case of conditions lasting 12 months or more (Pr=0.107).

**Table 5.9: Participants not offered support, by whether health condition makes it difficult to find work**

<i>Note:</i> <i>figures not in parenthesis refer to health conditions lasting 6m+; (figures in parenthesis refer to health conditions lasting 12m+)</i>	<b>Health condition makes it difficult to find work</b> %	<b>Health condition does not make it difficult to find work</b> %	<b>Total</b> %
Not offered support related to health condition or disability	70.4 (70.6)	86.6 (85.1)	75.5 (75.3)
Offered support related to health condition or disability	29.6 (29.4)	13.4 (14.9)	24.5 (24.7)
<i>Unweighted bases (all respondents reporting a health condition or disability)</i>	<i>1,389 (1,580)</i>	<i>297 (358)</i>	<i>1,686 (1,938)</i>

*Chi-square = 30.622 (1); Pr = 0.000 (Chi-square = 29.037 (1); Pr = 0.000)*

*Source: First wave participant telephone survey, 2012*

The qualitative research showed that support for health barriers appeared to be mainly in the form of general discussion about work-readiness in light of health conditions, which was consistent with providers’ accounts of up-skilling advisers to discuss and address health barriers (see Foster et al, 2014). In some instances, participants claimed that to be able to recommend health interventions, their adviser said they needed to access their medical record.

## 5.4 Homeless participants

Whilst satisfaction with the programme for homeless individuals (1% of participants – typically staying in hostels) was similar to others, there was limited evidence of support being offered or made available to this group specific to their housing situation. Some of the homeless participants were critical of their providers for this reason, while others believed it was not the role of their provider to help.

Others in this group appreciated the financial support made available to them as they started working, for example in the form of a two-week travel pass. More generally, many held positive views of the support offered by their advisers with this engendering a desire to maintain contact where a job was found. As with other participants, the advisory relationship provided personalisation within the programme.

*“With one adviser he’s helped me a lot. He’s gone the extra mile and everything for me. I’ll definitely keep in contact with him”.*

*(Female, homeless participant in work, hostel accommodation)*

## **5.5 Participants' views on support offered and received from providers**

Participants in the first survey who reported receiving various elements of support were asked to assess the usefulness of that support in helping them to find work or in moving them closer to getting paid work.

The findings are very positive – across all elements of support, 70-80% found that support very or fairly useful and the majority of these described the support as 'very useful'. Respondents were most positive about help with CVs, applications and interviews, financial support to help look for work, support in basic skills, advice on caring responsibilities and motivation or confidence sessions with more than 50% reporting these to be very useful.

A similar question was asked at the time of the second participant survey, approximately 18 months later, and the results (Table 5.11) were very similar for most types of support, with most participants who had received that support reporting that they found it useful or very useful in helping them to find or move closer to work. The notable differences between the two waves were that the proportions finding work experience/ voluntary work and help with housing issues very useful increased; and the proportion finding skills assessments, action plans and help with drug or alcohol problems very useful decreased.

Work Programme Evaluation: the participant experience report

Table 5.10: Views on utility of different support types provided: Wave 1

Nature of support received	How useful was support in helping you to find work or moving you closer to paid work?					Unweighted base
	Very %	Fairly %	Not very %	Not at all %	Don't know %	
Skills assessment	40.4	39.6	10.4	6.6	3.0	1,661
Action plan	40.0	40.7	10.6	6.5	2.4	2,138
Help with writing CV, job applications or interview skills	56.0	30.4	7.4	4.4	1.8	2,768
Referral to careers adviser	46.3	37.6	8.6	5.7	1.8	747
Place on training course	49.5	28.5	8.2	8.0	5.9	721
A session on motivation or confidence	51.4	36.9	6.2	3.8	1.8	1,207
Support or training in maths, reading, writing or English language	53.7	28.8	8.1	4.9	4.5	597
Work experience placement or voluntary work	46.6	29.6	10.5	6.8	6.5	640
Financial support to help cover costs of looking for work	55.6	31.1	6.1	4.6	2.6	1,566
Support for becoming self-employed	41.0	36.4	10.8	7.0	4.8	540
Financial advice of some sort	46.3	36.4	8.3	6.0	3.0	812
Support relating to health or disability	46.0	35.6	7.2	6.0	5.2	880
Help or advice on looking after children or adults	52.4	35.6	2.2	3.8	6.0	185
Help with drug or alcohol problems	42.2	30.1	6.7	10.8	10.2	147
Help with housing issues	48.1	36.8	6.9	5.2	3.0	360
Help or advice related to having a criminal record	45.5	33.6	6.3	7.9	6.8	282
Other support	46.0	29.2	5.2	11.4	8.2	90

Source: First wave participant telephone survey, 2012

**Table 5.11: Views on utility of different support types provided: Wave 2**

Row percentages	How useful was support in helping you to find work or moving you closer to paid work?					<i>Unweighted base</i>
	Very %	Fairly %	Not very %	Not at all %	Don't know %	
<b>Nature of support received</b>						
Skills assessment	29.8	45.5	14.2	9.4	1.0	995
Action plan	30.8	42.1	14.2	11.7	1.2	1,206
Help with writing CV, job applications or interview skills	49.2	35.1	8.1	6.5	1.2	1,281
Referral to careers adviser	39.9	46.0	9.4	4.1	0.7	577
Place on training course	46.4	34.3	9.1	9.1	1.1	465
A session on motivation or confidence	49.0	37.9	9.4	3.5	0.2	669
Support or training in maths, reading, writing or English language	49.1	34.6	7.8	5.4	3.1	311
Work experience placement or voluntary work	52.9	28.2	9.0	6.8	3.1	321
Financial support to help cover costs of looking for work	50.8	36.2	7.9	4.5	0.8	727
Support for becoming self-employed	40.8	34.7	12.9	9.0	2.6	290
Financial advice of some sort	45.0	41.0	6.6	5.2	2.2	429
Support relating to health or disability	45.8	36.0	9.2	7.8	1.1	469
Help or advice on looking after children or adults	52.7	33.3	6.3	3.8	3.9	132
Help with drug or alcohol problems	26.6	44.0	11.6	10.7	7.2	81
Help with housing issues	52.9	34.3	3.4	6.7	2.7	132
Help or advice related to having a criminal record	42.6	31.4	9.3	14.7	2.0	75
Other support	51.9	34.5	12.1	1.5	0.0	92

*Source: Second wave participant telephone survey, 2014*

Participants in the survey who mentioned that they had faced difficulties in finding work before referral to the Work Programme (the majority, 93%, identified one or more difficulties, summarised in Table A.0.9), were asked how effective the support they had received through the Work Programme had been in helping them manage or overcome these difficulties. Once again, around two thirds gave a positive response, noting that the support had been ‘helpful’ or ‘very helpful’ in helping them to overcome barriers to work (Table 5.12).

**Table 5.12: Participants’ views on effectiveness of WP support in helping them find work**

<b>How helpful is support through Work Programme in helping you manage or overcome difficulties in finding work?</b>	<b>%</b>
Very helpful	27.0
Helpful	37.3
Not very helpful	14.0
Not helpful at all	17.5
Not sure/Don't know	4.2
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,400 (All those who mentioned difficulties in finding or returning to work)*

*Source: First wave participant telephone survey, 2012*

Additionally, respondents to the first survey were asked for an overall view, taking account of their entire Work Programme experience, on how useful they had found support received through the programme. Yet again, two thirds reported that the support offered had been ‘very’ or fairly useful in helping them find a job or move closer to work (Table 5.13). Responses were similarly positive on the sufficiency of the support received - 62% of participants reported that they had received enough support from the Work Programme to help them find work (Table 5.14).

**Table 5.13: Overall effectiveness of WP support in helping find a job or move closer to work**

<b>Overall, how useful was support received through the Work Programme in helping find a job or move closer to getting paid work?</b>	<b>%</b>
Very useful	31.4
Fairly useful	35.3
Not very useful	13.6
Not at all useful	17.1
Don't know	2.6
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

Respondents’ overall views on the effectiveness of Work Programme support in helping them to move closer to paid work (see Table 5.13) did not vary significantly by gender, ethnicity, time out of work or caring responsibilities. However, participants with health conditions/disabled participants (Table A.0.35), and those with higher levels of qualifications (Table A.0.37) tended to be less positive about the effectiveness of the support. Older respondents (Table A.0.36) also tended to be negative about the effectiveness of support. These patterns were broadly confirmed in the multivariate analysis (see Appendix 1, Table A.0.103, Table A.0.104).

As well as questions about the effectiveness of support, participants were also asked about whether they thought overall that they had received enough support to help them find work (nearly two thirds felt they had – Table 5.14). Multivariate analysis (see Appendix 1, Table A.0.104), confirmed that more highly qualified participants and those with a health condition or disabled participants were significantly more likely to feel that they had not received enough support.

**Table 5.14: Perceived adequacy of support received under WP**

<b>Do you feel you have received enough support through the Work Programme to help you find work?</b>	<b>%</b>
Yes	62.2
No	32.5
Don't know	5.3
<b>Total</b>	<b>100.0</b>

*Unweighted base: 4,715*

*Source: First wave participant telephone survey, 2012*

When the one in three participants who believed they would have benefited from more help were asked what this could be, the most common responses were more contact with their personal adviser and more effective, personalised advice and support (Table A.0.41). Disabled participants and those with health conditions were much more likely to be looking for support related specifically to medical or disability matters and they were also rather less likely than participants as a whole to wish for more meetings or contact with advisers.

The qualitative research suggested that participants who were satisfied with their experience of the programme typically attributed this to good relationships with advisers and the receipt of useful provision such as employability support, including interview techniques and assistance with CVs or using computers. However, these positive views could be undermined by infrequent contact with advisers and a lack of helpful interventions being made available. Negative views surrounded a lack of contact, a poor fit between participants’ goals and the actions suggested by advisers including feeling pressured to move too quickly towards work. Generic employability support was sometimes criticised for not taking proper account of individual circumstances. Moreover, participant views were often mixed, in that some elements of their experience were welcomed while others were criticised. For example, while some participants claimed to have gained little from their adviser meetings, they highlighted short, employability training courses as useful and vice versa.

Views of the utility of the support offered were also prone to change over time. For example, some participants described improvements in their experience of the programme resulting from referral to training provision. However, it was more common that over time, views became more negative than they had previously been, which related to expectations not having been met. This included referrals to provision that participants believed would have helped them to move into work.

Aspects of support that participants in the qualitative research highlighted that they appreciated or had benefited from included:

- Help in identifying job vacancies, with some noting that their adviser was more effective than themselves at 'sourcing' vacancies or had knowledge of vacancies that had not yet been widely advertised.
- Providers' employer contacts and brokerage capabilities, through which introductions or interviews could be arranged. Providers' knowledge of training providers and apprenticeship schemes had also been useful for some participants.
- An individualised service in which advisers paid attention to and took on board individuals' personal circumstances, preferences and aspirations. This included support that was attuned to the speed with which participants said they were able to move towards employment<sup>39</sup>.
- Encouragement and motivational support, which some found gave a boost to their motivation which had waned during their time with Jobcentre Plus or which provided further impetus to their intrinsic motivation.
- Effective advisers who were knowledgeable, positive and encouraging, readily available/accessible, and were a source of signposting or onward referral.

In contrast, where participants' views were indifferent or tended towards the negative, this appeared to stem from a belief that advisers offered little over and above their own activity and motivation to find work. This view was most prevalent among participants who wanted specialist support in some form and those who were asked to consider work which they believed was inappropriate to their health or other personal circumstances<sup>40</sup>.

## **5.6 Difference made to likelihood of finding work**

Finally, the first participant survey also looked at the sub-group of respondents who had not so far been in paid work at any time since their referral, in order to discover whether they nevertheless believed that the support received had brought them closer to work. Of this group, two in three felt that the Work Programme had made them 'a little' or 'a lot' more likely to find work and one in three felt it had had no effect on their likelihood of finding work (Table 5.15).

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<sup>39</sup> Examples included paced support for participants seeking to overcome substance misuse problems; as well as support being put on hold while participants dealt with issues associated with changes to benefits, and/or appeals to benefits decisions.

<sup>40</sup> Foster et al. (2014) report further evidence on the provider perspective on the configuration and delivery of support.

**Table 5.15: Role played by WP support in increasing the probability of finding work**

<b>Has the support received through the Work Programme...</b>	<b>%</b>
Made you a lot more likely to find work?	25.6
Made you a little more likely to find work?	36.9
Had no impact on your likelihood to find work?	33.1
Don't know	4.3
<b>Total</b>	<b>100.0</b>

*Unweighted base: 3,435 (All respondents who had not been in paid or voluntary employment at any point since referral to WP)*

*Source: First wave participant telephone survey, 2012*

The qualitative research also explored whether individuals who had not found work felt any closer to work and the labour market as a result of their time on the programme. There was a mix of views on this. Some participants said that they felt closer to finding work, although only by a small distance. These valued the support they had received from their adviser, citing good advice, useful courses and practical help which contributed to greater confidence and assertiveness. There were also some participants who said that moving nearer to work was largely due to their own efforts, and support from their family. In addition, some participants with dependent children explained that changes to their childcare commitments meant they could now consider more hours and different patterns of work than before, which meant they were now available for work that they previously could not have considered.

Other participants reported that they did not feel any closer to work since joining the Work Programme and were not hopeful of finding work. For these, there had been little change in their personal circumstances, which included ongoing health and/or literacy barriers; they continued to lack qualifications, skills or work experience; they faced significant competition for scarce jobs, and particularly jobs that fitted family responsibilities; and some lived in places where options for work were further reduced by lack of public transport and/or the expense of long journeys. Some were hopeful that they could move closer to work in the future, for example if support from advisers continued, or when personal circumstances changed, but others said that progress towards work would probably take them a long time.

Participants who were initially positive and fairly optimistic of help from the Work Programme but who did not get jobs in the first six months of their experience had very mixed opinions of any difference made. One group felt they were definitely making progress with support from their adviser and their confidence had increased. Some of these had been shortlisted for job interviews, and while unsuccessful, they felt closer to getting a job as a result. In contrast, others were disappointed; they could not see that they had made any progress and were becoming pessimistic – for

example they noted a lack of help to apply for jobs online, and increasingly felt the impact of their personal barriers related to debt, transport and age.

Participants who felt discouraged following early meetings and who had not gained work some months later were typically not feeling any more optimistic about the support available. This group all continued to look for work and some had been shortlisted for interviews, but feedback was negative and they criticised being asked to apply for inappropriate jobs; advisers' failure to see long-term value in continuing a college course; lack of appropriate support; gaining a 'bad reputation' in the providers' office; feeling pressure to explore self-employment, and fear of sanctions. Individuals who felt no closer to work, and who were even less hopeful by the second wave of qualitative interviews of ever getting permanent work were men in their fifties, who spoke of barriers of age, the general scarcity of jobs, and the competition for those jobs. Those who still felt hopeful of eventually getting a job were those who thought employment would result from their own efforts.

Finally, a small group of participants in the longitudinal samples (see section 2.3.2 – Table 2.1) said that the early meetings with an adviser made no difference to their motivations and expectations but who over time had shifted to a view that the provider had something to offer. Relationships with advisers had broken down for some younger participants, which was attributed to feeling pressure to apply for inappropriate jobs, linked to a fear of sanctions, and feeling anger and disappointment when advisers did not respond to specific requests for help.

In other cases, the rapport between adviser and participants had increased over time. For example, a participant who recognised that he faced significant barriers due to lack of confidence, experience and skills when he joined the Work Programme, spoke positively about the encouragement and understanding received from his adviser and staff at a sub-contract provider to whom he had been referred.

## 5.7 Summary

The evaluation research suggests that participants' needs were assessed by providers during early meetings, typically face-to-face but sometimes as group sessions followed by one-to-one meetings. Following early meetings, most participants understood where they needed to go to get support and most had a reasonable understanding of the support available. However, fewer reported being entirely or partly comfortable to discuss the difficulties they faced in finding work.

The research found, further, that there was limited recognition of action plans among participants. This might be because some action plans appear similar to Jobseeker's Agreements and participants do not always clearly differentiate between the two.

In the main, participants met with the same adviser throughout their pre-employment support experience although there was some variance in continuity of support by age, with older participants less likely to experience continuity. Participants reported it was helpful to see the same adviser. Most common were face-to-face meetings

with advisers. Group meetings with other participants were fairly common, as was telephone contact.

The participant survey suggested that a pattern of meeting every two weeks or so was most common. At the second wave, the frequency of meetings was similar for most groups – with the exception of older participants being seen less often, whilst in the first wave there was greater variance in the frequency of meetings reported by participants: those with health conditions/disabled people, those from an ethnic minority background, and those with low or no qualifications noted less frequent meetings.

Some participants, often ESA claimants with health conditions, said that they had not heard from their providers for some considerable time, whereas JSA claimants were more likely to talk about having frequent meetings with advisers who were flexible and could squeeze in meetings at short notice. Most participants were content with the amount of contact that they received.

Wider evidence on the nature of welfare-to-work provision suggests that a work-first approach has come to dominate. This emphasises moving people into work as quickly as possible, since any job can act as a stepping stone towards sustained employment. Human capital approaches, which might involve training to develop marketable skills, are less common. Unsurprisingly, therefore, the participant research conducted for the evaluation suggests that work-first approaches were emphasised in Work Programme delivery. The participant survey found that the majority received help with their CV, job applications and interview techniques. Few participants were referred to training, or received interventions or support related to health, housing or other personal circumstances. When asked about support they found particularly helpful, assistance with CVs, applications and interviews was most highly rated by participants.

Most participants who reported difficulties in finding work noted that the support they received had helped them to move closer to work, although older participants, those with health conditions/disabled people, and those with higher levels of qualifications, tended to be more negative about the support they received. Overall, most participants thought they were receiving enough support, although again those with a health condition/disabled people, as well as those with higher qualification levels, were less positive about this.

## 6 In-work support and progression

A key focus of the Work Programme is not only that providers aim to get participants into paid employment, but that the support should help participants remain in work. The funding model encourages this, with providers eligible for a series of extra ‘sustainment payments’, beyond an initial job outcome payment, when participants manage to sustain employment for longer periods. A key evaluation interest, therefore, lies in what actions providers take in order to help participants retain work, and what support structures they put in place for participants who move into work and, if appropriate, for their employers.

### 6.1 The purpose of, and early feedback from participants on, in-work support

While the traditional focus of active labour market and welfare-to-work programmes has simply been on moving participants into employment, in recent years policymakers have become increasingly aware of the question of employment retention, given concerns in many countries about individuals ‘churning’ between low-paid or temporary jobs, spells of unemployment and participation in government employment programmes. Employment programmes in the UK have therefore incorporated targets aimed at addressing this issue. The existing international literature, reviewed as part of this evaluation, confirms that empirical evidence on the relationship between active labour market programmes and job durations is extremely limited, although there is some evidence from previous UK interventions that continuing advisory support into employment can be effective, particularly during the early stages of employment. Flexibility of support, as well as financial support in these early stages may also help individuals sustain work. The attitudes of employers are crucial to retention and therefore engaging with employers is likely to be important.

In the early research with participants (Newton et al, 2012), there was little evidence on the extent and effectiveness of in-work support provided through the Work Programme since at that stage few participants had got jobs. Overall at that time, participants seemed to appreciate the support offered to them by providers in the early weeks of a new job, primarily in the form of telephone calls to identify problems and reassurance that help would be available if necessary.

The research also indicated that participants were often not aware of the purpose of in-work support, and the associated need on the part of providers to collect

information to support claims for outcome payments. This lack of awareness may sometimes have led to a refusal to engage with providers' in-work support offer. As a consequence, the evaluation team recommended that more detailed and earlier explanations from providers of in-work support, highlighting the benefits that it might provide, might increase participants' engagement with in-work support.

## 6.2 Being contacted about in-work support

Just over half of respondents in the first participant telephone survey who had been in employment at some point since their referral to the programme<sup>41</sup> had received in-work support, and the proportion receiving such support was very similar at the second wave survey, 18 months later (Table 6.1). This proportion did not show significant variation by the respondent's gender, age or ethnicity, their level of qualifications and whether or not they had a health problem or disability.

Respondents were, however, significantly more likely to receive in-work support in the first survey if they reported they had some form of caring responsibilities (Table A.0.42, Appendix 1); by the time of the second survey<sup>42</sup>, however, the difference between those with and without caring responsibilities had diminished and was no longer statistically significant (suggesting perhaps that there may have been some tendency among providers to prioritise those in-work with caring responsibilities for early support/contact).

**Table 6.1: In-work support offered under WP**

	Wave 1	Wave 2
Did participant have contact with WP advisers after starting work?	%	%
Yes	55.6	54.3
No	42.4	43.1
Don't know	2.0	2.6
<b>Total</b>	100.0	100.0
<i>Unweighted base (All respondents who had been in employment at some point since referral to WP)</i>	<i>895</i>	<i>690</i>

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave, 2012 and second wave, 2014)*

Unexpectedly, participants in the first survey appeared less likely to receive in-work support if they had never been in paid work previously – but were more likely to receive in-work support if they had been in work before but had spent a long period out of

<sup>41</sup> Note that the numbers and characteristics of Work Programme participants who had entered work are considered in more detail in Chapter 7 below.

<sup>42</sup> The wave 2 results, not being statistically significant, are not reported in the table.

the labour market (Table A.0.43). Once again, by the time of the second survey<sup>43</sup>, these differences were smaller and were not statistically significant (again suggesting perhaps an initial prioritisation of those with weaker labour market experience for earlier support). These patterns were confirmed by the multivariate analysis presented in Appendix 1 (Table A.0.96).

The qualitative research indicated a range of models for the provision of in-work support. Some participants who had gained work noted that in-work support calls were led by the same adviser who had provided them with pre-employment support. In other instances, a different member of provider staff made the in-work support calls and in these latter cases, the adviser leading on the in-work support could vary at each point of contact. In addition, some participants noted that they were contacted by text message rather than receiving a telephone call.

There were also some examples of more intensive in-work support. For example, a participant with several, interlocking health conditions described how her adviser had contacted the employer at application stage to discuss the participant's health conditions as the participant did not wish to do this herself. Once in work, contact had been maintained and initiated on both sides.

A final format for in-work support involved contact with employers although this appeared to be somewhat exceptional. Where this happened, there were mixed views among participants. Some were neutral about this contact with their employer while others believed their consent should have been sought before contact was established with their employer. Mostly, participants believed that providers were in touch with their employer because of their ongoing brokerage of vacancies rather than to supply in-work support.

### **6.2.1 Frequency of in-work support contact**

The first participant survey indicated that the frequency of in-work contact with advisers varied, but among those who did have this contact, nearly a third were in touch with their adviser three or four times after starting work, and for nearly a quarter their adviser was in contact five or more times (Table 6.2). By the time of the second wave of the survey, the number of contacts had, unsurprisingly increased, with nearly a third of those in work having been contacted by an adviser five or more times (Table 6.2).

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<sup>43</sup> The wave 2 results, not being statistically significant, are not reported in the table.

**Table 6.2: Frequency of in-work contact with WP advisers**

	Wave 1	Wave 2
Number of times contacted by WP adviser once in work	%	%
Once	21.7	11.4**
Twice	19.6	15.2
Three or four times	31.3	23.9**
Five or more times	23.2	32.8**
Don't know	4.2	16.7**
<b>Total</b>	100.0	100.0
<i>Unweighted base (All respondents who had had some contact with WP advisers once in employment)</i>	494	385

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave, 2012 and second wave, 2014)*

Participants in the qualitative research noted that the nature of the in-work support they received was usually in the form of telephone contact. Where they elaborated, participants said they received calls every week, or every couple of weeks, though some noted less frequent contact such as monthly calls or a call every couple of months. For some the calls appeared to have ceased. The calls were described as ‘checks’ or ‘courtesy calls’ and were perceived as intending to find out if the participant was still in work, to ask how they were getting on in their job, and to offer help if required. It appeared from the qualitative research that calls were typically brief, lasting only a few minutes. Where contact took the form of a text message this contained only a few words to confirm continued employment. Participants generally appeared content with these short calls and many did not indicate they wanted or needed anything more.

Some participants who were not receiving in-work support reported that they would have appreciated ongoing contact. Some were disappointed that their provider appeared to be no longer interested in their case.

Participants in the first survey who had received in-work support in some form, were asked about the appropriateness of the frequency of the in-work support they had received. The majority (78%) noted that the amount of support they received was about right (Table 6.3). Beyond this, very similar proportions of participants (just under and just over 10%) receiving in-work support, indicated that the frequency of contact was too much or not enough. By the time of the second wave survey, 18 months later, these proportions remained very much the same (Table 6.3), suggesting that the increase in the average number of adviser contacts reported by participants (Table 6.2), was broadly in line with their preferences.

**Table 6.3: Appropriateness of frequency of in-work contact**

	<b>Wave 1</b>	<b>Wave 2</b>
<b>Was in-work contact with WP adviser...?</b>	%	%
Too much	9.3	9.6
About right	77.5	78.0
Not enough	11.0	11.0
Don't know	2.2	1.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base: (All respondents who had had some contact with WP advisers once in employment)</i>	<i>494</i>	<i>385</i>

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave, 2012 and second wave, 2014)*

In the participant qualitative research, views about receiving these calls, and their usefulness, varied. Many participants did not mind being contacted and reported that the calls were ‘nice’ or ‘reassuring’. Some felt that it was good to know that help was there if they needed it, though others felt they were not particularly benefiting from the calls as they did not need any further help. Some noted that, because things were going fine in work, these conversations could be very brief.

After a longer period of time in work, opinions could be stronger. Some participants who had been in work for six months or more, understood the continued follow-up calls were meant to be supportive whereas others saw them as primarily a check that they were still in work, in order to contribute evidence for the providers’ sustainment payments. Where individuals perceived that the calls from their provider reflected genuine interest in their case, they appreciated them. Where calls were viewed simply as a device to trigger payments, they were also viewed as an ongoing interference.

Some participants noted that being contacted during working hours was inconvenient and that they did not answer the calls. They were aware of the calls because advisers left voicemails but did not tend to return them.

More positively, there were some participants who had used calls to ask for advice (for example, on in-work benefits or employee rights). There were also some who reported feeling confident that they could tell their provider about any problems that might arise. In some instances, although providers’ responses were generally seen as sympathetic, nothing had been done to intervene or help to resolve difficulties that participants had encountered in work and this was a source of disappointment.

Some participants who had been in employment for some time had requested ongoing support from their provider to identify other, more suitable work, while continuing in their current job. In response to their request, some said their advisers

had contacted them with suitable vacancies, while other advisers were reported not to have responded to the request.

There was also a group of participants who objected to the calls. Some of these held negative views of the pre-employment support they had received and did not attribute their entry to work to support offered through the Work Programme. For this group, in-work support calls were 'quite annoying' and participants often left the calls unanswered.

## 6.2.2 Perceived impact of in-work support

Most respondents to the participant survey who had received in-work support did not feel it made a difference to their ability to retain work (69% at wave 1 and 73% at wave 2 - Table 6.4). The minority (28% at Wave 1, 24% at Wave 2) who felt that in-work support had had a positive effect, were asked to give more information about how the support had helped, and in both waves most of these valued it as a motivational tool (Table 6.5). These perspectives appear reasonably consistent with the qualitative research reported above.

**Table 6.4: Impact of in-work support on employment retention**

	Wave 1	Wave 2
Impact of in-work support on employment retention	%	%
Positive impact	28.3	23.9
Negative impact	1.7	2.5
Made no difference	68.5	73.2
Don't know	1.5	0.4
<b>Total</b>	100.0	100.0
<i>Unweighted base: (All respondents who had in-work contact with WP advisers and who were currently still in employment)</i>	411	385

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave, 2012 and second wave, 2014)*

**Table 6.5: Nature of positive impacts of in-work support**

	Wave 1	Wave 2
Positive impacts of in-work support	%	%
Help keep you motivated	83.9	83.9
Help the employer understand some of the difficulties you faced and support you better at work	33.0	32.9
Help negotiate flexible working arrangements with your employer	28.6	34.3
Help advocate on your behalf with your employer	28.0	25.3
Help you to secure training opportunities with the employer	26.4	23.2*
Helped you identify and obtain opportunities for progression with your employer	26.2	--
Helped you increase your income	20.9	23.7
Helped you increase the number of hours you work	19.6	21.7
Help you to manage a health condition in the context of work	19.0	23.0
Other	10.5	6.8
Don't know	6.8	5.3
<i>Unweighted base: (All respondents who reported in-work support had a positive impact)</i>	114	94

*\*Note that at Wave 2, a single question “help secure training opportunities for progression with your employer” was asked in place of the two separate questions about training and progression which were asked at Wave 1.*

*Note that responses sum to more than 100%, as respondents could give more than one response*

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01*

*Source: participant telephone survey (first wave, 2012 and second wave 2014)*

Interviews in the qualitative research with individuals who had held down jobs for some time enabled the evaluation to explore the extent to which participants perceived their provider as having had a role in helping them to stay in employment. There were two ways to assess retention in employment: either that an individual stayed in one particular job or that they changed jobs but stayed in employment.

Among participants who had been employed for some time, there were instances in each trajectory where they believed that their provider had helped them to stay in work. For example, an individual who had taken up self-employment in the form of a home shopping franchise gave the provider substantial credit for helping her to

sustain her business through a low patch in sales. Among those changing jobs, were participants who said that their provider had been helpful in identifying new work once a job had come to an end or proved unsuitable. One such participant believed that the provider was 'keeping their side of the bargain' while another described in more detail her positive experience of support once she returned for further help:

*"As soon as I phoned up, they were there for me, straight away. "Come in your appointment is- or just pop in". Actually the first time I think I just popped in and she saw me straight away ... She [adviser] said, "Right I'm sending you off for this, this, this and this. I will see this client and then I'll send them off"."*  
(Female, 40s, JSA)

The decision to return to the provider for assistance when seeking new work appeared to be influenced by the quality of the participant-adviser relationship and the experience of support. Participants who pro-actively re-approached their provider when a job came to an end were those who had built a positive relationship with their adviser and who had found the provider useful in securing work the first time around. Conversely participants who said that if they were seeking new work they would not re-engage with the provider, indicated that this related to less positive experience with their adviser.

It was notable that, as with the survey findings, a majority of participants in the qualitative research who had been in work for some time believed that their provider had played no role in helping them sustain work. This may be suggestive of some 'deadweight' in the programme i.e. that some participants would have found and been retained in work in the absence of the provider. However, the importance of effective job matching in achieving retention in employment should not be understated. Providers and participants who had entered work by the time of the earlier research (Newton et al, 2012) emphasised that employment retention relied on the quality of the match between the participant and the job in the first place; as much as ongoing support. The qualitative research with participants in work for some time reinforced this: a number of participants cited a strong or partial role of the provider identifying and/or securing work that resulted in a good 'job match'.

### **6.2.3 Experience of pressure from advisers to stay in work**

Notably, the large majority (71% at wave 1 and 69% at wave 2) of surveyed participants who had been in contact with Work Programme advisers since entering work reported feeling no pressure from advisers to remain in work (Table 6.6). Beyond this view, there were no clear patterns with similar proportions reporting feeling a great extent of pressure to stay in work, some pressure and a limited extent of pressure. A similar proportion was unsure whether there was any pressure to stay in work.

**Table 6.6: Pressure from advisers for employment retention**

	Wave 1	Wave 2
Extent to which respondents felt pressure from adviser to stay in work	%	%
To a great extent	5.1	4.0
To some extent	7.7	6.7
To a limited extent	5.6	6.5
Not at all	71.2	68.8
Not sure	10.4	14.2
<b>Total</b>	100.0	100.0
<i>Unweighted base: (All respondents who had received in-work support)</i>	494	380

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave, 2012 and second wave, 2014)*

The qualitative research indicated that participants saw Jobcentre Plus staff as a greater source of pressure than Work Programme providers. Pressure surrounded their continued entitlement to benefits if a job was not taken up. Feeling under pressure was not necessarily problematic: it could act as an additional impetus alongside participants' intrinsic motivation to find work. Several stated that they were not feeling any external pressure to take up their current or any other job. In the qualitative research with participants who had been in work for some time, few appeared to feel pressured to do so, and where they did, pressure stemmed from concerns about financial resources. For example, some described how they were willing to continue in work that was not highly enjoyable in order to avoid a new benefits claim or to retain the level of income generated by working. Others continued in jobs that were not well matched to their health needs and personal circumstances (e.g. caring responsibilities) because they could not afford to be unemployed.

The evaluation data combined to suggest that a key focus for in-work contact is about tracking job retention rather than pro-actively supporting it. However, the quality of the adviser-participant relationship may be a critical factor on this point since there was greater likelihood among participants with a good relationship with their adviser to welcome, and indeed seek, further contact.

## 6.2.4 What more in-work support is wanted

Respondents to both surveys who had received some form of in-work support, were asked about any additional support required. The large majority (87% in wave 1 and 88% in wave 2) reported there was nothing additional that they needed to help them retain work. The sub group requiring additional support is very small and it is

therefore difficult to draw any conclusions about the type of support that might have helped - the need for financial support and advice was most commonly mentioned<sup>44</sup>, by nearly a quarter (Table 6.7).

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<sup>44</sup> In this context, it is interesting to note, as discussed in section 8.1.1, that financial in this case prior to job-entry) was the only kind of support intervention that was in multivariate analysis with increased durations of employment among participants (see Table A.0.110 and

Table A.0.111).

**Table 6.7: Additional in-work support desired among recipients of in-work support**

	Wave 1	Wave 2
What additional support would you have liked that you did not receive?	%	%
Financial support to help cover the costs associated with looking for work	24.1	18.3
Any other type of assessment, support, training or advice	24.7	19.7
Financial advice of some sort	15.8	16.4
A place on a training course	11.9	17.6
Support or advice on becoming self-employed	8.9	4.0
Help with housing issues	6.4	0.2*
Help with writing a CV, job applications or interview skills	4.2	0.8
An assessment of your skills	2.2	0.0
Support or training in maths, reading, writing or English language	2.0	0.0
Advice or support relating to health or a disability	2.7	17.0**
Help or advice in relation to looking after children or adults	2.0	0.0
Help with drug or alcohol problems	0.8	0.0
Drawing up an action plan	0.0	0.0
Referral to a careers adviser	0.0	0.0
A session on motivation or confidence	0.0	2.6**
A work experience placement or voluntary work	0.0	11.2**
Help or advice related to having a criminal record	0.0	0.0
<i>Ongoing advice/support contact*</i>	0.0	0.8
<i>Help in finding work/permanent work/work that suited my skills*</i>	0.0	12.7**
None of these	9.9	0.3**
Don't know	4.0	4.5
<i>Unweighted base (All respondents who had received in work support and who felt they needed additional in-work support)</i>	<i>71</i>	<i>48</i>

\* recoded from "other, please specify" responses

Note that responses sum to more than 100%, as respondents could give more than one response

Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01

Source: participant telephone survey (first wave, 2012 and second wave 2014)

## Work Programme Evaluation: the participant experience report

At the second wave of the participant survey, an additional question was asked of those respondents who had experienced one or more spells of employment but who had not received any in-work support (43% of those who had been in work), whether they would have found it helpful to have had some contact with or support from their Work Programme provide whilst in work. The majority (69%) said they would not have found it helpful -suggesting that in most cases providers were targeting the right participants for in-work support.

Less than a third (29%) said they would have found such support helpful (3% were not sure), and when asked to be more specific about what kind of support they would have welcomed (Table 6.8), there was a fairly broad spread of replies with no particular kind of support dominating (the largest proportion mentioning a particular type of support being the 14% showing interest in training courses); once again the small cell sizes dictate caution in interpreting these findings, however. The qualitative research suggests that this group might have found facilitation or funding of specialist training, further financial support for travel or subsistence in work, and advice on benefits or employment rights useful. In addition, where an employment situation was breaking down, or a job was found not to be suitable, some participants would have appreciated help to find an alternative, although they typically reported that this had not been forthcoming.

**Table 6.8: Additional in-work support desired among those not receiving in-work support**

<b>What additional support would you have liked that you did not receive?</b>	<b>Wave 2 %</b>
Don't know	16.4
A place on a training course	14.0
Any other type of assessment, support, training or advice	11.2
None of these	10.9
<i>Help in finding work/permanent work/work that suited my skills</i>	9.6
Financial advice of some sort	8.3
Support or advice on becoming self-employed	7.4
Referral to a careers adviser	5.6
Help with writing a CV, job applications or interview skills	5.4
Financial support to help cover the costs associated with looking for work	5.1
A work experience placement or voluntary work	3.3
Drawing up an action plan	3.2
Help with housing issues	2.1
An assessment of your skills	1.6
Help or advice in relation to looking after children or adults	1.1
A session on motivation or confidence	0.4
Support or training in maths, reading, writing or English language	0.0
<i>Ongoing advice/support contact</i>	0.0
Help with drug or alcohol problems	0.0
Help or advice related to having a criminal record	0.0
Advice or support relating to health or a disability	0.0
	11.2
<i>Unweighted base (All respondents who had NOT received in work support but who felt they would have liked some)</i>	82

\* recoded from "other, please specify" responses

Note that responses sum to more than 100%, as respondents could give more than one response

Source: participant telephone survey (second wave 2014)

## 6.2.5 Opportunities to progress in work

Turning to the question of progression in work, nearly two-thirds of the working participants in the first survey believed that their job offered opportunities for promotion or progression and that their employer would be willing to offer training that would help promotion prospects (Table 6.9). In both cases these proportions had increased slightly<sup>45</sup> by the time of the second wave survey.

**Table 6.9: Participant views on prospects for in-work advancement**

	Job offers opportunities for promotion or increased responsibility %		Employer will offer training that would help promotion prospects %	
	Wave 1	Wave 2	Wave 1	Wave 2
Yes	62.4	67.3	65.4	69.1
No	32.6	27.6	26.5	22.6
Don't know	5.0	5.0	8.0	8.3
<b>Total</b>	100.0	100.0	100.0	100.0
<i>Unweighted Base</i>	<i>713</i>	<i>513</i>	<i>621</i>	<i>427</i>

*(Respondents currently in paid work or self-employment)*

*(Respondents currently in paid work)*

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave 2012 and second wave 2014)*

However, 59% of those who had been in work at any point since their referral had not been offered any form of training by their employer (Table 6.10).

Looking in more detail at the types of jobs found by participants which were associated with training provision, in-work training was most prevalent in sectors such as health and social work (66% of respondents in this sector received training), professional, scientific and technical activities (68%) and finance and insurance (93%) and less common in the construction (18%), transportation (32%) and manufacturing (32%) sectors (Table A.0.44. Appendix 1).

<sup>45</sup> Although these increases are not statistically significant at the 5/95% level.

**Table 6.10: In-work training**

<b>Nature and extent of in-work training received</b>	<b>%</b>
None	59.4
Attended training courses in the workplace	26.1
Attended a training course off-site	12.9
Undertaken any other learning or training funded or supported by your employer	11.2
Attended seminars or conferences aimed at developing knowledge and skills	10.8
Don't know	1.0

*Unweighted base: 895*

*(All respondents who had been in employment at some point since referral to WP)*

*Note that responses sum to more than 100%, as respondents could give more than one response*

*Source: First wave participant telephone survey, 2012*

From the perspective of occupational type (Table A.0.45, Appendix 1), those in associate professional and technical occupations (64% receiving training) and those in caring, leisure or other service occupations (63%) were most likely to receive training in work, while those in skilled trade occupations (24%) and plant and machine operatives (30%) were the least.

The qualitative research suggested a strong motivation among most participants to stay in work. Many participants expected their jobs to continue, some had aspirations to progress to a permanent role, to increase their hours, or to apply for promotion and in some cases these opportunities had already been mentioned by employers. Others said they were content to stay at their current level, at least for the time being (for example, while their health stabilised). A smaller number of participants felt that their job was adequate for the time being, but planned to move on at some point in the future to pursue longer-term aspirations. A further small group were not expecting to stay in their job and anticipated moving on in the near future. In some cases this was because the job itself was seen as unsuitable, while in others it was the broader employment context in which participants were doubtful that their position would remain open or financially viable for much longer.

Some participants who had been in employment for some time reported that they had progressed or developed in their role, for example, by being given greater responsibility or enhanced duties, undertaking training to gain additional skills or being promoted. Others were actively volunteering to increase their responsibilities so as to become 'indispensable' to their employer in order to increase their chances of being offered a permanent contract. There were also participants who believed that there would be opportunities in the future to progress, for example, through

undertaking (further) job-related training, and in some cases participants had made initial enquires or expressions of interest about potential opportunities.

In contrast, there were participants who did not foresee opportunities for progression with their current employer, at least in the short-term. Some linked this to “*tight budgets*”. Some who had taken up fixed-term positions said that they would not have expected promotion within that contract period, but that the experience would place them in a stronger position when applying for future roles.

Some participants had undertaken or were soon going to be involved in work-related training, facilitated by their employer. Examples included courses in specific skills or qualifications relevant to the job (for example, scaffolding, manual handling, nursery teaching) and more general training (for example, fire marshalling, first aid). Some of these courses were mandatory requirements of the jobs participants were doing (for example, care work, working at heights). However, few participants described the offer or uptake of formal training that would lead to nationally recognised qualifications (such as NVQs), with the exception of those employed in an apprenticeship. The earlier research (Newton et al, 2012) had suggested some reluctance on behalf of providers to pay for training and certification; instead they suggested that employers would pay for this on recruitment. The more recent evidence from the participant qualitative research tends to support this view.

While some participants who had been in employment for some time would have liked to take on more responsibility, for others, progression in work was not important, even where opportunity appeared to exist. This view typically related to age or health although some did not want the pressure that would come with additional responsibility.

A final point emerging from the qualitative research was that there was little evidence of Work Programme providers acting to facilitate in-work progression.

## 6.3 Summary

The research found that just over half of participants who had been employed at some point during their time with the programme noted that they had received in-work support (or at least some form of further contact from their Work Programme provider). People with caring responsibilities were more likely to receive this support than others, as were people with a gap of five years or more since last working. Participants who had never been in paid work were less likely to receive in-work support. The frequency of contact participants received varied considerably and there were no clear patterns. Overall, participants receiving in-work support thought that the amount they received was about right.

However, the majority of participants who received in-work support said that it had made no difference to their retention in employment. Where it had a positive effect, this was because it was seen to help keep participants motivated. Few participants said that they had made, or would make a proactive approach to their adviser for any support that they needed.

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Most participants receiving in-work support had not felt pressurised by their advisers to stay in work. Participants contacted for the qualitative research were more likely to say that they had felt pressure from Jobcentre Plus staff to take up jobs. For many, the pressure to stay in work stemmed from the drop in income if their employment was to end. Some also said that feeling under pressure to take-up and sustain work was not necessarily problematic since this provided impetus to keep working, alongside their own intrinsic motivation.

Where participants identified further needs for in-work support, these most commonly related to financial support and financial advice. There were also indications that they would welcome an intervention from providers where jobs were breaking down or where jobs were not well matched to their circumstances.

Participants who had not received in-work support reported similar preferences for the support they might welcome.

The data provide an insight into the sustainability of work and there were indications that participants believed that they could progress in work, with more positive signs of this at the wave 2 survey. The research also suggested that most were motivated to stay in work. However, the role of in-work support in achieving sustained employment and helping participants to progress within employment was far from conclusive. Much in-work contact from providers was perfunctory, not particularly valued by participants as contributing to job retention, and often seen as being largely driven by providers' needs to validate continued employment in order to claim outcome payments.

## Part 3: Outcomes

This third part of the report turns to look at programme outcomes and the potential impacts of the Work Programme. It focuses in particular on three areas.

First it looks at **entry to employment** – the proportions and characteristics of Work Programme participants obtaining paid work (Chapter 7).

Next it considers the question of **sustained employment**, in particular the evidence relating to those participants securing job outcomes of six months or longer (Chapter 8).

Third, it outlines some evidence (in Chapter 9) from participants who have **completed the Work Programme** without finding (sustained) employment and who return, after two years on the programme, to Jobcentre Plus provision.

## 7 Employment entries

Participants' entry to employment triggers the first outcome payment to providers, effectively a financial reward for the input and investment they have made in supporting participants. The first outcome payment became more critical for providers over time because the funding model involved reducing attachment fees to zero from year three of the programme/contract. This chapter examines participant perspectives<sup>46</sup> on the achievement of job outcomes, supplementing the official administrative data<sup>47</sup> with more detailed information about which participants and which groups of participants are more likely to enter work, and what kind of work they are entering. Finally the chapter looks in a little more detail at the sub-group of participants entering self-employment and at the role of the Work Programme in supporting participants in starting-up their own businesses.

### 7.1 Evidence from participant survey

This section presents analysis from the first participant survey, which interviewed participants around six to nine months after their attachment to the programme. Where appropriate, this analysis is supplemented with comparable data from the second survey which followed-up a sub-group of the same participants at the end of their participation in the Work Programme (i.e. two years after attachment). Information is also drawn from the qualitative research conducted with participants who had entered work.

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<sup>46</sup>Provider perspectives can be found in the companion provider-focused report, published alongside this one (Foster et al., 2014).

<sup>47</sup>The Work Programme Official Statistics on Referrals, Attachments and validated Job Outcome and Sustainment payments (<https://www.gov.uk/government/publications/work-programme-statistical-summary-june-2014>), are derived from internal programme administrative data. For the cohort which forms the sample for our survey (i.e. referrals in January-March 2012), the following proportions of job outcomes (within 12 months of referral) were noted:

- 11.5% among those referred to the programme in January 2012
- 12.7% among those referred to the programme in February 2012, and
- 13.2% among those referred to the programme in March 2012.

### 7.1.1 Employment status of Work Programme participants

Close to a fifth (18%) of respondents were in paid work or self-employment at the time of the first survey (Table 7.1) and 22% had been in paid work at some point since their referral to the Work Programme (Table 7.2). This was broadly consistent with contemporary externally published data – thus, for example, data released by the employment providers' trade association (ERSA, 2012) in November 2012 suggested that 29% of participants who formed the first cohort on the Work Programme in June 2011 had achieved a job start. By the time of the second survey, some 18 months later, nearly a third were in work, and 44% had been in work at some point since referral.

**Table 7.1: Employment status of WP participants at time of survey**

Current employment status	Wave 1	Wave 2
	%	%
Not in paid work or self-employment	82.0	67.2**
In paid work or self-employment	18.0	32.8**
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	4,715	1,880

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01*  
*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table 7.2: Employment status since WP referral**

Employment status since being referred to WP	Wave 1	Wave 2
	%	%
Not in paid work at any time since starting WP	77.6	52.8**
In paid work at any time since starting WP	22.4	47.1**
<b>Total</b>	100.0	100.0
<i>Unweighted base:</i>	4,715	1,880

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01*  
*Source: participant telephone survey (first wave 2012 and second wave 2014)*

Over a tenth (13%) of those in work at the time of the first survey were self-employed, 44% were working part-time as an employee and 43% were working full-time as an employee (Table 7.3). The comparable shares among people in work as a whole in the UK in summer 2012 (according to official Labour Force Survey data) were 14%, 63% and 23% respectively. It therefore appeared that while the proportion of participants in work who were self-employed was rather similar to that among the

overall workforce<sup>48</sup>, Work Programme participants were much more likely to enter part-time work than was the case for employees as a whole.

By the time of the second wave (Table 7.3), among those in work (33% of participants) the proportion in self-employment had increased to 15%, and 44% were full-time employees, while the proportion of part-timers was down slightly to 41%.

**Table 7.3: Detailed employment status of WP participants at time of survey**

<b>Current employment status – detailed breakdown</b>	<b>Wave 1</b>	<b>Wave 2</b>
	<b>%</b>	<b>%</b>
Self employed	2.3	5.0**
Working full time for an employer in a paid role - 30 hours or more per week	7.8	14.4**
Working part time for an employer in a paid role - less than 30 hours per week	7.9	13.4**
Not in paid work or self-employment	81.9	67.2**
<i>Of which*</i>		
<i>Retired and/or claiming a pension/pension credit</i>	0.6	-
<i>In full time training or education - 16 hours or more per week</i>	0.9	-
<i>In part time education or training - less than 16 hours per week</i>	3.7	-
<i>Working for an employer in a voluntary unpaid role and not claiming benefit</i>	0.4	-
<i>Working for an employer in a voluntary unpaid role while claiming benefit</i>	6.4	-
<i>None of the above</i>	69.9	-
<b>Total</b>	100.0	100.0
<i>Unweighted base:</i>	4,715	1,880

*\*Note: - the detailed breakdown of the status of those not in work was not captured in the second survey*

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave 2012 and second wave 2014)*

<sup>48</sup> Note that participants entering self-employment are considered in more detail below (section 7.2)

## 7.1.2 Characteristics of jobs taken by Work Programme participants

Looking at the contractual basis of those working in employee-status jobs (i.e. excluding the self-employed), among participants to the first survey who had been in paid work for an employer at any point since their referral, some 48% had been employed on a permanent contract<sup>49</sup>. Four in ten (43%) were employed on a casual basis or some form of fixed-term contract (Table 7.4). By the time of wave 2, there had been a slight increase in the incidence of permanent/open-ended jobs (52%).

**Table 7.4: Contractual basis of (employee-status) jobs among WP participants in work**

Form of employment	Wave 1	Wave 2
	%	%
Permanent or open-ended contract	48.5	51.8
Temporary or casual basis/ no contract/ agency	29.1	29.0
Fixed-term contract lasting less than 12 months	7.5	6.3
Fixed-term contract lasting 12 months or longer	6.0	9.0*
On some other basis (e.g. apprenticeship)	2.4	1.0*
Don't know/refused	6.5	2.9**
<b>Total</b>	100.0	100.0
<i>Unweighted base (All respondents who had been in paid work for an employer at any time since referral to WP):</i>	784	651

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave 2012 and second wave 2014)*

A similar balance was found among the individuals in the qualitative study who had entered work, whose descriptions of their employment included:

- employment with trial or probationary periods with the prospect of permanent position if completed successfully;
- permanent contracts with an employer;
- temporary contracts direct to an employer;
- permanent, temporary, fixed-term or 'zero hours' contracts with an agency;
- employment as an apprenticeship; and
- self-employment.

<sup>49</sup>Note: for those who had held multiple jobs, the information about the characteristics of the job, in this and subsequent tables refers to the current or most recent job.

Of those who were self-employed, a couple worked as individual traders, for around 16 hours per week and claimed Working Tax Credit, and one was self-employed for tax purposes, but was working alongside other employees for a larger employer.

There were participants who had found permanent, full-time work (over 30 hours per week) doing, for example, 40 hours weekly in a factory on late shifts; 35 hours of kitchen work and others who had found part-time work (e.g. 16 hours per week) in retail jobs. This included some of the youngest participants in the qualitative research who were working for the national minimum wage (or in some cases, the national minimum wage for Apprenticeships). Although in some cases the jobs were not always what participants initially had in mind, they were generally pleased to have opportunities to learn new skills, meet new people and in some cases, to progress in work.

Examining the occupational breakdown of the jobs found by respondents to the first participant survey (Table A.0.46, Appendix 1), the distribution was, unsurprising given the low average level of qualifications among participants (see Table 3.5). As such, it was heavily skewed towards lower level and unskilled occupations (37% were working in 'elementary occupations' and a further 17% in sales and customer service jobs) and tiny proportions in professional and managerial occupations (for comparison, official Labour Force Survey Statistics for mid-2012 show that 29% of those in work in the UK were in the top two managerial and professional occupational categories, contrasted with fewer than 5% of WP participants in work). The second survey data (Table A.0.46, Appendix 1) were broadly similar, and suggested no notable change in this occupational distribution over time as a larger proportion of the cohort entered work.

Both participant surveys show a very similar sectoral distribution of participants' employment (Table A.0.47, Appendix 1) - dominated by wholesale and retail distribution, administrative and support services and similar sectors.

The qualitative research with participants reinforced this picture of the uptake of entry level or low skilled jobs, skilled or semi-skilled manual jobs and administrative positions. Examples included: catering and bartending, food manufacturing, cleaning and domestic work, call centre and receptionist roles, security, delivery, packaging, labouring, engineering and construction. A couple of participants had found work in skilled manual roles for which they held qualifications (for example, machine programming, engineering) and one person was working as a teaching assistant, but nobody was working in a higher level, non-manual skilled profession.

### **7.1.3 Participants' views on jobs taken and the role of the Work Programme in supporting them into work**

Overall, participants in work at the time of both surveys were fairly positive about their employment. Of the respondents who had been in paid work at any point since their referral, a large majority (83% in first survey and 85% at second survey) reported that the job they had taken was very or fairly well matched to their interests and experience (Table 7.5).

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The minority who felt their job was not a good match were asked what had motivated them to take it (Table 7.6), and most (77%) reported that they were keen to move into work as soon as possible (rather than less positive reasons such a lack of alternative opportunities, or pressure from Jobcentre Plus or a Work Programme provider). There was little evidence of Work Programme participants being ‘pushed’ into unsuitable jobs.

**Table 7.5: Suitability of work found by WP participants in employment**

<b>Extent to which current/ most recent employment matched interest and experience</b>	<b>Wave 1</b>	<b>Wave 2</b>
	<b>%</b>	<b>%</b>
Very well matched	46.6	47.8
Fairly well matched	36.5	36.8
Not very well matched	6.8	8.2
Not well matched at all	8.1	6.6
Not sure/ don't know	2.0	0.7*
Total	100.0	100.0
<i>Unweighted base (All respondents who had been in employment at some point since referral to WP):</i>	<i>895</i>	<i>690</i>
<i>Significance of difference between Wave 2 and Wave 1 (t-test): * p&lt;0.05 ** p&lt;0.01</i>		
<i>Source: participant telephone survey (first wave 2012 and second wave 2014)</i>		

**Table 7.6: Reasons for accepting less well-matched employment**

<b>What were the reasons for deciding to take your current/most recent job?</b>	<b>%</b>
Wanted to move into work as soon as possible	77.5
Hoped it would lead to another job that better matches skills, experience and interest	47.5
Few jobs available that matched experience, skills or interest	43.9
Felt under pressure from Jobcentre Plus to take this job	22.8
Felt under pressure from Work Programme provider to take this job	17.8
Suited childcare or other caring responsibilities	16.1
Some other reason	12.5
Don't know	0.9

*Unweighted base: 140 (All respondents who felt their current/ most recent employment was not well matched)*

*Note that responses sum to more than 100%,as respondents could give more than one response*

*Source: First wave participant telephone survey, 2012*

Participants in work interviewed as part of the qualitative research had a range of opinions about how well their current jobs fitted with their aspirations. Some stated that they had achieved a good match, and some said that their job was a good fit in the short-term although was not in line with their longer-term aspirations. Some did not have clear ideas about what they wanted to do and consequently could not comment on the fit between their job and their aspirations.

Exploring the qualitative data on participants who had recently entered work, suggested that reasons for taking jobs that did not match with aspirations included:

- the scarcity of work overall, hence the need to take whatever was available;
- that any job was better than no job at all, or that this job was preferable to other, even less desirable, alternatives;
- the need to accept any job for financial reasons;
- that the job would provide useful additional experience and skills;
- external pressure (from Jobcentre Plus) to take up work or risk losing benefits;
- age acting as a barrier to being offered work that fitted skills and experience;
- providers putting individuals forward for jobs that were not in keeping with aspirations; and
- that the job was a short-term ‘*stop gap*’ while training towards a desired field of work.

Those who had taken up work which they had not done before included participants with little or no previous work experience, and some who had changed their focus in

view of the scarcity of jobs in their previous fields. However, the qualitative research also suggested that taking a job in which they had a track record, did not guarantee that participants would perceive a good match between work and aspirations. This appeared to stem from personal circumstances, such as health conditions and care responsibilities, not easily fitting with their jobs.

Although participants in work generally felt, as noted above, that the employment was well-matched to their interests and experience, the first participant survey suggested that they were somewhat more ambivalent about the role the Work Programme had played in helping them to find their job (Table 7.7). 50% reported that the Work Programme had played a small or large part in their securing work, whereas 48% said it had played no part at all. By the time of the second wave, when the proportion who had entered work at some time during their participation had doubled, participants were, if anything, slightly less positive about the role of the programme in their entry to work (the proportion thinking the programme played no role increased from 48% to 52%, while the proportion reporting that it played a big part fell from 32% to 27%).

**Table 7.7: Role played by WP support in securing work**

Thinking about your current/most recent job, has the support received through the Work Programme ...	Wave 1	Wave 2
	%	%
Played a big part in helping you get the job?	32.0	27.0*
Played a small part in helping you get the job?	17.8	20.2
Played no role in helping you get the job?	48.1	52.4
Don't know	2.2	0.5**
<b>Total</b>	100.0	100.0
<i>Unweighted base (All respondents who had been in employment at some point since referral to WP):</i>	895	729

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: participant telephone survey (first wave 2012 and second wave 2014)*

This view was reinforced by working participants in the qualitative research with whom interviews explored perceptions of any difference made by the programme, in sourcing vacancies and securing a job, and the reasons participants held particular opinions. For example, some participants said that their adviser had a significant role in both identifying vacancies and helping them to secure a job, and indicated that they had received considerable support.

Other participants suggested that advisers played a stronger role in identifying vacancies than in helping them to secure work. An example of this was a JSA claimant who lacked IT skills and private access to a computer. Their adviser had found a vacancy online and assisted the participant to apply online. Other

participants similarly credited their provider with having brought the vacancy to their attention, but had successfully managed the application process without any further support.

*“I’m very grateful, like he [the adviser] pointed it out to me, but I reckon if I heard about it a different way I probably would have still somehow managed to get here. So I think it’s pretty much about me as a person [managing] to come across to them well.”*

Participants in sustained employment

There were also participants who felt their adviser had helped speed up the process of getting into work (but had played a limited role in their identifying the vacancy and securing the job). In one instance, a participant stated that he had planned to become self-employed and would have funded the necessary equipment “*somehow*” but that his adviser had facilitated his access to business support and start-up funding, which might have progressed his self-employment more quickly than he would otherwise been able to. Others stated that providers’ efforts to break down potential barriers to employment made a considerable difference. For example, one had undertaken an unpaid work trial which led to the offer of a permanent job. Her provider supplied a reference and met the costs of the daily commute throughout the work trial period which had meant the participant was able to take up the opportunity.

Instances where Work Programme providers were reported to have made no difference at all included situations where work had arisen from participants’ personal networks. For example, a participant noted that he had been offered a job by a friend and consequently, his provider had played no role in either identifying or securing this employment. In other examples, a perceived lack of support to find their job meant that participants could be highly critical of the programme.

*“Just a waste of time for me, to be honest ... It’s an experience that I don’t usually try to think about. It’s not a good experience ... Really unprofessional, to be honest, and unhelpful.”*

Participant in sustained work

The qualitative research suggested that factors central to positive and negative perceptions of any difference made by the programme included the perceived relevance of support and the extent to which it was individually tailored, and the time and attention offered to individuals by their advisers.

#### **7.1.4 Key factors associated with employment entries among Work Programme participants**

In both the first and second surveys, participants with different personal social and economic characteristics recorded statistically significant differences in their chances of being in work (at the time of the survey in question), or of having spent some time in employment since their referral to the programme, in the bivariate analyses. Relevant findings are presented in tables (A.0.48 to A.0.54) in Appendix 1.

The bivariate analyses do not, however, examine how the different independent variables associated with the likelihood of a Work Programme participant entering work interact with each other. For this, multivariate analysis is required. The multivariate analysis in Appendix 1 below (Table A.0.94), using the first and second surveys, further explored the factors associated with whether or not participants had entered work at any time since Work Programme attachment. The points emerging from this analysis were as follows (note that, in all cases, we have reported only findings which are statistically significant):

- In both waves of the sample, women were more likely to be or have been in employment, when other factors were controlled for. In the larger sample at wave 1, this was also the case for those with higher levels of qualifications and those with caring responsibilities. Among the wave 2 data, however, there was no longer an impact of qualification or caring responsibilities.
- Older participants and those with a health condition/disabled people were less likely to have been in employment in both waves of the survey. In the first survey it was also the case that ethnic minorities were less likely to have been in employment; in the second wave, however, there was no statistically significant difference by ethnicity in employment probabilities.
- Those with poorer employment records on entering the Work Programme were less likely to be or have been in employment, an effect which was evident in both waves of the survey and, if anything, was stronger by the time of the second wave. In particular those who had not worked for more than two years, or who had never been in work, were significantly less likely to have found work since referral to the Work Programme than those with more recent work experience.
- The analysis also examined local labour market factors, using an indicator of local deprivation. This confirmed, in both waves, that participants in areas which were in the second, third and fourth (least deprived) quartiles of deprivation were more likely than those in the first (most deprived) quartile to be or have been in employment.

In summary, these analyses showed that whether or not a participant had spent any time in work since referral to the Work Programme had a lot to do with their personal characteristics.

Table A.0.95 in Appendix 1 presents a similar multivariate analysis of the factors associated with the likelihood of Work Programme participants having entered self-employment<sup>50</sup> by the first survey wave (and a similar analysis was repeated for participants responding to the second wave survey).

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<sup>50</sup>Note that, when a variable accounting for whether or not the participant had received self-employment advice from their provider is included in the regression, this has a significant association with likelihood of entry to self-employment. This analysis is not shown here, however, since it is very difficult to interpret the results because there may be a strong selection effect. E.g. it is plausible that providers offered self-employment support selectively to participants who had indicated an interest in self-employment or a willingness to start up in business, and did not offer this support to participants who said they were interested only in jobs as employees; it is not possible, therefore, to interpret a significant positive coefficient of this variable as indicating that self-employment support is effective.

- Older participants and those with higher levels of qualifications were significantly more likely to be or have been self-employed since starting the programme, when controlling for other factors. By the time of the second wave, however, although similar effects were observed, only the age effect was statistically significant.
- By contrast (and at both waves), gender, ethnicity and health status appeared to make no difference to the likelihood of self-employment entry among participants; neither did whether or not participants had caring responsibilities, or the labour market characteristics of their local area.

## 7.2 Self-employment and the Work Programme

This section is concerned with participants' experience of support for self-employment, a sector in which an increasing number of people are now working. Before looking at findings, it is important to understand the kinds of work that fall within the various definitions and categorisations of 'self-employment': for example, there is a representation of self-employment as enterprise, creating autonomy and choice for individuals. However, self-employment also includes work made available on the basis of labour-only sub-contracting (for example, in construction, security and service occupations); as franchises (retail and service industries) and in forms of 'home-working' such as telework.

### 7.2.1 Discussions about self-employment

#### Who received advice or support?

In both waves of the survey respondents were asked if they had received 'support or advice for setting up your own business or becoming self-employed' during their time on the programme. In the first wave, 13% of respondents said they had and in the second wave this had increased to 16% suggesting that where self-employment is discussed this tends to be earlier, rather than later, in participants' experience. However, there was some evidence that discussions of self-employment could emerge some time into participants' time on the Work Programme – 10% of respondents at Wave 2 who answered 'yes' to having received self-employment advice having answered 'no' at Wave 1.

At the time of the first survey participants with a health condition or disability, female participants, those at the younger and older ends of the age spectrum and participants in Payment Groups 4-8. (i.e. the non-JSA groups) were significantly less likely to report receiving guidance on self-employment. However by the time of the second survey these differences had disappeared, suggesting that provider staff had changed their approach over time.

Findings from the qualitative interviews showed a wide range of initial interest in self-employed work when participants joined the programme. Some were already thinking seriously about a small business venture while others described how advisers perceived aspects of their characteristics and circumstances which suggested that there might be potential opportunities for self-employment e.g. small scale activities

which brought in some income, participants with particular qualifications or vocational skills, or previous experience in small businesses.

### **How useful was the advice or support?**

Where participants received advice on self-employment, they typically viewed it positively with 77% rating the advice as either 'very' or 'fairly' useful. Participants who said they had not previously thought seriously about working as self-employed found early discussions helpful when these widened ideas about ways of working. Early discussions could be unhelpful if advisers suggested ways of working or pointed participants to jobs which they discovered to be low-quality, low-paid and insecure jobs, in which they would be formally self-employed.

When participants were already thinking about self-employment, early discussions with personal advisers could be very helpful and influential. However, persistent suggestions about self-employment were not appreciated by participants who did not want to be self-employed. There were examples of participants whose previous business venture had ended badly and definitely did not want to try again.

Participants who felt pressured by their adviser's emphasis on self-employment said they had agreed to go on basic business courses in order to be compliant and avoid sanctions, but with no intention of going on to work in this way.

Participants who had been pleased to be offered support in special sessions or courses focusing on self-employment had mixed experiences of this support. It had been very helpful for some, however. In-house advice and information about business start-up, how to manage a small venture, and how to claim tax credits could be highly rated. Business advice and financial support facilitated by the provider facilitated the process of setting up a business for some participants.

Drawing together the qualitative findings, information, advice and support around self-employment was useful when it was:

- timely
- relevant to needs and interests
- perceived as high quality
- consistent, through staff changes

It was unhelpful when it was:

- unwanted and experienced as pressure
- perceived as low quality
- turned into 'broken promises'
- inconsistent, through changes in adviser
- asked for but never delivered.

## 7.2.2 Experience of self-employment

### Who did self-employed work during WP?

As discussed above (Table 7.3), the proportion of the overall participant sample in self-employment increased from 2% to 5% between waves 1 and 2 of the survey (representing an increase from 13% to 15% of all participants in work). Breaking these data down by sector and occupation, in order to understand the kinds of self-employed activity entered by participants, the first wave survey showed:

- 30% were in the construction sector, a further 13% were in the wholesale and retail trade, and around 10% each in transportation/storage, and administrative and support services. The remainder were widely spread across the spectrum of industries and services
- At an occupational level, around 30% entering self-employment were in skilled trades (heavily overlapping with the 30% in the construction sector), 23% entered managerial, profession or associate professional occupations, and most of the remainder were in relatively low or unskilled occupations (mainly in the service sector)

By the time of the second wave, a total of 6% of all participants had been in self-employment at some stage during their two years in the programme (representing 13% of all those who had been in any kind of employment during the two years). Within these overall figures there were some notable variations by age.

Table A.0.55 to Table A.0.57 present data on the proportions of participants who were in employment (including self-employment) at any period during the two years of the programme, and those who remained out of work during the same period. Analyses are by age, ethnicity and health. These show that the youngest age group (18-24 year olds) did not enter self-employment as often as older age groups despite the evidence that overall they had the highest levels of job entry. Of those 18-24 year olds entering employment only 6% go into self-employment. In contrast, even though the overall levels of job entry were low for the over-55s (24%) self-employment was the route into work for 20% of all job entrants of this age.

Analysis of employment status by ethnicity is shown in Table A.0.56. The table shows that moves into self-employment were very rare among Asian participants even though this ethnic group had the highest levels of job entry overall.

Analysis of employment status by long term health condition is presented in Table A.0.57. This shows that similar proportions of participants with and without a long term health condition went into self-employment (just under 6%). However because fewer participants with a long term condition went into work overall (28% compared with 55% for those without a long term condition) self-employment was a more frequent route out of unemployment for the former group.

The qualitative research provided additional findings about characteristics and circumstances of participants who undertook some self-employed work during their time on the Work Programme, and the kind of work they did. Such participants fell into the following groups:

- participants previously working as self-employed, who returned to working in this way. Improvements to health meant a return to self-employment could be considered, and those working as contractors had found new jobs which suited their skills and experience.
- participants developing a business idea when they joined the Work Programme who went on to take the final steps. The combination of advice, confidence building through advisory meetings and in some cases financial support meant that businesses could be got off the ground.
- participants who got a new idea which they were able to put into action. Wanting to get off benefits, to end involvement with the Work Programme and pressures to take jobs perceived as unsuitable had been 'push factors' towards identifying any kind of acceptable self-employed work opportunity.
- participants who took 'jobs' in which they had formal status as 'self-employed'. There were limited examples of this but it could include selling subscriptions and security work, or being asked by an employer to continue in work but on a self-employed basis.

### 7.2.3 Sustainability of self-employed work

Sustained employment among participants in general is discussed more fully in Chapter 8 below. However, it is worth noting that the second wave of participant survey data showed there was no statistically significant difference between those who entered self-employment and those who got work as employees in sustaining work. Thus 69% of participants in employee posts at wave 2 of the survey had been in those posts for six months or longer, and the corresponding proportion among participants in self-employment at wave 2 was 70%.

The qualitative research captured evidence of some of the influences on the sustainability of self-employed work achieved by participants, which centred on:

- **employer behaviour** – in sectors where seasonal contractor work is common. Participants who worked on a 'contractor' basis said they could earn relatively high rates of pay and they were used to work coming to an end and the need to find alternative employment.
- **job satisfaction** – where participants were interested and motivated, ensuring their small ventures kept going, and sometimes developed further was much preferable to a succession of low quality employee jobs, or the job-search regime required by Jobcentre Plus. Where business was more challenging, support from advisers could provide the impetus to keep going.
- **financial viability** – to manage to keep going through the peaks and troughs and seasonal fluctuations in business ventures, or to expand or buy new equipment. Most self-employed participants described "just" managing, but some struggled and ran up debts. Advice on claiming tax credits could be highly valued.
- **personal circumstances** – deteriorating health could mean it was challenging to sustain self-employment as a sole trader and, while self-employment could

provide a flexible option for some with health conditions, for others the stresses could aggravate mental health conditions.

## 7.3 Summary

The first survey provided some early insights into whether and how employment entry varied between provider types and according to participant characteristics. In particular, it showed similar rates of employment entry to those recorded in the early official Work Programme statistics, with around 22% having entered work at some time since their start on the programme six to nine months previously. The proportion of participants finding part-time work as an employee, at 44%, was much higher than in the workforce as a whole, although the proportion in self-employment (13%) was similar to the national self-employment rate.

By the time of the second wave survey, 33% of participants were working and 47% had been in paid work at some point since joining the programme. Among those in work, the proportion of self-employed had grown slightly (to 15%) and the proportion that were part-time employees had fallen to 41%.

The first survey showed that a substantial proportion (43%) of those entering work had found temporary or casual work (a similar proportion were in such jobs by the second survey). The qualitative research identified some examples of progression from these jobs into more secure employment as well as examples where temporary work was offered on a year-on-year basis. Unsurprisingly, given their skill mix, the work found by participants was heavily skewed towards low-skilled occupations, with fewer than 5% working in managerial or professional occupations, and jobs found were overwhelmingly in the service sector, with nearly a quarter in distribution.

Participants in work were generally positive about their jobs with four in five at both survey waves reporting that the job was well matched to their interests and experience, and most of those who had entered less well matched employment stressed that this was because of their wish to get a job of some kind as soon as possible. There was little evidence of participants being 'pushed' by providers into unsuitable work. However, the views of working participants were also quite muted about the role of programme in helping them find work, with close to half in each survey stating that it had played no role at all.

Statistical analysis suggests that the personal characteristics of participants had a strong influence on whether they have found work under the programme. In particular, by the second wave of the survey the factors correlated with entering work at any time during their period on the programme included:

- being female;
- being younger;
- not having a health condition or disability;
- having recent work experience prior to entry to the work programme; and

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- not living in areas of greatest deprivation

Likelihood to enter self-employment showed some association with age such that older participants were more likely to become self-employed than younger ones; however other personal characteristics did not influence self-employment.

The evaluation data indicated that entering self-employment was an option typically discussed during early stages of programme engagement. The conversation might be started either by participants or by their advisers who might perceive that something in an individual's context might lend itself to self-employment. Those receiving advice on self-employment generally found it useful. However, being able to sustain self-employment appeared to centre on four key factors:

- the behaviour of employers in certain sectors (particularly in relation to the regular hiring and laying off of seasonal, self-employed workers);
- job satisfaction (which, where high, could overcome some of the downsides of self-employment);
- financial viability (to weather the peaks and troughs experienced as part of new ventures; as well as entitlement to in-work benefits to smooth over these); and
- personal circumstances (including changes to health and ability to manage the stresses of self-employment).

## 8 Sustained employment

As highlighted in independent commentaries<sup>51</sup> on official Work Programme statistics<sup>52</sup>, outcomes of sustained employment to date (as defined by the definitions which trigger ‘sustainment payments’ to providers) are broadly in line with expectations for the programme. Sustainment outcomes for those with health conditions and disabled people are not as strong as outcomes for other groups. This chapter considers the evidence from the evaluation (participant survey and qualitative research with participants) related to sustained employment.

### 8.1 Evidence from the participant survey

Table 8.1 shows that 24.4% of Work Programme participants in work at the time of the first participant survey (who accounted for 18.8% of all participants: see Table 7.1), had completed six months in paid work. Hence, the proportion of all participants who had met the criteria for a six month job outcome payment to be made, at this early stage of their involvement in the programme was 4%<sup>53</sup>. This was broadly consistent with the patterns (for approximately the same period) shown in the early official administrative data for the same period, which showed that 3.5% of participants had achieved a job outcome (CESI, 2012).

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<sup>51</sup>[http://stats.cesi.org.uk/website\\_documents/WP\\_stats\\_inclusion\\_briefing\\_June\\_2013.pdf](http://stats.cesi.org.uk/website_documents/WP_stats_inclusion_briefing_June_2013.pdf)

<sup>52</sup>Further information can be gained from the Work Programme Official Statistics available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/321518/work-programme-statistical-release-june-2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321518/work-programme-statistical-release-june-2014.pdf). The Work Programme Official Statistics on Referrals, Attachments and validated Job Outcome and Sustainment payments covering the period from 1 June 2011 to 31 March 2013, published on 19 June 2014, showed that:

- The number of sustainment payments has increased steadily from the point at which they could first be paid in September 2011. By March 2014, there had been 2.35 million sustainment payments made to providers, with 274,000 individual participants achieving at least one sustainment payment.
- Just under two thirds of claimants went on to achieve the maximum possible number of sustainment payments in the period covered.

<sup>53</sup> Given that this sample consists of people who had joined the programme 6-9 months previously, only those who found work very early in their participation would have achieved 6 months continuous employment by the time of the survey.

**Table 8.1: Duration of current employment (Wave 1: approx. 6 months after Work Programme attachment)**

<b>Employment duration</b>	<b>%</b>
Less than one month	18.9
At least one month, but less than two months	13.9
At least two months, but less than three months	14.9
At least three months, but less than six months	26.6
6 months or longer	24.4
Don't know	1.3
<b>Total</b>	<b>100.0</b>

*Unweighted base:713 (All respondents in employment at time of survey)*

*Source: First wave participant telephone survey, 2012*

However, these survey data were collected only six to nine months after participants had entered the programme, and it is only at the second wave of the survey, 18 months later, that a fuller picture of sustained employment in the sample starts to emerge. Repeating this analysis with the wave 2 data (Table 8.2), therefore, shows that of those in work at that point (just under one third of the total – see Table 7.1) some 30% had been in their job for less than six months, a further 22% for between six months and a year, while just under a quarter in each case had been employed respectively for 12-18 months and 18 months or longer.

**Table 8.2: Duration of current employment (Wave 2: approx. 24 months after Work Programme attachment)**

<b>Employment duration</b>	<b>%</b>
Less than three months	14.9
At least three months, but less than six months	15.1
At least six months, but less than twelve months	21.6
At least twelve months, but less than eighteen months	23.5
18 months or longer	23.9
Don't know	1.1
<b>Total</b>	<b>100.0</b>

*Unweighted base:618 (All respondents in employment at time of survey)*

*Source: Second wave participant telephone survey, 2014*

Additionally the wave 1 data in Table 8.1 are based on those currently in work at the time of the first wave. When examining sustained employment, however, there is also an interest in cumulative spells of employment, i.e. where people have spent significant periods in work, but not necessarily in a single job. Again the second wave survey provides a much richer source of such data on cumulative periods in work, covering as it does a cohort of participants at the point at which their two year engagement with the Work Programme is coming to an end. Table 8.3 shows, for participants at the point of the second survey, both the duration of current employment (for those respondents in work at that point) and the total duration of all employment spells during their Work Programme participation. The table shows that while 23% of participants were, at the time of wave 2, in a job which had already lasted for six months or longer, nearly a third (31%) had spent a total of six months or more in one or more jobs during their two years on the programme.

**Table 8.3: Duration of current and total cumulative employment (Wave 2)**

Employment duration	Current employment		Total employment during WP	
		%		%
	Not currently employed	67.2	Never employed	52.8
Less than three months		4.9		9.8
At least three months, but less than six months		5.0		6.7
At least six months, but less than twelve months		7.1		9.5
At least twelve months, but less than eighteen months		7.7		10.2
18 months or longer		7.8		10.6
Don't know		0.4		0.4
<b>Total</b>		100.0		100.0
<i>Unweighted base</i>		1,880		1,880

*Source: Second wave participant telephone survey, 2014*

When we turn to look at how the total cumulative duration of employment varies with personal and other characteristics of participants, bivariate analysis of the wave 2 data shows participants' employment duration does vary significantly with these characteristics. In particular:

- Compared with men, women participants (Table A.0.58) are both more likely to have worked during their Work Programme participation (48.3% of women had a job at some stage, compared with 46.5% of men) and to have spent longer

periods in work (34% of women spent at least six months in total in work, compared with 29% of men).

- Younger participants (Table A.0.59) are most likely to have found work during their attachment to the programme (54% of 18-24 year-olds were in work at some point during the two years, compared with 48% of 25-49 year-olds, and only 32% of those aged 50 or more). When it comes to cumulative duration of employment, it is 25-49 year-olds (of whom 32.4% have worked for a total of six months or more during their time on the programme) who exhibit the longest durations, by a small margin over 18-24 year-olds (with a corresponding figure of 31.7%). Once again, however, it is the oldest, 50-plus, group who perform the worst in this respect, with 22% reaching or exceeding the six months total employment threshold.
- Participants without health conditions or disabilities are twice as likely to have been in work at all during their two years on the programme (55% had some work during this period, compared with 28% of those with health conditions or disabilities lasting 12 months or longer). Similarly, they are much more likely to have spent six months or longer in work in total during their participation on the programme (37% compared with 16% of those with health conditions/disabilities): see Table A.0.60.
- There is a clear, positive and statistically significant relationship between a participant's highest level of qualification and their likelihood of entering work at all during their attachment to the programme on the one hand, and their likelihood of spending six months or longer in work during that attachment on the other (Table A.0.61). Thus, among those with no qualifications at all 38.4% enter work during their period on the programme; this proportion increases steadily with qualification level and is highest among those qualified to level 4 or above, 59.7% of whom find work during their attachment to the Work Programme. Similarly, while only 20% of those with no qualifications spend six months or longer in total in work during their two years on the programme, this doubles (to 43%) among those qualified to level 4 or higher.
- As Table A.0.62 shows, although participants with caring responsibilities (for children or adults) are slightly less likely than those without to find a job during their participation in the programme, they are slightly more likely to find sustained employment (28% of carers achieved a total period in work of six months or longer, compared with 23% of non-carers).
- There is a strong and statistically significant relationship between participants' longer-term work history prior to entering the programme, and their likelihood of finding work and sustained work during the programme itself (Table A.0.63). Those whose most recent job was less than a year before joining the programme are twice as likely as those who had not worked for five years or more to find a job during the two years on the programme (66% of the former found work, compared with 33% of the latter). Those who had never worked prior to the programme do slightly better in this respect than those who had worked 5-plus years previously, presumably because this group includes some recent (young) labour market entrants as well as older people with long histories or worklessness. Turning to sustained work, only 21% of those with long (5-plus years) histories of worklessness achieved six months or more of employment during their two years

on the programme, compared with 41% of those who had worked during the year before they joined the programme.

- The Work Programme ‘payment group’ (benefit status) of participants is strongly and significantly associated with variations in the probability of employment and of sustained employment (Table A.0.64). In particular, participants in payment groups 1-4 (JSA claimants) had probabilities of entering employment during their participation on the programme lying between 34% and 58%, while those in payment groups 5-7 (ESA claimants) had employment probabilities between 16% and 22%. The table also shows similarly large and statistically significant differences between the probabilities of JSA and ESA groups in securing employment totalling six months or longer duration during their two years on the programme.

In addition to correlations with personal characteristics, as above, participants’ likelihood of paid work at any time during their attachment to the programme as well as their likelihood of sustained work during the programme, are also statistically correlated with some indicators of the nature and intensity of contact/support they received from Work Programme providers during their participation. It should be stressed that we cannot infer causality from these correlations alone; we cannot be sure whether they reflect the impact of different patterns of provision on employment outcomes, or whether they arise because providers target different support to participants according to their assessments of the likelihood of those participants finding and staying in work. They nevertheless raise some important questions about variations in provision which are further explored in the qualitative research with participants (see section 8.2 below) and providers (Foster et al, 2014).

Thus as Table A.0.65 shows, those participants who report being seen more frequently by their Work Programme advisers are generally more likely to have found work at some stage during their participation<sup>54</sup>. Similarly, when it comes to cumulative duration of employment, again the relationship is not a simple linear one, but it is notable that the group most likely to achieve more than six months in work during their participation contains those participants who have met with advisers more often than once a week (47% reached or exceeded six months in work), while those with the lowest probability of sustained employment were those who were seen only once a month (of whom 20% achieved more than six months or more in paid work).

Similarly, although as previously noted (Table 5.3) there is only a small minority of participants who did not have the same adviser throughout their period of attachment to the programme, there is nevertheless a positive and statistically significant relationship between adviser continuity on the one hand and the likelihood of employment entry and of achieving sustained employment (Table A.0.66).

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<sup>54</sup> Note that we cannot draw strong conclusions from the apparently contrary finding that those who met their adviser only once were most likely to have found work at some stage, since this very small group includes people who entered employment very quickly after attachment to the programme, and who had, therefore no opportunity for multiple adviser meetings.

Around one in ten participants were ‘sanctioned’ at some point during their attachment to the programme i.e. had their benefits stopped or reduced as a result of some failure to comply with the requirements of the programme (see Chapter 10 for more details of the operation and impact of the sanctions regime). Table A0.67 shows a correlation between being sanctioned and being less likely to have found work during the two years and less likely to have found sustained work<sup>55</sup>.

### 8.1.1 Multivariate analysis

To understand more fully the factors associated with sustained employment among participants, we need to undertake multivariate analysis, to see which variables have a statistically significant impact on employment duration, once other relevant variables are controlled for. To do this we undertook regression analysis, in which the dependent variable is the total duration of employment (in months) experienced by participants during their two years on the programme (participants who did not find work are allocated a duration of zero months).

First (see Table A.0.109) we ran a model (model 1) using only the personal and demographic variables outlined above. The model confirms that, controlling for other factors:

- Women participants have longer employment durations than men
- Older participants have shorter employment durations than younger participants
- Participants with health conditions/disabilities have shorter employment durations than those without
- The higher the level of deprivation of the local labour market, the shorter the employment duration achieved by Work Programme participants
- The more recently participants had been in work prior to joining the Work Programme, the longer the durations of employment achieved during the programme.

Other variables included in the model (some of which were statistically significant in the bivariate analyses) were not statistically significant in the regression analysis. In particular, ethnicity, qualification level, caring responsibilities, and Work Programme payment group did not have a statistically significant impact on employment duration, once other factors were controlled for.

Next (Table A.0.110) we ran a model which included, in addition to the personal and demographic factors above, a number of ‘provider activity’ variables, namely:

- How frequently the participant had met with their provider
- Whether the participant had the same personal adviser throughout, or not

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<sup>55</sup> Note that this may reflect the characteristics of those sanctioned, rather than the effect of the sanctions; the first survey showed no statistically significant association between being sanctioned and the likelihood of entering paid work – see the discussion in Chapter 10.

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- Whether the participant had received one or more of the main categories of support intervention from their provider; and
- Whether the participant had been 'sanctioned' (through having their benefits stopped or reduced, due to non-compliance with the programme)

Extreme caution should be exercised in interpreting findings regarding these 'provider activity' variables. Given that the analysis is unable to fully compensate for 'selection effects' (e.g. advisers might target more frequent meetings on participants who are likely to achieve longer durations, or sanction participants who are less likely to engage in work-related activity), it is not possible to say how much observed outcomes reflect provider activity, rather than participant characteristics.

The model shows the following associations:

- Frequency of adviser contact is strongly and statistically significantly associated with longer employment durations after controlling for other factors
- Continuity of adviser contact seems to make no difference
- Shorter employment durations are strongly associated with having been sanctioned
- None of the support interventions have a statistically significant association with employment duration, with the exceptions of financial advice (associated with longer durations) and sessions on motivation or confidence (associated with shorter durations).

As noted above, in interpreting the association between outcomes and provider activity variables, we need to allow for the possibility that there is some kind of selection on the basis of personal characteristics taking place. In this context it is interesting to note that the signs, magnitudes and statistical significance of the personal/demographic variables in model 2 (which includes the provider activity variables) are more or less identical to those in model 1 (which does not). Whilst this suggests that providers are not selecting on the basis of observable personal/demographic characteristics, it may well be that they are using less measurable characteristics (e.g. their assessment of participants' attitudes and motivations to work etc.) to target their activities. Given that most such characteristics are un-measured in our survey, there is little we can do to control for them in the analysis. The survey at waves 1 and 2 did, however, include a set of attitudinal questions designed to capture some aspects of participants' motivation and confidence about working. The wave 1 data are most appropriate to use for current purposes (as we need to capture participants' attitudes early on in their participation – wave 2 attitudes are likely to be influenced by experience on the programme).

The relevant question at wave 1 asked participants to assess their confidence about a number of items:

- How up-to-date their skills are for the current jobs market
- Whether employers will offer them an interview
- How they will perform in a job interview
- How well they cope with rejections and knock-backs

- Whether they would be able to keep a job for a long period of time
- Whether they can learn new skills or re-train for a different job.

From these variables we constructed an ‘index of confidence/optimism’ with values from 0 to 1, based on participants’ responses to the above items: for example, the index takes the value 1, in cases where the participant felt ‘very confident’ about all six items, and at the other extreme takes the value 0 in cases where the respondent felt ‘not at all confident’ about all six items. Intermediate values reflected different degrees of confidence about the different items<sup>56</sup>.

This confidence/optimism index is included in the regression model 3 along with all the variables from the previous 2 models (see Table A.0.111). Interestingly:

- Confidence or optimism is strongly, positively and statistically significantly associated with longer durations of employment, as might be expected
- Coefficients on all of the other variables (both personal/demographic and provider activity variables) retain their signs, magnitudes and statistical significance in model 3, suggesting that their significance in the previous two models is unlikely to simply reflect selection behaviour on the part of providers using motivation or attitudes as a proxy.

## 8.2 Evidence from the qualitative research

As noted earlier (see section 2.3.2), the qualitative research with participants included a sub-sample of participants who had been in employment for six months or longer, which provided some insights into the reasons why individuals were being retained in employment.

Factors which meant individuals had stayed in their jobs included finances although this was typically not the sole reason to stay in work. Many participants described personal, social and economic gains stemming from employment and many discussed their enjoyment of their job, which was a motivating factor. Other contributory factors included their good performance in their jobs which developed their confidence, positive relationships within the workplace, the good fit of the job in terms of personal contexts, a strong work ethic and feeling psychologically better off in work rather than claiming welfare benefits. Feeling financially better off, however, was undoubtedly an important factor for many.

*“I’d sooner not have any money whatsoever than have to go through that situation [claiming benefits] again.”*  
(Female, 50s, JSA).

Families could also play a role in participants being retained in work. Some participants said it was the encouragement and support of their family that had increased their confidence in being able to continue in their jobs, while others

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<sup>56</sup> Note that in constructing the index, each of the six variables was given an equal weight, and this should be taken into account in interpreting the results.

discussed the good fit between work and family commitments. The responsibilities of earning an income to support their families were also mentioned by some.

Finally, employers' understanding of the circumstances of disabled participants and those with health conditions could make a difference to participants being retained in work. In one example, a participant described how her employer's support and accommodation of a change to working hours had meant she had been able to stay in her job.

Participants receiving in-work support from providers tended to report that staying in work largely stemmed from their own motivation (rather than because of the assistance offered by providers).

*"I think that's your own doing. Obviously they've helped you in the first place, regards to getting an interview, but I think from there on in it's obviously all you isn't it, basically."*

(Participant in sustained work)

A few participants criticised providers for offering little support to assist them to find an alternative to a job that they viewed to be unsuitable. This could lead to feelings of being stuck and isolated. Some others indicated that they would not approach providers in this situation anyway, because the funding model for the programme would mean that providers would discourage them from leaving their job.

### **8.2.1 Sustaining employment rather than holding down one job**

There was a subgroup in the qualitative research formed of participants who had achieved sustained employment (through several jobs), rather than a sustained job outcome (in one job). In some cases, this meant that temporary jobs had come to an end, but replacements had been found. The reasons why jobs ended included short-term contracts having been completed or work 'drying up' which meant their employer could no longer sustain the post. However, in some cases, participants had left a job voluntarily. Reasons to do so included a poor fit between working hours and personal commitments, concerns about working conditions or employment practices, prohibitive transport costs, poor working relations with colleagues, stress and finding a job that was more suitable.

For some participants who changed jobs it was their increased confidence, having made an initial return to employment, that led them to seek a role that would suit them better:

*"I think it was just having that bit more confidence to just go out and look and go for it [an alternative job]. Like, when you've been out of work for so long, you just get yourself into a rut, you know, you seem to lack self esteem and things like that. And then like once I got back into work I was like more myself and that. "*

(Female, 50s, JSA)

While some had re-started a benefits claim between leaving one job and starting another, others had not and spent a period of time with no income from work or benefits. Again, in the descriptions of making transitions between jobs there was little to indicate that participants had drawn upon the support of providers.

## 8.2.2 Reasons to stick with an unsatisfactory job

Other participants had stayed in an unsatisfactory job until they secured a suitable alternative. Some said that their jobs were unsatisfactory and that at times they had wanted to leave but had not done so. For some, sticking with an unsatisfactory job avoided wasting the effort put in and the progress made to date, and contributed to their feeling in a better position to apply for new work, through demonstrating commitment:

*“I think what's mainly kept me in the job itself, even though I've had bad experiences and good, is the fact that ... I'm in work. I can apply for other jobs and still get interviews because it's proved that I can stick in a job long enough.”*

(Male, 20s, JSA)

For others, being in an unsatisfactory job was still preferable to being a benefit claimant and this motivated them to sustain employment.

*“I hated having to go to the Jobcentre. I hated all of it. So I just thought I'm not going to go back there. So I just persevered. I kept saying “until something better comes up” and a year later it did.”*

(Participant in sustained employment)

The position of those participants employed as apprentices was slightly different and was influenced by whether they could complete their training with a new employer. If they were not assured of this, they would stay in a current job and plan to move on once their qualification had been gained.

## 8.2.3 Expectations for the future

Quite a few participants in the qualitative research who had been in work for some time hoped to stay in their current job for the foreseeable future, past retirement age in some cases, or for as long as it remained available. Reasons underpinning this included that working hours fitted well around other commitments, that the job was suitable in light of health considerations, was conveniently located, and fitted well with preferences and skills. Where participants were doing work that differed from their prior experience, some were motivated by enjoyment of their job to stick with it at least for the time being, but hoped to find something more suitable in the future. Being able to prove commitment was a factor in retention, and participants thought it looked better on their CV if they stayed in a job for at least one year. Resource considerations could also figure in decisions for the future. Some employed participants had longer term goals for self-employment and their current work

enabled them to accumulate savings and relevant experience or industry contacts. In other cases, self-employment seemed to be a more vague or distant goal.

Some participants working part-time were seeking a second job, or looking for a full-time position, to increase their hours of work and raise their income. Some had taken steps towards this, for example, by enquiring about additional opportunities with their current employer, asking their Work Programme provider to alert them to vacancies, or asking around family and friends.

Some participants who were in jobs that were not in keeping with their level of skill, main area of expertise or aspirations, said they would stay with their current employer if career advancement opportunities became available, while others were actively seeking more suitable work or were pursuing training or development outside work that would contribute to meeting longer term career goals. A few of these participants had approached their Work Programme provider for assistance although none indicated that this support had been forthcoming.

Many participants who were self-employed reported enjoying this, saying that it fitted well with their wider life since it gave them flexibility and independence. Some had hopes of continuing and expanding their businesses, though others were not sure that they would continue in this line of work indefinitely or had plans to move into other fields of work in the future. For some, input on self-employment received as part of Work Programme pre-employment support had meant that they moved more quickly into this form of work, which they thought suited them well.

### **8.2.4 What happens when jobs end**

Among participants in the qualitative research, there were some whose jobs had come to an end, for reasons including seasonal fluctuations or the generally poor economic climate, limiting the availability of jobs. Some reported feeling discouraged, and lacked any optimism about their short-term prospects of finding work while others, typically those affected by seasonal downturns, appeared more hopeful because they could see their job becoming available again in future. Some of these stated they would be looking for other, more permanent work in the meantime.

Most of the participants who had lost their jobs had returned to their provider,<sup>57</sup> putting into effect the two year attachment under the Work Programme. Some said that they were receiving useful input and appeared quite optimistic that the provider could help them to identify and secure new work. However, others felt that they were gaining little from attendance at meetings with the provider.

## **8.3 Summary**

A key objective of the Work Programme is to get participants into sustained or lasting employment. In the first participant survey (which interviewed participants six to nine

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<sup>57</sup> The one person who had not returned had already had another job offer, awaiting confirmation at the time of the research interview.

months after programme entry) a quarter of those in work had already achieved six months in work, but this accounted for only around 4% of all participants at this early stage of their involvement in the programme<sup>58</sup>. By the time of the second survey, close to a quarter of working respondents had been in work for 18 months or longer, while a further quarter had been working for between 12 and 18 months. A fifth had been working for more than 6 but less than 12 months. Among all respondents to the second wave survey, some 31% had spent a total of six months or more in one or more jobs during their two years on the programme. Women, young participants and those with the highest qualifications had the greatest likelihood of spending sustained periods of time working in their two years on the programme while those with disabilities/health conditions, a lack of previous work experience and low qualifications had least likelihood of this. These effects are all present in multivariate analysis, with the exception of qualifications (total duration of employment does not vary significantly with qualification, once other factors are controlled for).

There was also some evidence that the intensity of contact/support was correlated with the likelihood of spending a sustained period of time in employment while participating in the programme (more frequent meetings increased likelihood), along with continuity of adviser (meeting the same adviser also increased likelihood). In multivariate analysis, however, frequency of contact was the crucial factor and continuity of adviser was not a statistically significant influence on sustained employment. While the causality could go in either direction, it is interesting to note that the impact of frequency of adviser contact remained statistically significant even when we control for factors which aim to measure participant attitudes and motivations towards work.

Evidence from qualitative research with participants who had worked for six months or more explored factors which enabled or encouraged them to stay in their jobs. These included financial pressures and the belief that any work was better than no work; as well as strong intrinsic motivation to stay in work once found and satisfaction with the work itself, and related factors such as a sense of dignity or self-esteem. Confidence gained from working could also lead to greater confidence to find a new job if one came to an end or was terminated. It was rare among this group to cite in-work support from the provider as playing a key role in maintaining them in work.

Looking to the future, the qualitative research suggested that participants in sustained work had ambitions to remain in work. Some wished to continue in their current role for as long as possible, while others intended to use their current job as a stepping stone to something more suitable. While factors outside participants' control such as the end of temporary contracts might mean that jobs ended, the motivation to be in work typically remained. Participants whose jobs had ended had returned to their provider and re-started the pre-employment support provision, but among these there were very mixed opinions about how far this support was assisting them to identify and secure a new job. However, some participants reported that the support

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<sup>58</sup> Given that this sample consists of people who had joined the programme 6-9 months previously, only those who found work very early in their participation would have achieved 6 months continuous employment by the time of the survey.

## Work Programme Evaluation: the participant experience report

they received from Work Programme provider was useful and should help them to identify and secure a new job.

## 9 Ongoing unemployment and programme completion

This chapter explores the experiences of those individuals who, following two years of support, completed the Work Programme and were unemployed. At this point, Work Programme providers return such individuals to the auspices of Jobcentre Plus. The quantitative research examines the characteristics of this group, while qualitative research explored what happened at the end of the Work Programme, how completion and transfer were managed by providers, and how participants felt when they came to the end of their two year participation.

### 9.1 Participants leaving the Work Programme after two years

As their participation in the programme came to an end, 53% of participants had not been employed since starting the programme and 14% were not at that point in paid work, but had spent some time in work since starting the Work Programme (Table 9.1).

**Table 9.1: Employment status after 24 months on programme**

<b>Employment status at survey wave 2</b>	<b>%</b>
In paid work	32.8
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	67.2
	<i>Of whom:</i>
<i>Not in paid work, but employed at some point since starting WP</i>	14.3
<i>Never employed since since starting WP</i>	52.8
<b>Total</b>	100.0

*Unweighted base: 1,880*

*Source: Second wave participant telephone survey, 2014*

Chapter 7 (see section 7.1.4, in particular) has already explored in some detail the factors associated with whether or not, by time they reach the crucial two year point, a participant has had any spells of work at during their time on the programme. And,

in Chapter 8, we have explored the extent to which participants found sustained work (looking at the duration of work spells and the number of work spells found).

This chapter focuses on ‘completers’, both those who never found work during their time on the programme, and those who did but who were unemployed again at the point their two year participation in the programme came to an end. In this section, to provide the context for the qualitative findings which follow, we describe the personal characteristics of this group, some key features of the support they received during their time on the programme, and their views on that support (in each case compared with those who were successful in finding work). Detailed breakdowns of the characteristics of this group of participants are found in Appendix 1, and, consistent with other findings, the key features include the following:

- Men are over-represented among this group compared with women (70% of male participants and 62% of female participants complete their period on the programme without being in work), although more male completers have found work at some stage during their period on than programme (Table A.0.68).
- Older participants are significantly over-represented in this group: 77% of participants aged 50-plus leave the programme without employment, compared with 66% of 25-49 year-olds and 65% of 18-24 year olds. Older completers are also much less likely than their younger counterparts to have found work at some earlier point during their participation on the programme (Table A.0.70).
- Participants with caring responsibilities for children or adults are slightly less likely to complete the programme without having found work than those without (65% and 68% respectively), although completers with caring responsibilities are also less likely than those without to have found work at some stage during their two years of participation on the programme (Table A.0.72).
- There is a strong relationship between qualification level and the likelihood of completing the programme and returning to Jobcentre Plus (73% of participants with no qualifications fall into this group, compared with only 60% of those who are qualified to level 4 or above): Table A.0.73.
- Work experience prior to joining the Work Programme is strongly associated with a participant’s likelihood of leaving the programme without having found a job: only 54% of those with work experience in the year before Work Programme referral fell into the completers’ group, compared with 73% of those who had not worked for five years or more (or never worked): Table A.0.74.
- Participants with a health condition or disability are much more likely to complete the programme and return to Jobcentre Plus support than are those without a health condition/disability (83% of the former are completers, compared with only 60% of the latter): Table A.0.71.
- Participants in the ESA payment groups (5-7) were much more likely to be complete the programme without being in work after two years (between 83% and 89% of participants in these groups) than were those in the JSA payment groups (1-4), of whom 61% to 79% returned to Jobcentre Plus after two years (Table A.0.75).

Finally, it is of interest to note that there is a statistically significant relationship between the frequency with which participants had meetings with Work Programme advisers during their two years on the programme, and their likelihood of being a completer and returning to Jobcentre Plus (Table A.0.76). If we leave aside those who said they had met an adviser only once (a small group, many of whom are participants who found jobs very quickly after joining the programme), there is generally a tendency for the likelihood of completing the programme without finding a job to be lower, the more frequently a participant has met with Work Programme advisers: among those who met their advisers on a weekly basis, only 52% completed the programme without work while, at the other end of the spectrum, among those who met their advisers less often than every two months, the proportion of completers was 80%. Caution needs to be exercised in drawing strong conclusions about causality from these findings, as it remains unclear how far they suggest that more frequent contact with advisers increases the chances of finding work, and how far it reflects providers focusing their efforts on those closest to the labour market.

## 9.2 Leaving the Work Programme

Views on the process of returning to Jobcentre Plus at the end of the Work Programme varied (as captured in the qualitative research) with some describing a positive process, and others suggesting it was less well planned. The interview data suggested that experiences of handover varied by provider, with some holding meetings as standard and/or providing information packs to support handover; others communicated programme end through a letter or during standard review meetings.

Participants who described a positive process reported a timely, planned and personalised discussion of what had been achieved and what would happen next regarding employment support and receipt of benefits. For example, a participant who spoke positively about the process described how his adviser had followed up this discussion with a letter, confirming the information that had been given. Another was invited to attend an “*end of course thing*”, where there was opportunity to discuss what had been achieved, and gather information about next steps.

Participants who described a less well planned process were either informed by providers or Jobcentre Plus. Those informed by a provider reported being told at a standard review meeting that the two years was coming to an end and that Jobcentre Plus would take over their case. It appeared that JSA claimants were told that Jobcentre Plus staff would know their Work Programme participation had ended but claimants of other benefits, such as ESA, did not necessarily understand how Jobcentre Plus would ‘take over’. Some participants received a letter or phone call from their provider telling them that the period of their participation was coming to an end and noted that Jobcentre Plus would take over their case.

Of those informed by Jobcentre Plus, JSA claimants tended to be informed in person at a signing on appointment, while ESA claimants were more likely to have received

a letter from Jobcentre Plus. For some, the situation was confusing particularly where their provider did not confirm completion in a timely manner.

Where processes were less well planned, participants could be puzzled and unsure about the likely reception at Jobcentre Plus since they were returning without work. Others said they were demoralised by not having got a job despite the support they had received; not knowing what would happen next increased their despondency.

A few participants – often those who thought they were making progress towards work but who also thought they would benefit from more help - indicated that they would prefer more time on the programme. This group described good relationships with their advisers and said regular contact would maintain their confidence and motivation. For some participants who lived on their own, attending the provider's office had been a welcome social occasion and while recognising that this was not an aim of the programme, said they had gained social skills and confidence as a result.

Others had mixed views about their Work Programme support coming to an end. Some participants stated that they had received as much help as their provider could offer and therefore did not want any more support. Others were less positive and were relieved to be leaving the programme, saying they had not had much help at all. Of these, some described frustration at having to go to regular appointments that in their view achieved nothing and others complained about a system in which there was continual staff turnover, staff absence, and poor communications with participants and with Jobcentre Plus.

### **9.2.1 Next steps on leaving the Work Programme**

Those returning to Jobcentre Plus support had varying stances on the future and their potential to find employment. Many described being motivated and engaged in activities to find paid work. Some of these described feeling fairly close to work and optimistic. This included some JSA claimants now receiving support from Jobcentre Plus. All in this group had been called to job interviews since leaving the programme. Some in the younger age groups had found jobs (temporary or part-time and unskilled) soon after leaving the programme. All of these would have liked full-time, permanent jobs and continually searched for better opportunities. A group of participants had completed the programme and had gone on to engage in further education or training with access to courses through different funding opportunities such as the European Social Fund. Some of these reported having requested similar training while on the programme, but had been told by providers that such opportunities could not be provided on the Work Programme, and were critical of providers as a result.

At the other end of the spectrum, a small group of older men, with severe mental health problems, stated that they were too ill to work when they joined the Work Programme. They claimed to have had little input because they were often too ill to attend appointments, or had spent protracted periods in hospital. Often, they had no aspirations about working again due to a further deterioration in health in the course of their time on the programme.

Between these two groups (those who did not think they could work again and those who were currently actively engaging with the labour market, education, or professional/vocational training) were some completers who were still interested and motivated to find work, but probably further away from employment. For some of these, a change in personal circumstances (the birth of a baby; a new relationship and relocation; a violent injury; waiting for an operation) meant that having a job was a future goal. Others in the group continued looking for work, but faced constraints such as caring responsibilities, lack of transport and health problems (especially conditions which had fluctuating or unpredictable impact, or included high levels of anxiety). Some thought they did not compete well in the local labour market against better qualified and more skilled individuals and due to their lack of recent work experience, many doubted their attractiveness to employers. Others indicated that jobs available locally were not of a type they would consider and some argued that employers relied on migrant labour which drove down wage rates which meant people such as themselves, with responsibility for housing costs and children, could not accept them.

Following completion of the programme, most received support from Jobcentre Plus i.e. both ESA and JSA claimants. Some talked about arrangements being made to address their barriers such as pain management courses and opportunities to do some voluntary work.

## **9.2.2 Views of support while on the programme**

Looking across the sample, a pattern emerged of more personalised attention and activity during the first three to six months of the programme, followed by a 'tailing off' during the following year. For some, there was a short period of more intensive support just before the end of the two year programme. While evidence from participants could not explain what was driving this, evidence from the provider report (Foster et al., 2014), suggests that providers' approach evolved over time.

Looking back on their two years on the programme, participants who were returning to Jobcentre Plus had mixed views about the support received through the programme: some felt the limited support they had received was appropriate to their circumstances; others had been hopeful of more support.

Some believed that staff had decided it was not worthwhile to focus time and attention on them - they understood that providers were paid on job outcomes and said it was to be expected that advisers would concentrate efforts on the most employable people. This group felt that being aged over 50, having been long-term unemployed, and/or facing severe health constraints, was unattractive to employers. However others facing these barriers reported being disappointed and demoralised by the lack of support they received. A second group reported feeling that the programme was a process which advisers had to administer and which they had to go along with or lose benefits. They spoke of advisers spending only a few minutes with them, "*ticking off boxes*", or "*getting through to the next interview*". Some spoke of being asked to join courses they had already completed or that seemed to have been chosen at random. There was a general sense that advisers were "processing

them” without attention to personal needs and circumstances which in the view of completers meant that nothing much useful had happened for them.

Some participants leaving the programme at the two year point said they did not receive the support they had asked for which could include basic skills training, assistance with IT or job-search and applications<sup>59</sup>. In contrast, a very small group who felt very uncertain about being able to work, or felt a long way away from the labour market, with ill-health, caring responsibilities, lack of work experience and/or little in the way of skills, education or qualifications, described an experience involving continuous personal attention throughout two years, making small steps and gradually building confidence and self-esteem. While none had got a job, all were positive about the support received and resources spent on them, and particularly highlighted the time spent with their advisers.

### 9.3 Difference made by the Work Programme?

An important part of the discussions with those leaving the programme after two years was their overall assessment of the difference made by taking part in the Work Programme. The research asked individuals to think about their experience and to identify positive and negative components. It also explored whether they felt closer to work through taking part.

A very positive aspect of the programme was the personal manner of advisers who were described variously as “*nice people*”, “*understanding*” and “*helpful*” or “*pleasant enough*”. Some claimants described that they were not “*pushed*”; having some choice, and gaining a sense of progression as a result of taking part in activities which they perceived as appropriate gradual steps in moving towards work. Some people living in isolated circumstances spoke positively of their visits to their provider’s office as enjoyable social occasions, with opportunities to talk to staff and be with other people. Being able to share their experiences with other participants, and learn from each other in looking for work, was a key positive component.

Only a small group of people were critical of advisers’ personal manner although more were critical in respect of: advisers who “*made no effort*”; did not follow-up on what was promised; did not understand the impact of health conditions, or who were inadequately trained to deliver a good service. A few criticised changes of advisers and absenteeism as contributing to a lack of continuity in the service, and generating constraints on building relationships.

Other negative components described included having to attend ‘appointments’ (sometimes involving long journeys) which lasted only a few minutes; training courses judged to be of poor quality or not suited to needs; feelings of being cycled around courses and workshops but learning nothing new; concerns and fears of

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<sup>59</sup>See Foster et al. (2014) for evidence on providers’ perspectives on supporting participants.

losing benefits (and, for some, financial disruption and frustration when this happened) and not knowing what would happen at the end of the Work Programme.

Looking back, the qualitative research shows this group were evenly split between those that said that taking part in the Work Programme had made a positive difference, and those that felt it had not. Of the latter group, some said they had received little input, having met an adviser only three or four times across their two years of participation. Some said their time would have been better spent searching for jobs, rather than having to turn up for appointments and undertake in-house courses of little value. A few said that taking part had been a hindrance and that as a consequence, they had “*drifted away*” from work rather than making progress towards it. Following completion, some of these had enrolled in education or training that had not been accessible on the programme.

Those who said that taking part had made a positive difference to them reported having developed a well-presented CV, which individuals would not have been able to achieve by themselves, along with gains in confidence and self-esteem, which individuals believed had brought them closer to work. One completer said she got a subsequent job through support from her adviser; a few others said that practical help from their adviser had been instrumental in being shortlisted for interviews. A few people mentioned they had learned more effective job-search techniques. One claimant was extremely pleased to have gained qualifications in English, maths and IT skills, and others acknowledged that they had probably learned a little from some of the training courses they had undertaken.

### **9.3.1 What was missing from the experience?**

Entirely positive views however, were rare and those returning to Jobcentre Plus support tended to speak of disappointments, and gaps in what had been offered to them. A common view was that what was promised by providers on joining the programme (such as personal attention, opportunities that matched support needs, and a choice of activities) had either failed to materialise or had fizzled out.

Suggestions for improvement in order to make the Work Programme more meaningful for individuals included some key factors that are known to drive participant satisfaction. These include continuity in advisers, consistency in advice and more time with advisers. Completers also indicated that there needed to be greater understanding among advisers of the impact of long-term and/or fluctuating health conditions. There was also a demand for dyslexia support from some.

Beyond these points, concerns centred on being able to meet the requirements of local labour markets. Completers wanted to see more support to improve longer-term prospects through further education (degrees, teacher training, college courses) which included addressing structural constraints on access to some training and funding opportunities; more, and more appropriate, help in gaining IT skills; more opportunities to get qualifications that employers valued; and more proactive help in finding training courses that they wanted, rather than the restricted selection offered (generally in-house). Other suggestions including completers who wanted advisers to more closely match their skills and interests to local jobs; create closer links and joint

working between providers and employment agencies, as well as local employers. Finally, a cluster in the group requested that more careful attention be paid to sanctioning which could be wrongly imposed through administrative delays, lack of communication and “*mix ups*” (the operation and impact of sanctions more generally is discussed in chapter 10).

## 9.4 Summary

The survey data suggested that following 24 months on the programme 53% of participants had not been in work and 14% had spent some time in work during their two years on the programme. Statistically, people in this group are more likely to be men, to be aged over 55, to have a health condition or disability, to have low or no qualifications, and to have no recent work experience prior to joining the programme. They are less likely to have met frequently with their Work Programme adviser (although this could partly reflect selection on the part of providers, rather than the impact of infrequent contact *per se*).

Some participants in the qualitative research who were leaving the programme and returning to Jobcentre Plus support, described a timely, planned and personalised end-stage of engagement which involved a discussion of achievements and progress made as well as what would happen next. Others suggested that “handbacks” were less well planned and had not really understood the process for returning to the auspices of Jobcentre Plus.

Some of this group who thought that with a little more help they would find work wanted to remain with their provider. These had in common a good relationship and regular contact with advisers. Others, who were frustrated by having to attend regular appointments which in their view achieved little, were pleased their time on the programme was ending.

Having completed the programme, some (typically older and with severe health conditions) believed they were still too ill to find work. These often described minimal intervention while on the programme due to periods of protracted hospitalisation and/or ill-health. Others, mainly JSA claimants, described being motivated and optimistic on completion and some had job interviews lined up shortly after completion. A further group went on to engage with further education or training which had not been made available to them while on the programme for which they criticised their adviser. For these, the two years on the programme had delayed their access to something that would have helped them make progress.

As earlier chapters have indicated, participants often had mixed views on the difference made by the programme. Similarly, those leaving the programme and returning to Jobcentre Plus support had mixed views on this point. Some appreciated factors such as an understanding or helpful adviser and having some choice over their activities. However, this did not translate into the programme being seen as helpful or effective, particularly where advisory appointments were brief and/or any training courses offered were seen as poor quality or not well-matched to their needs.

However, where participants were positive this arose from having an improved CV or self-confidence as a result of participation.

To improve the programme, participants in this group wanted providers to follow through on early promises such as personalised support that was well matched to their needs, and a choice of activities. Continuity of adviser as well as consistency in advice and more time with advisers would also have improved provision for many. Crucially, many participants wanted to be able to access vocational training and many wanted support more closely linked to opportunities in the local labour market. Finally, a group called for more careful attention to be paid to sanctioning since sanctions could be imposed due to administrative delays, a lack of communication and mix-ups although caused significant hardship for individuals.

## 10 Mandation, conditionality and sanctions

‘Mandation’ is the term used by DWP with reference to its employment programmes, including the Work Programme, to describe the process of requiring programme participants to undertake certain activities, under the threat of benefit sanctions. An alternative expression is ‘conditionality’ defined as the conditions or requirements that claimants must meet in order to continue to qualify for the receipt of benefits. In this chapter findings are presented on Work Programme participants’ experiences and views of sanctions and conditionality.

Since the conclusion of the research reported here, DWP commissioned an independent review of the operation of JSA sanctions that are validated by the Jobseeker’s Act of 2003, which includes the Work Programme (Oakley 2014)<sup>60</sup>.

### 10.1 Who is mandated to do what?

Among the different payment groups within the Work Programme there are differing levels of mandation or conditionality (as shown in Table 10.1). Apart from the ‘early access’ groups of JSA claimants, all JSA recipients must participate in the Work Programme. Support Group ESA recipients are not required to participate although they have the choice to become voluntary participants (as do people on combined

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<sup>60</sup> See: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/335144/jsa-sanctions-independent-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335144/jsa-sanctions-independent-review.pdf) and, for the government response to this review: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/332137/jsa-sanctions-independent-review-government-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332137/jsa-sanctions-independent-review-government-response.pdf)

Income Support/Incapacity Benefit payments); ESA WRAG claimants<sup>61</sup> with a prognosis of up to 12 months are mandated to the Work Programme<sup>62</sup>.

However, once a claimant has joined the Work Programme, regardless of whether this was on a mandatory or voluntary basis, the majority can be required to undertake activities<sup>63</sup> and subsequently be subject to sanctions if they do not comply.

Non-compliance with a required activity can lead to withdrawal of benefit for increasing periods of time: this was two weeks for an initial sanction, followed by four weeks and then for 26 weeks until October 2012, when a new sanctions regime was introduced with sanction periods proportionate to the degree of non-compliance. Work Programme providers do not make decisions about sanctioning, but refer cases to the Benefit Delivery Centres (BDC), each of which covers a number of Jobcentre Plus offices and areas. The responsibility for deciding whether to impose a sanction lies with the 'Decision Maker'. Work Programme participants referred for sanctioning by providers are contacted by the Decision Maker by telephone or letter to establish whether there is 'good cause' for their failure to comply with the requirements of the provider.

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<sup>61</sup> Note that a pilot programme is under way for 18-24 year olds in the ESA WRAG group, testing innovative models of support provision for this group: for further details, see: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/269256/work-programme-memo-141.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269256/work-programme-memo-141.pdf)

<sup>62</sup> Full details of the conditions under which different claimant types join the Work Programme can be found here: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/348265/wp-pg-chapter-2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/348265/wp-pg-chapter-2.pdf)

<sup>63</sup> The type of activities that can be made mandatory are determined by the benefit the claimant is on and their circumstances, so ESA claimants cannot be required to apply for a job or take up a job, but they can be asked to attend interviews with the providers or undertake other activities that might help them prepare for work.

**Table 10.1: Mandation requirements on Work Programme participants<sup>64</sup>**

<b>Mandatory or voluntary participation</b>	<b>Payment Group</b>
Mandatory	JSA claimants aged 18-24 JSA claimants aged 25+ JSA ex-IB JSA prison leavers
Mandatory or voluntary depending on circumstance	JSA 'early access' groups New ESA claimants ESA Ex-IB
Voluntary	ESA volunteers IB/IS (England only)

*Source: based on information provided by DWP<sup>65</sup>*

## 10.2 Awareness of conditionality and sanctions

Research with providers (see the companion provider-focused report published alongside this one: Foster et al., 2014) suggests that the threat or use of sanctions was widespread among end-to-end providers. It is, therefore, unsurprising that nearly 70% of respondents to the first wave participant survey said they had been made aware of conditionality and sanctions by a Work Programme adviser, as shown in Table 10.2, and by the time of the second wave of the survey, nearly all participants (91%) had got the message.

<sup>64</sup>This table presents a very broad brush picture of mandation. A fuller description can be found here: <http://www.dwp.gov.uk/docs/wp-pg-chapter-2.pdf>

<sup>65</sup>More detailed information on the conditionality for all payment groups can be found at: <http://www.dwp.gov.uk/docs/wp-pg-chapter-2.pdf>

**Table 10.2: Awareness of mandation and sanctions**

	Wave 1	Wave 2
Did Work Programme advisers tell you about mandatory activities and the threat of sanctions?	%	%
Yes	69.7	91.4**
No	28.2	7.2**
Don't know/can't remember	2.1	1.4*
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	4,715	1,880

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01*  
*Source: participant telephone survey (first wave, 2012 and second wave 2014)*

Similar findings emerged from the qualitative research with participants. Most reported a general awareness that aspects of their participation in the programme were mandatory and that there was the potential for sanctions in the event of non-compliance. They typically gained this awareness early in their engagement with the programme, and sometimes through Jobcentre Plus staff at the point of handover. Participants at a later stage of programme engagement often had experienced direct warnings from advisers about the consequences of not taking part in activities recommended to or arranged for them.

The first survey showed that some participants were unclear about what was compulsory and what was not. Most thought that attendance at meetings with advisers was mandatory but there was a wide variation in the extent to which they said they were told about other activities being compulsory, including 40% of respondents to the first survey who said they thought that no activities were compulsory (Table 10.3). Activities which, if provided, were most likely to be perceived as 'mandated', were those most directly related to finding employment, such as CV help, drawing up an action plan or receiving careers advice, with activities related to indirect barriers such as housing issues or substance abuse least often perceived as mandatory. Reporting that no activities were mandatory was more common amongst participants with a health condition/disabled participants (Table A.0.77) and those with higher levels of qualification (Table A.0.78). There were no significant differences in this respect by gender, ethnicity or caring responsibilities.

**Table 10.3: Whether participants thought activities were compulsory**

<b>Activities participants were told were compulsory</b>	<b>%</b>
None	39.3
Help with writing a CV, job applications or interview skills	28.5
Drawing up an action plan	20.7
Skills assessment	12.5
A session on motivation or confidence	10.2
Financial support to help cover the costs associated with looking for work	8.7
A referral to a careers adviser	7.1
A place on a training course	5.7
Support or training in maths, reading, writing or English language	5.3
Financial advice of some sort	4.9
A work experience placement or voluntary work	4.6
Support for becoming self-employed	3.3
Advice or support relating to health or a disability	3.3
Help with housing issues	1.8
Help or advice related to having a criminal record	1.6
Help or advice on looking after children or adults	1.2
Help with drug or alcohol problems	0.6
Other	1.7
Don't know	12.4

*Unweighted base = 4,715*

*Note that responses sum to more than 100%, as respondents could give more than one response*

*Source: First wave participant telephone survey, 2012*

Although there was a general awareness of the possibility of sanctions among participants, more detailed knowledge about how benefits would be affected (such as the amount and duration of any reduction or suspension of payments) was rare. Qualitative interviews showed that there was sometimes confusion about the roles played by advisers and Jobcentre Plus staff in decision-making about sanctions, particularly when requirements for job search came from both directions.

## 10.3 Sanctions in practice

While some 70% of participants in the first survey had been informed about the threat of sanctions, the incidence of sanctions being reported by participants at that time was just over 10%. This increased to 14% by the second survey (Table 10.4).

**Table 10.4: Incidence of sanctioning among WP participants**

	Wave 1	Wave 2
Was your benefit ever stopped because you failed to do something a WP adviser had asked of you?	%	%
Yes, my benefit was then stopped	7.2	12.2**
Yes, part of my benefit was then deducted	3.0	1.5**
No	88.7	85.9**
Don't know	1.1	0.5**
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	<i>4,715</i>	<i>1,880</i>

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01*  
*Source: participant telephone survey (first wave, 2012 and second wave 2014)*

Participants in the first survey who reported being sanctioned were asked for the reason their benefit was reduced or stopped (Table 10.5). Most common was failure to attend an interview with the provider. A similar question was asked at the second wave (focusing on the most recent occasion, in cases where participants had been sanctioned more than once), and their responses (Table 10.5) exhibit a similar pattern to those given 18 months earlier, with the main reason for sanctioning being missed interviews with providers.

**Table 10.5: Reasons for sanctioning**

<b>Reasons for sanction</b>	<b>Wave 1</b>	<b>Wave 2</b>
	<b>%</b>	<b>%</b>
Failed to attend an interview/interviews with personal adviser	44.6	48.9
Failed to attend Work Programme referral interview	12.9	12.2
Failed to attend or start a course or other programme of support	9.8	5.8
Failed to start the Work Programme	9.2	13.3
Failed to attend an information session	8.2	13.7
Failed to show/prove applying for jobs / applying for enough jobs	5.3	3.1
Late for / missed appointment	4.5	6.7
Failed to attend a skills assessment	2.8	3.9
Misunderstanding / mix ups	2.5	4.1
Failed / forgot to sign on	1.9	1.5
Letter not received / sent to wrong address	0.8	3.0
Don't know/ can't remember	4.7	6.2
Other	14.5	11.1
<i>Unweighted base: (All respondents who had been sanctioned)</i>	<i>408</i>	<i>195</i>

*Note: percentages sum to more than 100%, as respondents could give more than one reason*

Significance of difference between Wave 2 and Wave 1 (t-test): \*  $p < 0.05$

\*\*  $p < 0.01$

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

Within the qualitative research, there were few examples of participants having had a sanction imposed and failure to attend an interview was the most common reason for sanctioning. There were more examples of people missing or being late for appointments who were nevertheless *not* subject to a sanction. There were also numerous accounts of the reasons for not attending being accepted by provider staff, after which appointments were rescheduled but no other further action was taken.

The incidence of reported sanctions appears to have fallen more heavily on young people (in both waves of the survey) and those who had never been in paid employment (this pattern was statistically significant in the first wave, but not in the second wave of the survey<sup>66</sup>) as Table A.0.79 and Table A.0.80 show.

<sup>66</sup> The wave 2 results, not being statistically significant, are not reported in the table.

Participants were also less likely to be sanctioned if they had any caring responsibilities (Table A.0.81)<sup>67</sup>. Similarly, participants with a health condition or disability (Table A.0.82) were also less likely to be sanctioned (this pattern was present in both waves of the survey, but at wave 2 of the survey was statistically significant only for people with disabilities/health conditions lasting six months or longer, and not for those whose disabilities lasted or were expected to last for 12 months or more).

More highly qualified people were also less likely to be sanctioned (Table A.0.83) but there was no significant variation by gender or ethnicity. The qualification effect is particularly marked, it is statistically significant in both survey waves, and appears to have intensified between the two waves (at wave 1 a participant with no qualifications was 2.5 times more likely to be sanctioned than a participant qualified to level 4 or higher; by wave 2 this was 3.2 times more likely).

This pattern was only partly confirmed by the multivariate analysis in the Appendix to this report (Table A.0.97), and the latter suggested that once other factors were controlled for, the relationships with age and with qualifications remain statistically significant, but there was no longer a significant relationship between likelihood of being sanctioned and work history, caring responsibilities or health conditions. This pattern was confirmed in the multivariate analysis of the wave 2 data, with older and better qualified people less likely to be sanctioned (if anything the qualifications effect was stronger at wave 2), and there was also a gender effect apparent in the wave 2 data (women being significantly less likely to be sanctioned than men, once other factors were controlled for).

Although the incidence of sanctioning for participants with a health condition or disability was low, qualitative data showed how some of these participants were particularly vulnerable to misunderstandings or communication problems which could lead to sanctions being imposed.

## 10.4 Effects of the threat and use of sanctions

### 10.4.1 Effects on engagement

The qualitative research demonstrated a number of responses to the threat and use of sanctions. In general there was little objection among participants to the principle of conditionality and sanctions. The existence of a conditionality regime around participation did not seem to come as a surprise to most, and some noted that this was to be expected given the association with Jobcentre Plus. Some participants did not particularly object to the concept of conditionality, seeing it as “*fair enough*” and a reasonable approach to ensuring the compliance of more reluctant or less motivated individuals. There was some negative feeling, however, about the extent to which sanctions were emphasised by providers and Jobcentre Plus staff. It was commented

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<sup>67</sup> This pattern was statistically significant in the first wave, but not in the second wave of the survey. The wave 2 results, not being statistically significant, are not reported in the table.

that this conveyed an assumption that all benefit claimants were unmotivated or did not show enough recognition that the ability to comply with requirements might be constrained for valid reasons, for example, ill health, childcare commitments or occasional unforeseen circumstances.

The most common view among participants interviewed shortly after joining the programme was that the conditionality and sanctions regime was largely unnecessary or irrelevant to them. This was because they saw themselves as naturally compliant and had no objection to carrying out activities suggested to them that would help them towards their goal of getting back to work. Many welcomed and enjoyed their early engagement with the programme. Turning up for a fortnightly appointment which could be rearranged in advance in case of illness or difficulty did not seem too onerous. Some went right through their two year programme without feeling at risk of a sanction being applied. However, there was also evidence that while conditionality was widely accepted in principle, participants believed the system should be fair, transparent, and operate correctly and consistently. Amongst those in the qualitative research who were actually sanctioned (as noted above, around 14% of participants in the survey had been sanctioned), some understood why they had been imposed whilst others felt that sanctions had been imposed unfairly, for example as a result of administrative errors or inconsistent communications from advisers, and this latter group tended to have negative feelings about the way the sanctions regime was being operated, and to report that it had led to harsh and unhelpful outcomes for themselves and their families.

#### **10.4.2 Effects on keeping appointments and undertaking activities**

In the second wave of the survey, the 91% of participants who were aware of the sanctions regime were asked whether the threat of having their benefits stopped or reduced made any difference to the likelihood that they would do what their provider told them to. Just over half reported that the sanctions regime made no difference in this respect, while 41% said that it made them more compliant (Table 10.6).

**Table 10.6: Whether threat of sanctions made a difference to participants’ co-operation with provider**

<b>“Overall would you say that the threat of having your benefits stopped or reduced made you more or less likely to do what your provider asked you to do, or did it make no difference?”</b>	<b>%</b>
More likely to do what the provider asked	40.5
Slightly more likely to do what the provider asked	0.3
Made no difference	52.9
Slightly less likely to do what the provider asked	0.1
Less likely to do what the provider asked	2.9
Don’t know/can’t remember	3.3
<i>Unweighted base</i>	<i>1,705</i>

*Source: Second wave participant telephone survey, 2014*

In qualitative interviews some participants said that knowing they might otherwise lose benefits had encouraged them to attend meetings with advisers when they had felt disinclined to do so. Participants who said this often reported that their appointments were very short and little happened in them other than checks on job search. Participants with dependent families, and some who were single with no other income source, were also likely to say that determination not to lose benefit influenced them in keeping appointments.

Anxiety about the prospect of sanctions through missing appointments was common, and some participants described how this led to distress. Those who said they were frightened by the idea that they might lose benefit included some whose health condition made it hard for them to attend appointments. Some ESA claimants said they went to appointments when they were unwell, in order not to risk benefit suspension. Participants who missed appointments due to ill health, travel difficulties or caring responsibilities often said that advisers accepted the explanations and re-booked appointments, especially if they contacted staff quickly. Using the phone for this purpose was hard for some people, however, leading to further anxiety.

Not everybody who missed an appointment was aware of this, because there had been some mix-up in or miscommunication of appointment times. Letters or telephone calls were then received, notifying them of the missed appointment and reminding them about the possibility of losing benefits. Understandably, this was upsetting. Some participants’ circumstances made them more liable to miss meetings and this caused anxiety. This included participants with mental health conditions, mild learning difficulties, limited reading ability, a limited understanding of English, those with sensory impairments for whom communication was hard, and some whose medication made them sleep through large parts of the day.

### 10.4.3 Effects on job entry

The first survey showed no statistically significant association between a participant reporting being sanctioned and their likelihood of entering paid work. It was not, however, possible to conclude from this that sanctioning had no effect on work entry from the available data. For example, those who are sanctioned may have characteristics not captured by the survey which make them systematically less likely than non-sanctioned participants to get work. Equally it is possible that any behavioural effect of sanctioning operated less through the imposition of sanctions and more through the 'threat' of being sanctioned for non-compliance.

The qualitative research evidence suggested that few participants reported feeling pressured by providers to apply for jobs they considered unsuitable, but they did report that they were under more pressure from Jobcentre Plus staff. Some had been warned by the Jobcentre Plus staff of the threat to their benefits if they did not find a job or had been told that they needed to find another job to supplement or replace an existing part-time job (under 16 hours per week). Not all pressure was perceived as negative. Among the new job entrants, some explained that, whilst they did feel some pressure from Jobcentre Plus or their Work Programme provider, their intrinsic motivation to find work was pushing them in the same direction. This was supported by survey data from the first wave survey<sup>68</sup>, which showed that among those participants who had accepted work that was not a good match for their skills/experience, the majority (78%) said they had done so simply because they wanted to move into work as quickly as possible (Table 7.6).

However, qualitative research with participants who had sustained work, and people who had completed the two year programme provided firmer evidence of behavioural effects of conditionality on job search activities, taking a job and staying in it.

Some said they had felt pressure to seek work when they did not feel ready, or to apply for jobs that did not match their skills or interests, did not fit family commitments, or were temporary or part-time jobs which risked financial difficulties. Some successfully explained to advisers why they were not applying to such jobs, including people who were determined to pursue long term goals for educational qualifications or professional training. However, others said they did apply for unsuitable jobs, jobs they did not want and jobs they knew they would not get, in order to comply with requirements of Jobcentre Plus and Work Programme advisers and thus protect their benefits. There were some who said they had taken a job with a poor fit with their aspirations and experience through pressure felt to "*take any job*" or risk their income.

There was a small amount of evidence that 'perverse' behaviours could emerge in response to conditionality, especially to meet job search requirements. Some participants said they had learnt how to manage the requirements in order to avoid risk of sanctions. In examples of this, a participant who attended group job search reported that a job application made by one group member could be copied and

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<sup>68</sup> Note that a corresponding question was not asked at the second wave.

minor alterations made by others to increase the seeming level of job-search activity among group members. Another participant described how they spent more time documenting evidence of job search rather than changing how they looked for work.

#### 10.4.4 Impact of sanctions

An inevitable consequence of being sanctioned is a temporary reduction in income. Evidence that this could cause hardship came from the first participant survey. Of the respondents who had been sanctioned, one in three had had to apply for a hardship payment as a result. By the time of the second wave, the proportion of those sanctioned who had applied for a hardship payment<sup>69</sup> had increased to 49%.

The qualitative research explored experiences of sanctions being applied where claimants had felt that they were not justified or were the result of errors by the provider or Jobcentre Plus<sup>70</sup>.

In some of these cases, participants in the qualitative research had appealed against the decision. Cases where these appeals successful, included examples when Jobcentre Plus acknowledged that they had acted on wrong information, such as recording errors, or it was demonstrated that the Work Programme provider had given the participant insufficient information. Participants who had this experience often reported being angry about errors that left them without income and having to sort out a problem not of their making. Despite benefits eventually being reinstated some of these had run up overdraft and borrowing charges. Consequences of financial sanctions included not being able to pay bus fares to get children to school, and family relationships becoming strained. Some participants also said that their experience of a sanction being applied had a negative impact on their relationship with their advisers, and their view of the programme.

There were some participants who acknowledged that their behaviour had led to the sanction and some changed behaviour as a result e.g. now always leaving a message on the provider's answerphone when not able to get through on the telephone to rearrange an appointment. However, changing behaviour was harder for others such as those with memory and concentration loss related to health conditions and some with hearing impairments who said this led to misunderstandings and missed appointments.

Even a short time without income was hard to deal with, especially when participants already had debts to service. Some explained that as JSA and ESA are both usually paid fortnightly in arrears, a two-week benefit suspension meant a month without

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<sup>69</sup> A hardship payment is a reduced amount of Jobseeker's Allowance that may be accessed by people whose benefit has been stopped, because of doubts about whether they are available for and actively seeking work or for non-compliance with the conditions of their benefits claim.

<sup>70</sup> In the year to Sept 2013 there were over 258,000 decisions to apply a sanction to JSA and ESA claimants for failure to participate in the Work programme. A third (33 per cent) of decisions to apply a sanction were reviewed; of these 18 per cent were overturned at internal review and less than 0.5 per cent were overturned at appeal. (<https://stat-xplore.dwp.gov.uk/#>)

income<sup>71</sup>. A sanction often meant borrowing, relying on friends for meals, going into debt, and rent arrears. Not everybody in the qualitative research who reported losing benefit was aware of the hardship fund<sup>72</sup>. Some who were aware of the hardship fund said that they thought it was not worth spending the time, and bus fare, to make an application for a small amount of money which they believed would then have to be repaid<sup>73</sup>, further disrupting budgeting when benefit was restored. Participants who did not know about the hardship fund, or who decided not to use it said they had relied on “*family*” to tide them through. Family members who had helped them were often parents or grandparents, whose own low incomes came from pensions and benefits. There were a few examples of single people without children being left with no source of income, and one who went into rent arrears had to give up his home as a result of benefit sanctions being applied.

Reduced income due to sanctioning could lead participants to cancel advisory appointments because they had no money for bus fares. There also appeared to be less work-related activity in a period of benefit reduction because they could not afford to use telephones, travel to visit employment agencies, or buy stamps. Some who got into serious financial difficulty during sanctions said their focus shifted away from thinking about work onto how to get through without income.

## 10.5 Summary

The evaluation produced data on mandation, conditionality and sanctions from the participant surveys and qualitative research (as well as research with providers, reported in Foster et al., 2014). Points on which the participant findings are relatively conclusive include:

- The message that Work Programme involvement is largely compulsory and backed up by a regime of sanctions. Most participants were aware of the conditionality and sanctions that applied to the programme.
- Most participants had little problem with the notion of conditionality and sanctions. It was generally accepted as reasonable in return for receiving benefits.
- Those who were actually sanctioned had mixed views – some acknowledged their behaviour had led to the sanction and subsequently changed their behaviour; others felt they were not justified. Some relied on families for help with the financial implications, others felt they suffered hardship (and not all were aware of the hardship fund). For many participants the conditionality and sanctions regime

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<sup>71</sup> That is in addition to the two-week stoppage, participants had to wait a further two weeks to become eligible for their next benefit payment since this was paid in arrears and not in advance.

<sup>72</sup> Claimants who are sanctioned are able to claim hardship - all ESA claimants have access to hardship payments from day one and JSA Claimants who are vulnerable can also claim hardship payments from day 1; all other claimants are eligible hardship payments from day 15.

<sup>73</sup> This may reflect a misunderstanding of the hardship payments system – JSA and ESA hardship payments do not have to be paid back (unless the sanction is revised or overturned on appeal or another benefit paid for the same period covered by the hardship payment).

was deemed to be unnecessary and irrelevant, as the desire to find work ensured their compliance with the requirements to attend meetings and engage with work-related activities.

- For some participants the threat of sanctions had changed their behaviour, encouraging them to attend meetings that they might otherwise have failed to attend. Others perceived little impact on their behaviour.

There was little conclusive evidence about the effects of being sanctioned, particularly any behavioural effects. Also there was limited information on the types of participants being sanctioned, particularly whether they were individuals who were reluctant or resistant to engaging or whether sanctions affected participants who missed appointments without being able to demonstrate good cause. There was a possibility that some who have been sanctioned were largely compliant and had been sanctioned because of an isolated lapse (e.g. a forgotten appointment). There was perhaps a case therefore for reviewing the procedures for sanctioning to ensure that the people who received sanctions were the intended target group i.e. those whose behaviour was assessed as not meeting conditionality requirements. There were no examples of participants being sanctioned for not taking a particular job and few cases where participants had felt under pressure to apply for jobs specifically because of the threat of sanctions.

# 11 Personalisation

This chapter begins with a brief discussion about the concept of personalisation in the context of the Work Programme and the approach taken in this evaluation, since personalisation is a subjective notion and there are no easy measures of it. Early findings suggested that two aspects of personalisation could be inferred from the research data, and the chapter thus goes on to provide findings from participants on *procedural* and *substantive* personalisation. A comparison is also drawn between the evidence for ‘work-first’ approaches and for ‘human capital’ approaches in the delivery of the Work Programme. A final section reminds readers about some of the difficulties in investigating and measuring personalisation that have a bearing on the conclusions that can be drawn from the findings.

## 11.1 Background: concept of personalisation in the Work Programme context

The first report from the Work Programme evaluation (Newton et al, 2012) discussed the concept of *personalisation* and how it was operationalised in the programme. The rationale for this being that personalisation was emphasised as a key feature of the Work Programme in early policy documents and speeches by key political figures. For example, the Minister of State for Employment noted an ambition that a personalised service would be delivered in a speech in 2010.

*“The new Work Programme will be an improvement on the current offer. It will deliver long-lasting tailored support. We are taking the first steps towards developing a package of support that includes a simplified benefits system that works alongside personalised back to work provision to support people into sustained employment.”*  
(Chris Grayling MP, 2010)<sup>74</sup>

The language of personalisation and ‘tailored support’ was also repeatedly deployed in the tender documents submitted by the successful prime providers. However, personalisation was not a notion that resonated directly with most participants

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<sup>74</sup> Chris Grayling, Minister of State for Employment, 1 July 2010. Accessed at <https://www.gov.uk/government/speeches/centre-for-economic-and-social-inclusion-welfare-to-work-event>

interviewed for the qualitative research. They spoke at length about their relationship with their adviser and how they felt about the support they received or did not receive but they rarely used the vocabulary associated with personalisation. A close look at the qualitative data in the early analysis (Newton et al, 2012) suggested that two different aspects of personalisation could be inferred from the provider and participant evidence: *procedural* and *substantive personalisation*.

Procedural personalisation referred to the personal interaction between provider staff and participants, and the extent to which participants were treated as individuals with sensitivity and respect. Substantive personalisation referred to support and services tailored to individual needs and the wishes of participants, such that a substantively personalised service would comprise elements of advice and support that both:

- matched the work goals and aspirations of individual participants; and
- addressed their individual needs or barriers.

Some needs or barriers might be associated with goals and aspirations (such as the need for professional training for preferred work or affording the purchase of licences to enable a person to be job ready). Others might be independent of specific work goals and aspirations (such as the need to deal with pain or manage financial issues that effectively slow down or prevent work-related activity, such as indebtedness). This chapter draws on evidence from the qualitative and quantitative work with participants on to present findings on these topics.

## 11.2 Procedural personalisation

The early evidence indicated that participants were appreciative of the personal manner and approach of advisers. They valued advisers who were interested in them, listened to what they said and remembered it at the next appointment. Some were surprised at the level of pro-activity shown by advisers on their behalf and spoke positively about staff who were positive and encouraging, 'trying their best' and 'wanting to help' even when they were still waiting for tangible outcomes.

The subsequent qualitative fieldwork largely reinforced these messages. Participants' experience of the provider's office environment was important. Visiting a well-organised and comfortable office, with a quiet waiting area, and being able to talk to an adviser privately, without feeling rushed or overheard by others helped participants to feel valued, and raised confidence in the service. When it was hard to get to the office, due to distance and travel arrangements, ill-health or disability, participants appreciated being offered telephone appointments. Good relationships with advisers had often been established in early contacts when relatively long meetings allowed time to describe personal circumstances, goals and aspirations. With time, meetings tended to become shorter but good relationships (described as being treated politely, receiving supportive and positive responses, and some helpful suggestions) were often maintained. Participants often appeared satisfied with the approach - even when there was little in-depth discussion in these short meetings. The facilities available in providers' offices were highly valued by some participants who did not

otherwise have easy access to computers or photocopiers. Some offices provided local newspapers and trade circulars and, again, these were appreciated. It was an advantage to have these facilities all together in a comfortable environment and to be able to call in to use them without an appointment.

There were no quantitative data from the participant survey that related directly to procedural personalisation (for example, no questions were asked in the survey about how participants felt they were treated by provider staff). However, respondents in the first survey were asked about their views on the amount of contact they had had from their adviser which might be viewed as an indirect indication of whether the adviser was responding appropriately to the needs and aspirations of the participants. As reported in Table 5.7, nearly three-quarters (74%) responded that they thought the amount of contact was 'about right' although one in seven said it was not enough.

Whilst the majority were satisfied with the approach, a few themes emerged from those who were not. First, there was evidence of lack of procedural personalisation for parents (some of whom found the lack of facilities for children made arranging appointments hard); as well as for some of those with health conditions and disabilities. Entry doors to providers' offices were not always easy to manage, for example when controlled by key pads, and participants with mobility constraints were critical of offices without lifts and poorly located toilets. Some participants with hearing impairments experienced major problems in communication, and explained the importance of receiving clear and timely written correspondence from the provider. Texting an adviser by mobile phone was helpful for deaf people, but some advisers were not supplied with mobile phones to enable this.

Second, some had concerns about the relationship with their adviser. For example staff changes and absenteeism were criticised as contributing to perceived lack of continuity in service and constraints on building relationships<sup>75</sup>. Some participants wanted longer appointments in order to talk in greater depth, and these were dissatisfied with being required to attend five to ten minute meetings as if they were on "a conveyor belt" for simple job search checks. There was criticism about advisers who did not do what they said they would do, for example making enquiries about a training course or phoning back with information. Unexplained gaps and delays in contacts with the provider left people puzzled, and concerned about possible implications for sanctions.

A significant perceived disadvantage for some was that taking part in the programme meant they became ineligible for other kinds of support, including specific training/education programmes (for example, funded through the European Social Fund), and local business advice which excluded participants (again due to conditions imposed by the funder and to avoid falling foul of double-funding rules). These regretted their loss of opportunity and the perceived lack of service integration.

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<sup>75</sup> Findings from the survey, shown in Table 5.3 earlier, indicate that slightly more than two-thirds of participants experienced adviser continuity throughout their time on the Work Programme

## 11.3 Substantive personalisation

The first participant survey addressed the issue of substantive personalisation in two ways. First, respondents were asked about the extent to which the support they received matched their needs, which provided the most direct evidence on substantive personalisation. Second, they were asked whether they felt under pressure to take part in activities they thought were unsuited to their needs or circumstances, which provides potential evidence of a *lack* of personalisation. In the qualitative research, participants were similarly asked about their views of the help and support provided by Work Programme organisations.

Respondents to the first survey were asked to take an overview of the support offered to them through the programme and, thinking about all the organisations (apart from Jobcentre Plus) that they had been in contact with in respect of the programme, to say how far they thought that the support they had received was well-matched to their personal needs and circumstances. A majority were positive about the support they had received, and its degree of personalisation in this sense. Thus 64% felt that the support offered matched their needs 'very' or 'fairly well' (Table 11.1). By the time of the second survey, the picture was broadly similar, although there had been a slight fall in the proportion saying that support matched their needs 'very well', and corresponding slight increases in the proportions reporting that support was not very well matched or not well matched at all.

Younger respondents tended to be more positive than older ones about the match between the support offered and their needs, with 30% of 18-24 year olds feeling support was 'very well matched'. This age difference persisted at wave 2. (Table A.0.87).

Initially women tended to be more positive than men, with 31% believing support offered was 'very well matched' to their needs, compared with 25% of men. By the time of the second survey, this gender difference had disappeared, and there was no statistically significant difference between male and female participants (mainly because the proportion of women reporting that support was very well-matched had fallen to 24%, while the figure for men was 22%).

Respondents (nearly one in three - 30%) who said their support was not well matched to their needs tended to be those with physical or mental health conditions (23% of whom felt support was 'not well matched at all'; compared with 16% of those without a health condition or disability Table A.0.88) and those with the highest levels of qualifications. A sizeable minority (33%) of the latter stated that support was 'not well matched at all'; Table A.0.89). Once again, both of these relationships (with health status and qualifications) persisted and remained statistically significant at wave 2 (Table A.0.88 and Table A.0.89).

These relationships were explored more fully in the multivariate analysis in Appendix 1 (see Table A.0.102) which showed that in both the first and second surveys, those with the highest levels of qualification and older participants were significantly more likely to feel that support was poorly matched to their needs. Other differences were apparent in the first wave, but not in the second. As such, in the first wave those with

a health condition/disability and those from an ethnic minority background were more likely to say support was 'not very well matched' to their needs.

**Table 11.1: Overall perception of how well support matched participants' needs**

Extent to which respondents felt support offered by WP matched their needs	Wave 1	Wave 2
	%	%
Very well matched	25.8	22.4**
Fairly well matched	37.9	39.5
Not very well matched	13.7	16.3**
Not well matched at all	16.7	20.1**
Not sure/don't know	5.9	1.7**
<b>Total</b>	100.0	100.0
<i>Unweighted base:</i>	4,715	1,880

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01  
Source: Participant telephone survey (first wave 2012 and second wave 2014)*

**Table 11.2: How well support matched participants' needs, by age group**

Age group	Extent to which respondents felt support offered by WP matched their needs				<i>Unweighted base</i>
	Very well matched %	Fairly well matched %	Not very well matched %	Not well matched at all %	
18-24	29.6	45.9	13.5	11.0	1,182
25-49	26.4	38.0	15.5	20.1	220
50+	26.7	36.8	13.5	23.0	977
<b>Total</b>	27.4	40.2	14.6	17.8	4,379

*Chi-square = 75.770 (6); Pr = 0.000*

*Source: First wave participant telephone survey, 2012*

**Table 11.3: How well support matched participants' needs, by health status**

<i>Row percentages</i>	<b>Extent to which respondents felt support offered by WP matched their needs</b>				<i>Unweighted base</i>
<b>Health condition or disability lasting 6m+</b>	Very well matched	Fairly well matched	Not very well matched	Not well matched at all	
Yes	25.3	36.1	15.3	23.3	1,827
No	28.4	41.8	13.9	15.9	2,487
<b>Total</b>	27.6	40.3	14.3	17.8	4,314
<i>Chi-square = 36.705 (3); Pr = 0.000</i>					
<b>Health condition or disability lasting 12m+</b>					
Yes	25.3	35.9	15.4	23.4	1,573
No	28.3	41.6	14.0	16.2	2,563
<b>Total</b>	27.6	40.3	14.3	17.8	4,136
<i>Chi-square = 30.864 (3); Pr = 0.000</i>					

*Source: First wave participant telephone survey, 2012*

**Table 11.4: How well support matched participants' needs, by qualification level**

<i>Row percentages</i>	<b>Extent to which respondents felt support offered by WP matched their needs</b>				<i>Unweighted base</i>
	Very well matched	Fairly well matched	Not very well matched	Not well matched at all	
<b>Highest qualification level</b>					
No qualifications	30.6	38.4	13.0	17.9	1,246
Below Level 2	27.2	43.8	13.9	15.1	450
Level 2	26.7	42.4	15.2	15.6	935
Level 3	26.9	38.9	14.7	19.4	470
Level 4 and above	18.4	32.2	16.4	32.9	423
<b>Total</b>	27.0	39.6	14.4	19.0	3,524

*Chi-square = 88.977 (12); Pr= 0.000*

*Source: First wave participant telephone survey, 2012*

Evidence from the qualitative research with participants was of widely differing experiences of services and support received. Many spoke positively about the help and support they had experienced, which suggested that what they had received had been appropriate and constructive and matched to their needs. There was evidence that some people with limited computer skills, who had not made progress on providers' standard 'computer skills' training packages, had benefited considerably from further intensive personalised support. However, not everybody who had asked for such personalised help had received it.

Pre-employment support and help with job-search that reflected participants' goals, interests and capacity was appreciated. There were some examples of positive outcomes of personalised job searching and job brokering among participants who had sustained work. Those who found interview preparation particularly helpful included some who were concerned about the way to talk to potential employers about their health condition. However, participants with professional qualifications or long experience at managerial level said none of the courses available were appropriate for them and thus support was not well matched to their needs.

A related question from the first participant survey asked respondents about the extent to which they had felt under pressure from their advisers to undertake activities that they felt were not suited to their needs or circumstances. As shown in Table 11.5, in both waves the biggest group reported no such pressure (46% in wave 1, falling to 39% in wave 2).; However 30% felt it 'to a great extent' or 'to some extent' and a further 9% said they felt pressure 'to a limited extent' in wave 1, and these figures increased slightly in wave 2 (with 35% reporting feeling pressure to a great or some extent, and 11% to a limited extent).

At the first survey wave, these proportions did not vary significantly with most of the personal characteristics of participants, with two exceptions: respondents with a health problem/disabled people (Table A.0.91) were significantly more likely to feel under pressure, with 37% feeling this to a 'great extent' or to 'some extent'. Older respondents were also more likely to report feeling such pressure (Table A.0.93). By the second wave, the picture was slightly different as the relationship with health status/disability was no longer significant, and although there was still a relationship with age, it differed in that, while older groups were more likely to report pressure to a "great extent" than younger participants, they were less likely to report pressure to "some extent". In addition, several new effects were evident: first, a gender pattern had emerged, with men being slightly more likely than women to report such pressure (a statistically significant difference); second, a qualifications effect was also apparent (Table A.0.92), with the most highly qualified being most likely to report pressure to some or a great extent (although this was not a straightforward relationship, as those with intermediate qualifications were the least likely to report a great extent of pressure); and third, there was also a statistically significant difference according to the ethnicity of participants (Table A.0.90) with ethnic minority participants more likely than their white counterparts to report feeling pressure to some or a great extent, and less likely to say that they did not feel pressure "at all". These patterns at both waves were broadly confirmed by the multivariate analysis (see Appendix 1, Table A.0.105).

**Table 11.5: Extent to which participants felt pressure from providers**

Extent to which participants felt under pressure to take part in activities they felt were unsuited to their needs or circumstances	Wave 1	Wave 2
	%	%
To a great extent	11.7	15.3**
To some extent	17.8	19.2
To a limited extent	9.1	11.0*
Not at all	45.5	38.6**
Not sure/Don't know	15.8	16.8
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	<i>4,715</i>	<i>1,880</i>

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01*  
*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table 11.6: Perceived pressure from providers by health status**

<i>Row percentages</i>	<b>Extent to which felt under pressure take part in activities they felt were unsuited to their needs or circumstances</b>					<i>Unweighted base</i>
	To a great extent %	To some extent %	Not sure %	To a limited extent %	Not at all %	
<b>Health condition or disability lasting 6m+</b>						
Yes	17.6	18.9	11.1	8.4	44.1	1,900
No	10.2	18.9	11.4	10.1	49.5	2,501
<b>Total</b>	12.1	18.9	11.3	9.7	48.0	4,401

*Chi-square = 47.004 (4); Pr = 0.000*

<b>Health condition or disability lasting 12m+</b>						
Yes	17.1	18.7	10.9	8.7	44.6	1,642
No	10.4	18.8	11.5	10.0	49.4	2,582
<b>Total</b>	11.9	18.8	11.3	9.7	48.3	4,224

*Chi-square = 34.415 (4); Pr = 0.000*

*Source: First wave participant telephone survey, 2012*

**Table 11.7: Perceived pressure from providers by age group**

<i>Row percentages</i>	<b>Extent to which felt under pressure take part in activities they felt were unsuited to their needs or circumstances</b>					<i>Unweighted base</i>
<b>Age group</b>	To a great extent %	To some extent %	Not sure %	To a limited extent %	Not at all %	
18-24	7.2	18.3	11.7	10.6	52.1	1184
25-49	14.1	19.1	11.4	9.5	46.0	2271
50+	16.1	18.7	10.3	8.2	46.6	1013
<b>Total</b>	12.3	18.8	11.3	9.6	48.0	4468

*Chi-square = 53.804 (8); Pr = 0.000*

*Source: First wave participant telephone survey, 2012*

Findings from the qualitative research were consistent with the survey results. There were examples of participants who reported feeling under no pressure from providers to undertake anything they were not in agreement with. However, there were also accounts of participants feeling pressure to varying degrees at different stages of their journey, from the early stages of engagement (to participate in activities thought to be a waste of time) to job-searching (with participants feeling very pressured to apply for jobs outside their experience or interests). There was some indication that the experience of feeling pressure increased over time rather than decreased.

Whilst the participant survey suggested that the majority of those with health conditions felt that the support offered matched their needs, only a few participants with health conditions interviewed in the qualitative research said that they had been offered any support or interventions to improve their health or been referred to any of the spot or specialist organisations that formed part of prime providers' supply chains<sup>76</sup>. When suggestions had been made they were not always followed through – sometimes because participants were already engaged in treatment regimes and judged it inappropriate to introduce an additional or alternative approach or, in other cases, when health professionals judged the participant's condition not amenable to the treatment they offered.

Some participants who had asked for help with specific barriers to work such as debt management, dyslexia or accommodation were disappointed to be told this was not available through their provider. Some who asked to be enrolled on training courses they thought would be helpful for them were frustrated to be told the provider had no funding available, or the course was too expensive.

There was some criticism of pre-employment support and help with job search that did not reflect participants' own goals, skills and interests. Examples included being asked to attend training courses just to make up numbers, and being sent general circulation lists of job vacancies in which none of the vacancies seemed appropriate to personal circumstances. There was a feeling that the providers had little to offer people looking for professional, higher skilled and managerial level jobs<sup>77</sup>.

There was little evidence of any substantial in-work support being offered, beyond 'checking-up' telephone calls. There was some evidence that where problems had arisen, it had sometimes not occurred to participants to raise the matter with an adviser, and some had chosen not to tell an adviser in order to avoid further contacts with the provider.

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<sup>76</sup> Foster et al. 2014 provides evidence on the provider perspective on the provision of support for participants.

<sup>77</sup> George et al (2014) highlights that important specific types of support for payment group 9 were: for housing, to maintain a focus on job search, computer training (for job search) and computer access for job search (Sections 4.3.2, 5.1, 5.2 and 5.4). There was also evidence of adding offender specialist subcontractors to the supply chain to provide short courses on disclosure (Section 2.3.2), and extending employer engagement work to assist claimants with a criminal record to gain employment (Section 5.5).

A final factor in judging substantive personalisation is participants' replies when asked directly how far they were treated as individuals. This revealed three broad categories. One group felt they were being dealt with as an individual with particular circumstances and needs for support and where this happened it was highly valued. A second group stated that the Work Programme "*treats everybody the same*" and they had not received the support they needed as an individual – they talked of being just "*a number*" on their adviser's lists of jobs to be done to get through their workload and described advisers dealing with people by "*ticking off boxes*" and moving on. A final group described how an early assessment led to a 'stereotyped' view of the support they needed such that 'people approaching retirement age' or 'people with serious health problems' did not receive support that properly reflected their motivation and readiness to benefit from the programme<sup>78</sup>.

## 11.4 Work-first and human capital approaches to provision

The evidence on personalisation provided some further insight on the extent to which Work Programme providers appeared to adopt either 'work-first' or 'human capital' approaches to delivery (see section 5.2). 'Work-first' is characterised by activities that promote and support immediate job search to the exclusion of other forms of help and would include help in looking for vacancies, CV writing, and interview practice. In contrast, a 'human capital' approach emphasises increasing individual resources and employability by, for example, education and training or basic skills development. However, the two approaches are not necessarily mutually exclusive; they can be pursued in parallel.

The first evaluation report (Newton et al, 2012) reported that the dominant emphasis seen in delivery was a 'work-first' approach although the manifestation of this varied between providers, including: immediate encouragement to be job searching; assistance in looking for vacancies; and help with interview techniques; CV writing, and confidence building. This suited participants who were job ready and motivated to move into work quickly but was seen as less helpful where the support did not include the kind of help wanted and requested by them, such as work experience, and/or work-skills training. It was possible to say therefore that a work-first approach could be consistent with substantive personalisation but sometimes was not.

There were clear examples from the further qualitative research with participants where a human capital approach could be identified. Some reported no requirement to apply for jobs while they undertook skill development courses, self-employment training, or literacy and numeracy training. These tended to have multiple barriers to work and often had been out of the labour market for long periods. Participants were mostly satisfied with this approach as it was in keeping with their immediate

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<sup>78</sup> Foster et al. (2014) reports the provider perspective on support provision.

aspirations. These cases most clearly match the notion of substantive personalisation.

Finally, there were examples in the qualitative research which suggested a combination of work-first and human capital approaches. Some participants were encouraged to look for work at the same time as undertaking training and gaining qualifications (for example in computer skills, food hygiene, CSCS card, first aid). Others took part in work experience placements while also engaging in job search activity. Similar to a work-first approach, a combined approach could be consistent with substantive personalisation but not necessarily always.

## 11.5 Summary

For the purposes of this evaluation, it was appropriate to distinguish between 'procedural' and 'substantive personalisation'. The promise and intention of the Work Programme, as expressed by policy makers and providers, appeared to be strongly towards substantive personalisation. It is important to acknowledge that substantive personalisation would not necessarily equate to having individual, one-to-one meetings or interventions. Group sessions could deliver substantive personalisation where the *content* was felt to be appropriate and sufficiently personalised by participants. Similarly, the number and frequency of meetings with advisers was not a valid indicator of personalisation. Some people in the qualitative samples clearly welcomed and benefited from frequent meetings while for others (for example those waiting for external interventions such as health services), meetings spaced months apart were both welcome and appropriate. Essentially, personalisation must be judged as a subjective notion that has to be understood to mean different things to different people. Hence, making any generalisations about whether or not a particular provider or service provided offered a 'personalised service' had to be resisted.

Accordingly, this chapter demonstrated that personalisation is not a simple concept, nor one that readily lends itself to quantification and measurement. Nevertheless, the data largely confirmed that, overall, providers have been delivering a high level of procedural personalisation with an emphasis on building up friendly and mutually respectful relationships with participants, and making use of tools such as assessment and action planning, which contain a degree of individualisation in their implementation.

In contrast, indicators suggested that substantive personalisation has been less prominent, particularly for older participants and those with high levels of qualifications. For example, there is less evidence that individuals experienced substantially different and individualised or specialised services highly tailored to their needs and designed to address their personal barriers to work. Accordingly, although 64% of respondents in the first survey said they received support that matched their needs either very or fairly well there was a sizeable minority (close to one in three) who said the opposite. Without a clear set of targets or benchmarks it is not possible to conclude either way that these figures represent a satisfactory or unsatisfactory state of affairs.

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There is evidence from the provider components of the evaluation (Foster et al., 2014) that providers' ability to make use of highly individualised responses to participants' needs have been subject to a number of constraints, primarily cost. Furthermore, such constraints appear likely to persist and intensify after the cessation of attachment fees

## 12 Variations in provision across different participant groups

The Work Programme is designed to recognise the different level of support required by participants by offering providers higher outcome payments for some categories of participants (defined by payment groups) viewed to have significant, multiple barriers to employment. This chapter explores how far support varies between participant groups, and in particular whether any groups were prioritised for additional support, and others given less or no help<sup>79</sup>.

### 12.1 Some evidence of differences in the support participants receive

The Work Programme is designed, through making higher financial incentives available for those judged as hardest-to-help, to overcome the risk that providers prioritise or deprioritise participants on the basis of their barriers, (see section 1.2). Early data from the commissioning study, (see Lane et al, 2013) showed that some providers reported that insufficient upfront funding was increasing the likelihood of focusing the support on participants who were closer to the labour market.

To judge whether any participants were being prioritised for support, variations in experiences by differing characteristics were explored. Key indicators included in these analyses were the frequency of meetings, and the quality of the support received, focusing on pre-employment support.

#### 12.1.1 Differences in the pre-employment support experience

The first participant survey asked respondents for the number of times they had met their adviser in the six to nine months since they had joined the programme. Their responses suggested typically participants met an adviser around once a month, although more than a fifth had met with an adviser four times or fewer in the period they had spent on the programme (see Table 5.5). At the second wave of the survey, 18 months later, further information was collected on the average frequency with

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<sup>79</sup> This pattern has emerged in some previous employment programmes where providers are paid by results, and is commonly known as 'creaming and parking', with creaming indicating greater support to those assessed as job-ready with good prospects of finding work quickly and parking denoting minimal support to those deemed furthest from the labour market.

which participants had met an adviser during their two years of participation (Table 6.6) showing that, for 60% of participants, such meetings were fortnightly or more often.

What matters in judging whether some participants are prioritised (or conversely, de-prioritised) is whether groups who might be judged as more or less job-ready were engaged in more or less frequent meetings. Multivariate analysis of both surveys, which controlled for other factors (see the discussion in Chapter 5, section 5.1.3 and Table A.0.98 in Appendix 1), shows some evidence of variation in support intensity between individual participants according to their personal characteristics, but the patterns vary somewhat between survey waves – with more variation seen in wave 1 than in wave 2 and it is hard to draw strong conclusions. In wave 1, participants with health conditions/disabled participants, ethnic minorities, and those with low qualification levels tended to have less frequent adviser meetings however these differences were not present at wave 2. In wave 2 there was some evidence of an age effect, with middle-aged and older participants being seen less often by providers than their younger counterparts.

Whilst there was some evidence of participants in the less deprived local areas being seen less frequently than their counterparts in more deprived areas, this is likely to reflect different approaches by providers in different areas rather than any tendency for providers to target individual participants for different levels of support intensity.

The qualitative research also involved interviews with participants who had been with the programme for around six to nine months. Those who had little contact with their provider were nearly all ESA claimants. Most of these described severe and complex health conditions and impairments, most did not feel ready to work, and many did not mind being left alone. More generally, participants claiming JSA appeared more likely to be engaged in regular, fortnightly or three-weekly meetings, although some ESA claimants with less complex health conditions shared this experience. In addition to more frequent meetings, often these participants were involved in activities to help them move towards work.

The qualitative interviews with people further on in their Work Programme experience (drawn from the longitudinal panels) also suggested differing experiences of meeting frequency. Some of these reported a reduced frequency of meetings over time and for some this meant there had been a lack of contact between them and their adviser for several months. This could stem from their adviser being assured of their commitment to finding work linked to their effective job-search practices or be related to their own poor and/or declining health or illness or cancellation on the part of their adviser. In these latter examples, their case did not appear to have been taken over in the advisers' absence. Both examples may indicate some tailoring of support to individuals' circumstances.

Thus, from the viewpoint of frequency, there was some evidence to suggest that providers treated different participants differently. Combined, the different waves of data suggested that those individuals who experienced infrequent meetings were often disadvantaged in some way (but there was no clear consistency in these patterns over time). Conversely, participants who appeared most job-ready experienced frequent meetings and were required to attend offices to undertake job

search activities. However, varying the support available to participants in different situations might be a response to, and application of existing knowledge of what works, which includes frequent and concerted job searches for some and sequenced support for others, such as is seen in work-first approaches more generally<sup>80</sup>. Therefore, the quality of meetings and activities also required examination.

### **The quality of support – adviser continuity**

Research with providers highlighted their general ambition to offer a named personal adviser to each participant who would work with them throughout the pre-employment period (Foster et al., 2014). Participants responding to the first survey confirmed that adviser continuity was the norm (see Section 5.1.3), with more than two-thirds (68%; see Table 5.3) noting that they always or almost always saw the same adviser, a figure which had risen slightly by wave 2 of the survey. The multivariate analysis, which controlled for other factors (again, see the discussion in Chapter 5, section 5.1.3 and Table A.0.99 in Appendix 1 below), found that, by wave 2, only age was a strong and statistically significant predictor of adviser continuity, with older participants being less likely to always meet with the same adviser.

However, those with higher levels of qualifications were statistically significantly more likely to say that seeing different advisers was unhelpful, despite not being statistically more likely to be affected by a lack of continuity in adviser support.

The qualitative research with the longitudinal panels allowed exploration of participants' views, where advisers had changed. While for some participants a change of personnel could be perceived positively (a new perspective on their case, or, for an ethnic minority female participant, a less stereotyped view of work that would be suitable), more indicated that a change of adviser had not been helpful. For some, a change of adviser meant that sensitive health difficulties or personal circumstances had to be explained repeatedly and many participants said that rapport and trust had been lost as a consequence of the change. It appeared too that staff changes often happened without any prior notification to participants or subsequent explanation which created further uncertainty<sup>81</sup>.

The surveys and qualitative interviews indicated that continuity was a key factor in participants' satisfaction with the service they received from providers. If adviser continuity is judged as an indicator of a good quality experience, then there was no strong evidence of some participants being prioritised over others on this basis.

### **The quality of support – feeling comfortable to discuss barriers**

It is also worth considering the quality of interaction between participants and their advisers. Concern might lie with how comfortable participants were to discuss their barriers to work with their adviser since this would help determine whether they

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<sup>80</sup>As noted in the international literature on employment programmes reviewed as part of the Work Programme evaluation, conclusions from which are planned to be summarised in the final synthesis report from the evaluation to be published in 2015.

<sup>81</sup> While systematic information on staff changes could not be collected from participants, there were indications that this could happen due to staff turnover in provider organisations or sickness absence.

received targeted support to address these that enabled them to progress. A question was asked in the first survey as part of a series exploring initial programme attachment experiences. Table 5.1 showed that fewer than six in ten (58%) of the responding participants were completely comfortable to discuss their barriers. Multivariate analysis revealed that those with a health condition were significantly more likely to report feeling not at all comfortable to discuss their barriers with advisers, as were men and the highest qualified participants (see Table A.0.101 in Appendix 1) – though it is difficult to identify what underpins this. The qualitative research revealed that for some, this lack of comfort could partly stem from a lack of privacy in meetings.

It is intuitive that participants with health conditions would not wish to discuss their health in great depth unless some privacy were offered so again this measure is insufficient to determine qualitative differences in the experience of different participants, although it may contribute in combination with other factors, to an assessment.

### **Quality of support – format, duration and content of meetings with advisers**

For some participants in the qualitative research, the format for their meetings had changed over time. While face-to-face meetings appeared common during the early stages of participation, later on, some groups of participants reported that these had been replaced with telephone catch-ups. Often these participants said this was in recognition of the limitations imposed by health conditions or disabilities and most appeared content with the changed arrangement.

It was also the case that the content of meetings appeared to change for some participants over time – with younger participants reporting positive experiences and some older, male participants who had previously held multiple jobs being less positive. As such, younger participants who indicated that they needed quite a lot of support to find work due to a lack of a recent history of working or limited literacy or numeracy, related experiences suggesting that considerable support had been delivered over time, which had enabled ‘small steps’ to be taken towards work. These signalled that their adviser had maintained interest in them throughout their period on the programme and this had been appreciated. On the other hand, some older, male participants who had work histories involving multiple jobs reported that some 12-18 months into their Work Programme entitlement their adviser had stopped making any new suggestions about how they could approach finding work, and in addition, had reduced demands they made upon them. Without robust quantitative data on these factors, it is not possible to provide a reliable judgement about whether some participants were prioritised for support while others were not, but the qualitative data appear to indicate differences in qualitative experiences of meetings and support, particularly by age and work experience, and by health factors.

### **The quality of support - inputs and referrals**

The earlier research (Newton et al, 2012) found that ‘work-first’ approaches were the norm in delivery; there was little evidence of ‘human capital’ approaches (e.g. training activities) and little evidence of highly specialised support being delivered with an aim

to overcome barriers. The available data on personalisation within the programme appears to confirm this view (see Chapter 11).

Both surveys examined the types of support that participants received, and showed (Table 5.8) that assistance with CVs, job applications and interviews were common forms of support (received by 64% in wave 1 and 75% in wave 2). The question reported in Table 5.8 also included a response category for no support being received. A minority of participants noted that they had received none of the forms of support identified in Table 5.8 (one in twenty of those in wave 2, down from one in ten in wave 1). It was more common for women, people with health conditions/disabled people, and people at the youngest and oldest ends of the age spectrum to report none of these forms of support.

Table 5.9 presented participant survey data on whether participants with health conditions received health-specific support<sup>82</sup>. Close to a third (30%) of those with a health condition that limited the work they could do, received support of this kind. The qualitative research suggested that support for health barriers was often in the form of general discussion about work-readiness in light of health conditions. Views were mixed on support for participants' housing situation – some homeless participants received financial support to support them to move into permanent housing or work, while others were critical of the lack of intervention on their housing situation.

Findings from the provider research (Foster et al., 2014) indicated that specialised support was available within supply chains but that most support was delivered in-house, confirming a view, reported previously (Newton et al, 2012) that it was not much used.

Overall, participants were content with the quality of support:

- The majority of respondents from the first participant survey who had reported difficulties in finding or returning to work (64%; Table 5.12), also reported that the support they had received through the programme was helpful;
- All respondents were asked for an overall view of the support they received in wave 1. Two thirds (67%; Table 5.13) rated it as useful and six in ten (62%; Table 5.14)<sup>83</sup> reported that they received adequate support.

However, in the wave 1 survey, participants with higher qualification levels, older people and those from ethnic minority backgrounds tended to be less positive. Whilst those with health conditions and disabled people also tended to be more negative, some also reported that they did not feel ready or able to take steps towards work and therefore were content with the lower level of support they were receiving.

These data are consistent with a view that the needs of those participants deemed closer to the labour market were being prioritised. However, while some hard-to-help

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<sup>82</sup> Respondents were asked whether they had received different forms of support, although not about how this support was delivered. Their responses could therefore cover support delivered by their adviser, by another adviser in the same provider organisation, or by a provider inside or outside the Work Programme supply chain.

participants were not having their primary barriers to work addressed, many were satisfied with their experience of the programme - which may suggest it was appropriately personalised to their needs.

## 12.2 Summary

This chapter examined the evidence on whether providers were providing different levels or quality of support to participants from different groups (defined according to their personal characteristics). It focused on pre-employment support, and explored the frequency of adviser support as well as the data that might indicate the quality of support available to individuals. The analysis sets out how the design of the programme intended to discourage providers from targeting support on 'easier-to-help' groups, by offering larger financial incentives for outcomes achieved by payment groups with more complex needs (for example, ESA claimants). Combining insights from quantitative and qualitative data, it is possible to say that:

- On the basis of assessments, providers varied the frequency of participants' meetings with advisers. Few providers use participants' payment group to inform this decision;
- Whilst there is some evidence of variation in support intensity between individual participants according to their personal characteristics the patterns vary somewhat between waves – with more variation in wave 1 than wave 2. On this basis, it is hard to draw strong conclusions;
- Adviser continuity is a driver of participant satisfaction and a factor in assessing the quality of their experience. Overall, the evidence points to most individuals having met with the same adviser most of the time (again a statistical link was found between non-continuous adviser support and older participants);
- Participants with a health condition were significantly more likely to report feeling not at all comfortable to discuss their barriers with advisers. The qualitative research revealed that for some this lack of comfort could partly stem from a lack of privacy in meetings;
- The qualitative data indicate some differences in qualitative experiences of meetings and support, particularly by age and work experience, and by health factors;
- Participants were generally happy with the support offered – though participants with higher qualification levels, older people and those from ethnic minority backgrounds tended to be less positive;
- Whilst those with health conditions and disabled people tended to be less positive, they also reported that did not feel ready or able to take steps towards work and therefore were content with the level of support they were receiving.

It is important to stress that variations in support between groups may represent the implementation of established good practice in frequent and concerted job searching for those nearest the labour market; and/or a sequencing of support for those whose barriers were greatest. However, it is notable that any variations are seemingly driven

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more by providers' individual assessments rather than by participants' payment groups *per se*.

## 13 Aspirations and motivation

Previous research on employment programmes demonstrates that motivation and aspiration to work can be important contributory factors in successfully moving people towards and into paid employment.

Conversely, people who lack the motivation to move towards work often make little progress, even though there is evidence that it is possible for Jobcentre Plus or provider staff to ‘turn people around’ (see, for example, Green, 2008). This chapter uses data from the telephone surveys and qualitative research with participants, drawing on interviews with new entrants to the programme, job entrants, people who sustained employment for at least six months, and people who were not in paid work when they completed their two year spell on the Work Programme. Following participants in the two qualitative panel studies enabled some understanding of ways in which people’s aspirations and motivation may change, and what influences this.

### 13.1 Wanting to work

A consistent theme to emerge from the qualitative research is that almost all participants wanted to work, either immediately or at some point in the future. Some emphasised the strength of their commitment to work and that they were not ‘lazy’. Those who said they were strongly motivated to get work by wanting higher incomes included young people who wanted to establish an independent home, people with families who wanted a higher standard of living than was possible on benefits, and people struggling to meet higher rents after the *‘bedroom tax’*. Some people just said they were *‘desperate’* to get a job or get back to work to have purpose and routine in their lives again, and some said they thought working would help them deal with pain, or speed recovery from mental illness.

However, there were also participants who maintained a desire to work in principle, but who could not see themselves starting work while significant barriers to work remained. These were either homeless (and concerned about the financial implications of losing benefits particularly in relation to hostel costs – see section 15.2) or had limiting (often complex and long-term) health conditions. Participants who did not foresee a return to work at all were older people who felt their health condition was unlikely to improve before they reached the state retirement age. Within the small group of people who said they were not interested in working when

they joined the programme were people in their 50s, who had dealt with severe mental illness for several years, and said they were sometimes in a very bad state, heavily medicated and needing hospital stays. Where participants felt there were absolute barriers to work, they were more focused on retaining benefits than considering offers of help to move towards employment.

As noted in Newton et al (2012), the specificity of aspirations varied, with some participants wanting to take any work and others identifying a general type of work or specific occupation. The view that they would take 'any job' was expressed particularly by younger people who had been seeking work for some time, or by people who felt limited in their choice of job due to the labour market or their own limited work experience. In more recent qualitative data there was evidence of participants with experience of skilled or professional work entering the programme and expecting to take a lower paid job, though this did not diminish their desire to work. Similarly, taking any job that would fit around health limitations or childcare commitments, even if this meant entering a new line of work, was common.

A further consistent qualitative finding was that some participants said they were willing to take any job in the short term if this would enhance their prospects of reaching long-term aspirations for better employment. Thus, some younger people had long-term goals to find a skilled occupation or gain a qualification and were ready to do paid work that they could fit college courses around, or take temporary jobs to help them save up for a course. There were also participants who worked to save money to advance ideas for future self-employment.

## **13.2 Factors affecting motivation before engagement with the Work Programme**

Evidence from providers (see the analysis in the companion provider-focused report: Foster et al., 2014) suggests that they thought a lack of motivation was the most prevalent barrier to work among participants, alongside a lack of work-related skills and experience, and that support to improve personal effectiveness, confidence and motivation was one of the most widely offered forms of support. Yet, as discussed, most participants said that they wanted to work. This apparent inconsistency between the provider and participant views might be explained by participants demonstrating a lack of direction and drive when first meeting their adviser, rather than a lack of desire to work. As reported in Newton et al. (2012), prior to handover to the Work Programme, participants' aspirations to work were often translated into very little action to move towards or find work over and above the job search requirements placed on them by Jobcentre Plus. This apparent passivity, sometimes described as a lack of 'direction', was also found in later waves of qualitative work and explained by participants as being the result of:

- Many months (or years in some cases) of job searching and the discouraging effect of repeated failures to find work;

- Setbacks which knocked individuals' confidence, such as failing to secure funds to access training courses or to obtain professional licences;
- Feeling daunted and nervous about the prospect of work (particularly among young people with limited experience or people who had experienced significant financial hardship during previous spells in work);
- Expecting to be worse off financially in work (particularly notable among homeless participants); and
- The persistence and perceived pervasiveness of barriers to work (e.g. poor health, age, lack of work experience, low literacy or numeracy levels, few or no formal qualifications, homelessness or insecure accommodation, or criminal record).

Not all participants lacked drive, however. The qualitative research showed how some had been actively job-seeking at the time of handover. For these, motivation to take steps towards work was not lacking and they emphasised the intensity of their job-search stating, for example, that they sent off 'hundreds' of CVs or job applications. Mostly these participants were JSA claimants and had been in short-term jobs in the recent past, had secured part-time jobs (under 16 hours per week) shortly prior to handover, or said they had been invited to a job interview recently. There were also participants who explained that they were registered with agencies or online job sites, which they reviewed regularly. Equally the qualitative samples included people who were strongly committed to achieving educational or professional qualifications for their chosen career path, and were undertaking college courses when they joined the programme, around which they were prepared to fit paid work.

### **13.3 Impact of the programme on motivation**

Responses to starting on the programme were mixed and could change over time with subsequent experiences. For example, evidence from the first participant survey showed some clear associations between confidence and attitudes (regarding skills, desirability to employers, interview techniques and ability to retain and train for a job) and the level and nature of contact with providers (although some caution should be applied in attributing causality). Thus, participants who had more meetings with their adviser were significantly more likely to rate themselves as 'very' or 'fairly' confident than those who had fewer meetings (Table A.0.84).

The evidence on adviser continuity from the first survey produced a mixed picture: those participants who spoke to the same adviser every time or those who spoke to a different adviser each time were more likely to report feeling confident about their current skills and attractiveness to employers than those who met with the same adviser 'sometimes'. However, continuity or not of adviser contact, did not lead to statistically significant differences in the other attitudinal question areas (see Table A.0.85).

Drawing together evidence about participants' motivation to do work from the qualitative research demonstrated how for some their motivation changed, both as a result of experiences on the Work Programme, and as a result of other personal circumstances and situations.

### **Feeling positive and motivated**

Participants who said that initial meetings with their provider had a positive impact on their motivation and outlook included men and women in all age groups. They described how advisers boosted their existing motivation, or helped to renew motivation that had dwindled during their spell of unemployment. Motivation and confidence were linked, and some people said that advisers' initial commitment, enthusiasm, and confidence in the support available "*rubbed off*" on them and had a generally positive effect on their own feelings. Positive experiences while participating in the programme also increased confidence and focus. Even small steps achieved towards being ready for work made the idea of having a job more realistic. Hearing about different kinds of work that might be possible did increase interest for some. Work Programme impact in improving confidence, motivation and optimism about finding work was linked to:

- Feeling encouraged and supported by advisers who were positive, enthusiastic and committed to providing appropriate help;
- Having opportunities to talk to different members of provider staff and fellow participants;
- Increasing basic skills, or gaining some new qualifications;
- Receiving practical help, such as advisers submitting CVs and making telephone call to prospective employers on the participant's behalf;
- Being helped to make more applications (particularly because of providers' knowledge of and access to job vacancies);
- Undertaking training for employability skills, such as telephone and interview techniques;
- Completing successful work placements;
- Being offered or achieving job interviews, even if ultimately unsuccessful.

The role of the provider in reinvigorating job search and motivation for work was described as essential by some.

*"They gave me the initial push I needed to get me out of my own rut. You know, they gave me the encouragement and the push I needed. They were the ones that phoned [name of employer] for me. They was the ones that sent off my CV for me, you know, they gave me that push I needed".*

(Female participant)

The qualitative panel research showed that some participants' increased optimism about their chances of finding work after joining the programme did not diminish. Rather, optimism continued to increase among participants who said that their advisers delivered on what had been promised in supporting them to make progress

towards work. However, for others, motivation began to wane as they found that their provider was less proactive or beneficial to them in practice than they had hoped, or they began to realise the extent of competition for scarce jobs. However, disappointment or frustration could also prove to be motivating – some participants said they got so fed up with providers' demands or administrative muddles that they increased their efforts to get just any work that would take them off benefits and end their involvement with the Work Programme.

Participants reported a number of factors outside the Work Programme that increased motivation and confidence. Changes in personal circumstances could mean that having paid work grew in importance, for example among participants who moved into a new relationship, experienced birth of a child or a family member leaving home. Removal of a barrier to thinking about work (such as moving into secure accommodation) could allow people to focus attention on finding employment. Support from other agencies and organisations to prepare for work could also be significant, such as specialist support for ex-offenders from the Probation Service and support received in intensive rehabilitation programmes for recovery from substance misuse. If health conditions improved (often due to a GP-arranged intervention) some said this helped to renew motivation to get a job. Coming through a period of stress-related illness or bereavement and feeling better about life in general had also contributed to increased motivation and interest in working.

### **Feeling discouraged**

The qualitative research showed that some people were discouraged by early contacts with the provider. Feeling discouraged or disheartened at the initial stage was linked to factors such as: perceptions that advisers had suggested inappropriate jobs or activities; feeling threatened by discussions about the risk of losing benefits; and a realisation that competition for jobs was high.

Among those who were discouraged by early contacts with their provider, three trends emerged and it was apparent that early feelings of disappointment did not necessarily have lasting impacts on motivation.

First, the qualitative research showed that some were disappointed where support was not available to match their aspirations. However, the impact of this was uncertain since the first participant survey shows that at least two-thirds of participants who had not received any intervention felt very or fairly confident (about their skills, employability and ability to retain a job or retrain) – comparable figures were higher for those who had received an intervention (Table A.0.86) although balancing this, around a third in this group did not feel confident about these things. Accordingly in the qualitative research there were examples of participants who reported dissatisfaction when their adviser did not respond to specific requests for help

Second, some participants were already focused on a particular goal and continued along their chosen path, despite a perceived lack of support. This included some continuing courses they believed would improve their long-term prospects (sometimes despite advice to withdraw from this from Jobcentre Plus or providers).

Third, there were also some examples of participants' motivation picking up again if they felt they had been offered better or more appropriate support in subsequent meetings that would enhance their activities towards securing work. This was sometimes linked to a change in adviser and development of a much more positive relationship.

Changes in participants' lives could lower motivations and aspirations. Deterioration in health or onset of serious illness pushed prospects of getting work down the list of priorities for some people dealing with hospitalisation and treatment regimes. There was also evidence of the way in which unexpected health conditions, or accidental or violent injury, disrupted the lives of some people who had perceived themselves as fit and well, such that employment goals changed or had to be put on hold. Participants with long term mental health conditions linked their aspirations and motivations to trajectories of remission and relapse in their mental health.

Major changes in households and residential relocation during their time on the Work Programme were not unusual, absorbing time and attention and creating new circumstances. These issues, and the prioritisation of family responsibilities, were an important part of the context in which participants looked for or stayed in work. The changes were positive for some – a new home and birth of a child strengthened motivation to have paid work. However changes could also come together in downwards trajectories. For example, the move to a new town, along with a bereavement and subsequent feelings of isolation led to development of depressive illness for one participant, and feelings of despair at being also unable to get a job.

There was also some evidence from programme completers that not finding work following two years of support was demoralising. It was hard to maintain motivation when so much effort had not brought a job. Those who did not know what might happen next for them, in relation to benefit income or employment support, said this increased their despondency.

### **Feeling no Work Programme impact on motivation**

Some participants felt no initial impact of the Work Programme on their motivations and aspirations. Their views on work did not change after several months or longer on the programme. This included participants who already felt motivated, were fairly confident and were busy looking for work in their own way, which they intended to continue. These did not perceive a need for support from the programme, and some went on to get work on their own, confirming their initial views. Also in this group were participants who said their health remained a pervading barrier to work and that there was little point participating in the programme as a result. Some felt the Work Programme was much the same as other provision/programmes they had spent time on.

## **13.4 The fit between people's aspirations, the labour market and the support received**

Participants in the qualitative research who said they had specific job goals or aspirations when they joined the programme reported mixed experiences in the degree to which advisers supported their goals. For some, advisers had: helped them to focus on job goals or raised career aspirations; attempted to identify vacancies in keeping with participants' preferences; and provided funding for, or facilitated access to relevant training or work placements as steps towards long-term employment aspirations. A small number of participants alluded to in-depth, personalised discussions aimed at establishing appropriate job goals, particularly where they had health conditions. Participants committed to continuing education or professional training were highly appreciative when advisers respected this, expressed interest in their progress, made suggestions about jobs that might fit around study, or work that might count towards completing a module. Among participants who entered employment, some said that a good match had been made between their goals and their job, although few attributed this to direct input from the programme.

However, the qualitative findings also indicated that some participants felt that their goals were not supported. Their recall of early discussions was that support would be tailored to their needs and choices, and some of these participants quickly perceived pressure from their adviser to change their aspirations for the type of work sought, or felt they were being pushed to do too much too soon. Some appeared aware of the model of provider funding and assumed that advisers were trying to divert them away from aspirations that required more costly support over a longer period, and to move them into 'any job' or unpaid work placements as quickly as possible. A view was also expressed, across the qualitative research, that providers were not equipped to provide effective support to the goals and preferences of participants who held a certain level of professional skill or specialism, including managerial and technical expertise.

Throughout the qualitative studies there was evidence of disappointment among participants who had discussed options they were interested in (such as getting some voluntary work experience, IT skills or first aid training) when nothing subsequently happened or they were told that such support was not now available. Some said they lost motivation because of the lack of financial support for education and training they believed they needed. This was particularly a disappointment among people in middle age groups, trying to enter the labour market with insufficient or outdated qualifications. Amongst this group were several examples of men who thought they would not have a problem getting a job again if they could afford to renew their 'licence' or 'badge' for security work or fork-lift truck driving. Again, there was mixed experience of the extent to which providers understood and took into account the restrictions that a mental or physical health condition placed on capacity or preferences for type of work. A positive example was found for a participant whose sensory impairment meant it was hard to find a suitable job. Their adviser understood the barriers that had to be overcome, searched intensively for suitable opportunities, and spoke to potential employers to explain how their reservations and perceived problems might be overcome. This participant eventually secured a part-time job, managed it successfully and went on to find further work. In contrast, another participant was asked to do a work placement involving outdoors work, when they

had specifically explained that a medical condition made it important to work only inside.

Mixed experiences were also reported about the extent to which advisers took into account family responsibilities which people had to consider in assessing their capacity or preferences for different kinds of work or different jobs. Women who needed to fit jobs around looking after their children said these preferences were generally respected whereas some lone fathers expressed dissatisfaction with advisers who appeared to have little understanding of the constraints on availability for work when responsible for a young child.

The process of searching for jobs and learning about the local labour market led some participants to the realisation that their preferred type of work would be hard to find. Jobs taken by participants who (re)-entered work were not always linked to initial job goals. Some of these participants reported that their job was a good fit in the short-term but not in line with their longer-term aspirations; and others said that what they were doing was a compromise, stemming from a need to fit in around family care arrangements. In these cases participants had been motivated to take jobs because they:

- Perceived that work was scarce and they needed to take whatever was available for financial reasons;
- Believed that any job was better than no job at all or being back on benefits, or that this job was preferable to other, even less desirable, alternatives;
- Hoped that the job would provide useful additional experience and skills;
- Felt pressure (from Jobcentre Plus or the provider) to take up work or risk losing benefits;
- Perceived that they would probably not be able to access their preferred line of work because of personal barriers, such as older age or a lack of skills or experience; and
- Believed that the job would be a short-term 'stop gap', for example while undertaking training towards a desired field of work, saving money to set up in business, or combining a part-time job with education.

However, even where jobs did not fit aspirations people were largely positive about their experience of work, and reported that they had learned new skills, met new people and gained opportunities for progression. This positive outlook extended to those who had taken temporary work, who felt that being in work for a short time had extended their range of skills, boosted their confidence and strengthened their CV.

## **13.5 Motivations for sustaining work**

The qualitative research with participants who had worked for some time provided information on the motivation required for staying in a job (see also the discussion on sustained employment in Chapter 8). Some participants found work enjoyable or a good fit with circumstances and preferences demonstrating the importance of

effective job matching. The question of fit with skills, experience or aspirations was less important for some, however, who variously explained that they would have been willing to take any job in order to move out of unemployment, that they were looking for a change, or that they did not have much past work experience to build on or a clear plan for their future career. These said they were generally happy in the jobs they had taken up, for the time being at least.

Although financial necessity was an important factor in entering employment, for many participants it was not the most important factor in sustaining employment and not everybody felt much better off financially, once travel to work and adjustments to housing benefits were taken into account. However, being able to afford to move into their own home through having earned income was a particular financial advantage perceived by some and among participants who understood how tax credits worked, the financial incentive perceived in achieving 16 hours of work was motivation enough to stay in boring, low-paid work while trying to get a second small job to increase their hours.

Participants were also motivated to sustain work where they perceived a boost to self-esteem and confidence from being in work; when they generally felt better overall (psychologically and emotionally) for being in work. The strength of people's intrinsic motivation to stay in employment was evidenced by those staying in jobs with difficult conditions. As such one group reported long and expensive journeys to work, working hours that did not fit well with family commitments, working conditions that had negative impact on existing poor health or jobs based on zero hours contracts. As well as motivations related to the 'pull' of positive aspects of being in work, some of these participants spoke of the 'push' factors that helped to keep them in jobs. They did not want the alternative – namely, re-applying for out of work benefits.

## 13.6 Summary

This chapter reports findings relating to motivation for work and employment aspirations among Work Programme participants, drawing on the surveys and qualitative research. In many ways the findings accord with previous research into employment programmes. These consistent findings provide important insights into what has motivated some participants and what has inhibited others' progress; the fit between individuals' aspirations, the support offered and the employment taken up; and the importance of job-matching for sustaining work. In particular, the following were strong findings:

- Participants generally wanted to work in preference to being on benefits, though motivation to take action to find work dwindled over time in unemployment and with disappointment at each unsuccessful job application;
- Initial meetings with the provider were important influences on participants' subsequent readiness to engage with support and advice;

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- Advisers' personal manner, reliability, and levels of pro-activity and direction were positive influences on increasing people's confidence, engagement and motivation to take action towards employment;
- Participants reported mixed experiences about the support they received and the extent to which their personal circumstances were taken into consideration;
- For many participants being in 'any job' took primacy over realising aspirations for ideal work. However, taking an entry level job was seen as a temporary solution by participants who continued to look for more suitable work or who were undertaking education or training while working in order to reach their ultimate work goals;
- On the whole there was little evidence that the programme developed professional or vocational training with a view to improving qualifications and thus long-term employment prospects; and
- Sustaining work depended to some extent on participants' intrinsic motivation to cope with difficulties associated with working, and the extent to which the job was a 'good match' with the individuals' circumstances and aspirations. However, the importance of motivation and aspirations in sustaining work became less relevant where individuals entered insecure employment.

## 14 Health

The Work Programme is intended to be able to support a range of participants including those with health conditions and is the first large-scale employment programme in the UK to offer support to claimants from all major benefit groups in a single integrated programme. Table 1.1 (earlier) shows that five of the Work Programme payment groups contain participants who currently have a health condition or disability (or previously had) since they relate to claimants of ESA as well as Incapacity Benefit (IB). By their own assessments just over a quarter of participants (26%; see Table 3.3) report having a physical or mental health condition or illness lasting, or expected to last, for six months or more, and 22% have a condition lasting or expected to last for 12 months or more. This chapter explores the experiences of this major sub-group within the programme.

### 14.1 Differing views of the role of health

While health issues/disabilities were the third most frequently-cited source of difficulties that participants had experienced in finding work prior to joining the programme (after lack of jobs in the local area, and lack of work experience), (see Table A.0.9 in Appendix 1), these were cited only by around one in eight participants overall. However, among disabled participants and those with health conditions (26% of participants had a condition lasting six months or more, and 22% a condition lasting 12 months or more Table 3.3), as many as two thirds reported that their disability or health condition made it difficult for them to find work.

### 14.2 Many are relatively job-ready

The qualitative research among participants indicated that many participants who saw their health as a barrier did not necessarily describe severe constraints related to their health problems; rather, they said their condition restricted the kind of work they could do to some extent. However, others (typically those with disabilities or longer term health conditions) said their health needed to improve before they could realistically look for work.

Participants' accounts suggested two distinct responses from Work Programme providers in addressing health problems:

- The more common response was to treat people as job-ready and help them find work that could accommodate their health condition.
- The second, less frequent, response was to refer the participant to some form of health assessment (such as a physical assessment by a physiotherapist). However, there were a fairly limited number of examples of participants in the qualitative research having received treatment of some kind through engagement with a health specialist. Furthermore, some disabled participants and those with health conditions did not believe it was the role of Work Programme providers to intervene in respect of their health.

## 14.3 A different experience of the programme?

A range of indicators is presented throughout this report suggesting that participants with health conditions or disabilities have had a different experience on the programme from those without. However, much of the variation apparent in wave 1 was not present at wave 2. In wave 1 there were differences in the frequency of meetings (table A.0.98), the perception that pre-employment support was not well matched to their needs (table A.0.102) and pressure felt from advisers (table A.0.105) but these had disappeared by wave 2.

Few in either wave experienced specialised inputs in respect of their health. A larger proportion of this group of participants (than was the case with other groups) was not at all comfortable to discuss their barriers to work with their adviser (Table A.0.101). The participant survey indicated other variations in the reported experiences of this group compared with participants as a whole, which include:

- Lower entry rates to employment (Table A.0.94) and shorter durations of employment (Table A.0.109);
- Longer waiting times to be referred to the programme (Table A.0.107); Being more likely to say they felt they had not received enough support to help them find work (Table A.0.104);
- Being more likely to say that the support provided was fairly useful or not at all useful in helping them find a job or move closer to work (compared with a reference response 'very useful') – Table A.0.104.

Whilst this might suggest that those with health conditions had a less positive experience of the Work Programme than other groups, the picture is complicated. The qualitative research with participants delivers some further insights.

## 14.4 Not ready for work?

Some participants with health conditions (many of whom were ESA claimants) who had been on the programme for around six to nine months, reported that they did not feel ready to think about work at the time of their referral. Some of these had not worked for many years. Some thought they might be able to work again if their condition improved, but this might take a couple of years. Typically, participants who

did not feel ready to work had not been engaged in job-seeking activity prior to their referral.

Among these were some participants who said that mental health problems, including agoraphobia, fear of bus journeys or neurological problems meant that going to the providers' office was in itself stressful or problematic. Mobility problems could lead to additional challenges if, for example, participants needed to drive to providers' offices, which might entail fuel and parking costs (if parking was available). For these reasons, some participants with health conditions and disabled people preferred for their regular reviews to be led over the telephone, although others in this group preferred an opportunity to meet with advisers in person.

Some ESA claimants who described severe and complex health conditions and impairments reported receiving only a minimal level of support. Where these participants did not believe themselves to be ready for work they could be appreciative of being left alone by their provider. Some of these participants said that their adviser found it hard to suggest any actions to take, in view of the severity of the health condition, and some said that their provider had suggested that they appeal against their referral to the programme.

Other individuals with health conditions or disabilities were involved in work-related activities. This included support and training to use a computer and therefore improve job-search techniques, or completing simple tasks such as writing down a positive thing that had happened each day, which helped to increase confidence.

Few of the participants noting disabilities or health conditions in the qualitative research reported that they had been referred to specialist support or treatment (which was consistent with survey findings) but one had been referred to a specialist mental health organisation and found this a less stressful experience than working with the generalist end-to-end provider. In addition to there being few reports of being referred to specialist-led interventions, there were also few reports in the qualitative research of suggestions from generalist advisers on actions and activities that might enable individuals to improve their health.

## **14.5 Moving towards and into work, or not**

Interviews with the longitudinal panels of participants in the qualitative research after they had spent six to nine months on the programme and then again at the 12-18 month point allowed us to examine experiences over time for those with health conditions and disabilities. For some, their health had improved as a result of specialist support. For example, some who said they were not ready for work at the first interview, had received a period of treatment for a physical condition and had gone on to secure a job.

In other cases, participants with health conditions reported deterioration in their health including worsened depression, increased levels of stress and anxiety, and loss of confidence. Such changes were attributed to difficult personal circumstances, an extended period without work, increased indebtedness. These factors could not

be directly attributed to Work Programme experiences. However, some reported concerns about pressure from advisers or stress from a perceived threat of sanctioning. Their fears however were not always borne out - many participants who had missed appointments with advisers through ill-health said if they phoned in straight away to explain what happened, advisers had been “*fine*” about this.

It was notable that participants with health conditions who had not found work were much more pessimistic than participants without health conditions about the likelihood of the Work Programme bringing them closer to the labour market. Table 5.15 in an earlier chapter showed that two in three respondents to the first survey who had not been in paid work at any time since their referral, thought that the Work Programme had made them ‘a little’ or ‘a lot’ more likely to find work. Table 14.1 repeats this analysis, distinguishing between those with health conditions/disabilities and those without, and shows that 53% of the former thought that the programme had made them more likely to find work, compared with 66% of the latter (a statistically significant difference).

**Table 14.1: Role played by WP support in increasing the probability of finding work by health status**

Has the support received through the Work Programme...	Health condition or disability lasting 12m+	
	Yes %	No %
Made you a lot more likely to find work?	19.3	28.3
Made you a little more likely to find work?	34.0	38.0
Had no impact on your likelihood to find work?	41.0	30.1
Don't know	5.8	3.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base: All respondents who had not been in paid or voluntary employment at any point since referral to WP</i>	<i>1,424</i>	<i>1,799</i>

*Chi-square = 49.444 (3); Pr = 0.000*

*Source: First wave participant telephone survey, 2012*

## 14.6 A fit between health and work?

A sub-sample in the qualitative research focused on the experiences of new job entrants. Within this sub-sample, more than half had some form of health condition or

disability, including stress and anxiety, depression, musculo-skeletal problems, as well as less common conditions. Some had multiple and/or chronic health barriers whereas others described short term problems. However, only a third of these participants had been claiming ESA prior to securing a job and there was little to indicate that this group had thought themselves any less job-ready than others on joining the programme.

Some new job entrants had mental health problems and said that they previously doubted their ability to work and had been concerned that working would have a negative impact on their on their mental health. Some of these reported that their jobs were enjoyable and a positive influence on their mental health although for others the transition into work had been less positive. People with other types of health conditions found that long working hours, or shift patterns, made them very tired, sometimes leading to time off work. Notably, none of these reported that they had approached their Work Programme adviser to discuss or seek help with these issues.

Participants with health conditions who were working reported varying degrees of match or mismatch between their job requirements and their health condition(s). A positive example was an individual with mental and physical health conditions, whose employer had been accommodating of her physical health needs (providing a workstation assessment) and her need to attend medical appointments in working hours. Another had been seeking a gentle, low demand job as she recovered from an operation, and thought that the job she had secured met these criteria.

## **14.7 Motivated to stay in work**

Many participants in the qualitative research who had been in employment for some time had a health condition or disability. Some of these identified no impacts of working on their health, while others reported some aspects of their work as difficult, and a small number noted a negative impact on their health from working.

There was little in the data that suggested the group with health conditions were able to sustain work for different reasons than those without health conditions. The factors reported earlier as facilitating sustained work (Chapter 8) were much the same for both groups and included intrinsic motivation and a preference to be working rather than claiming benefits.

Reasons why participants hoped their current job would continue included a good fit with health conditions. Where jobs did not provide a good match for health, some participants said they had learned something about the types of jobs that would be suitable in future, such as a sedentary job for someone with mobility problems and a physical impairment.

Satisfaction with the Work Programme among disabled participants and those with health conditions was mediated by the attitudes that participants perceived in their advisers. Some spoke positively about their advisory relationships. For example, a young participant with ADHD, dyslexia and epilepsy spoke very positively about the

support she had received from her provider during recruitment and since starting work. Her adviser had contacted the employer at the application stage to discuss her health conditions, because she did not feel confident to do this herself. Once in work, contact had been maintained approximately weekly. The adviser had offered support on challenges this participant was experiencing in work and was described as taking the time to understand and respond to her needs.

In contrast, others reported that their situation had not been appropriately acknowledged by advisers:

*“They knew about my disability, but they just seemed to be pushing, pushing, pushing all the time, you know, to get people off their backs”*  
(female, 40s, JSA).

## **14.8 Sustaining employment with ill-health**

Among participants in the qualitative research who had been in work for some time, were some who had disabilities and health conditions – indeed they comprised around half of the sub-sample focused on participants in sustained employment. Their conditions and disabilities appeared to cover a similar range as those of participants in other statuses and included mental health problems, physical conditions, sensory impairments and learning disabilities and/or difficulties. Similarly to other groups they had varied views on the degree to which their conditions affected their ability to work, with some believing this was not limited by the health/disability while others thought their health/disability meant that some forms of work were unmanageable. Some had explicitly considered their health in relation to accepting the job they were working in i.e. ensuring that the role would be compatible with and would not exacerbate their conditions.

Quite a few of these participants had discussed their conditions/disabilities with their employer and not all required any particular adjustments or accommodations at work. Among those that did, there were mixed experiences. Some employers had responded positively and there were examples of accommodations such as text messaging shift patterns to a participant with dyslexia in order that she could ask her parents to read them out and write them down for her on a weekly basis. Similarly a participant in sustained work who was profoundly deaf reported that her manager was prepared, on the basis of her requests, to speak more slowly and enunciate clearly, to assist her to continue in work. However, not all participants in sustained work received this degree of support from employers.

Within these accounts it appeared that it was largely participants own motivation that helped them hold down jobs and there was very little to indicate that Work Programme providers either needed to, or did play a supporting role.

## **14.9 Health/disabilities and completing the programme without finding work**

While the qualitative research gathered evidence that demonstrated that some disabled people and participants with health conditions had found work and in some cases sustained this, another group completed two years of the programme and did not find work (and, as noted in Chapter 9, disabled people and people with health conditions were over-represented among programme 'completers').

The health conditions and disabilities of those completing the programme ranged from musculo-skeletal conditions, cardio-vascular conditions, Crohn's disease, diabetes, head injuries, asthma, moderate and several mental health conditions and recovery from addiction and this range of conditions did not set them apart as a distinct group within the samples. Some described their conditions as having a relatively marginal effect on their ability to work.

In general terms, this group had the same conditions as when they had started the programme although some said their condition had deteriorated over the two years. Most claimed the same benefits as they had on starting the programme although where deterioration was severe, some had moved from JSA to ESA.

None in the group claimed to have received support from their provider to manage their conditions. In one case a physiotherapy assessment had been arranged although, once completed, the therapist said they were unable to treat the identified condition. Another participant mentioned that she had been offered the opportunity to attend a relaxation class but had declined because she did not believe her health and wellbeing was a matter for the Work Programme to address.

There was little to differentiate this group from the experience of other participants completing the programme in relation to their transfer back to Jobcentre Plus. Once there, some had been offered a health intervention such as a pain management course although this did not appear common<sup>84</sup>.

Looking back at the experiences of those completing the programme using the qualitative data and comparing the experiences of those with health conditions or disabilities and those without, suggested that some people who appeared or claimed to have received very little support or intervention from their provider were ESA claimants with severe physical or mental health conditions, and some who experienced a deterioration in health. Over time, some had become too ill to attend appointments – their contact with advisers seemed to involve brief telephone discussions, often to enquire about their health. Some of these thought that their advisers were struggling to identify actions that they could take to move towards work and, in any case, their own view was that they were not ready for work. However, others had continued in regular contact with advisers but reported that they had received very little in the way of further support which some of these would have appreciated.

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<sup>84</sup> Foster et al. (2014) provides further information on the provider perspective on support to participants.

## 14.10 Summary

This chapter draws together evidence about participants with health conditions and disabilities. It is apparent that participants have different views to providers (see Foster et al, 2014) about the barriers they face because of their health conditions, with participants seeing these to be more significant than providers

The participant survey data also indicated that participants with health conditions/disabled participants had a different experience, in some respects, from other participants (although some of the differences observed at wave 1 had disappeared by wave 2 of the survey). However, these data also indicated that a different experience was not necessarily a worse experience.

The qualitative research helped to describe the experiences of this group. As might be expected, participants had experienced a wide range of health conditions and disabilities which had greater and lesser impact on feelings of readiness to work, and motivation. The degree to which conditions could be well managed was a key determinant of readiness to work and similarly, changes in health conditions affected work-readiness. However, those who were on the programme for close to two years and did not find work reported increased pessimism about ever working.

The qualitative research also suggested, somewhat unsurprisingly, that most of the participants who had moved into work and who had previously been ESA claimants, had strong intrinsic motivation, and some were short-term claimants with a strong work history who expected to recover a good state of health. Many had been voluntary entrants to the programme and the overall performance of this group in the qualitative research suggests their motivation was somewhat higher than that of ESA claimants mandated to the programme. Voluntary participants reported largely positive experiences and gave providers some credit with helping them into work, whereas, for mandatory ESA participants, there were varied experiences of participation, some positive but some very negative. Overall, however, there appeared to be a lack of specialist support for health conditions – although some of these participants did not expect or feel it would be appropriate for providers to offer support or referrals for condition management.

# 15 Housing

Being in stable living circumstances can provide the underpinning that individuals need to move (back) into work. However, the costs of housing may constrain or promote the uptake of employment, particularly where individuals receive housing benefit. The ambition is that this constraint will be addressed when Universal Credit is rolled out nationally. Social and affordable housing, with lower rents, can make it possible for individuals to take up work; high cost housing supported by housing benefit may lead to a poverty trap:

*“While it has a positive impact on poverty and material living conditions, housing benefit can create a poverty trap. For any given set of low-paid job opportunities, housing stock and rents, there will be a trade-off between using housing benefits to prevent poverty, material deprivation and housing deprivation on the one hand, and avoiding a ‘poverty trap’ on the other.”*  
(Tunstall et al, 2013)

It is therefore of interest to understand more about the housing circumstances of individuals taking part in the Work Programme. This chapter draws together the available evidence on the housing circumstances of Work Programme participants, and any implications this has for their support; or for their chances of securing employment.

## 15.1 Participants’ housing tenure

The first participant survey showed that over a quarter of respondents were living with friends or relatives (28%; Table 3.10). Almost as many (25%) were living in accommodation rented from a council or local authority, while 21% rented housing in the private sector. In addition, 13% rented from a housing association. In total, 60% of participants lived in rented accommodation<sup>85</sup>.

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<sup>85</sup> This pattern was very similar at the second wave of the survey at which point 30% lived with friends/relatives, 24% rented from a local authority, 19% rented privately, and 15% from a housing association.

Home ownership was far less common with 9% in total (at both survey waves) owning their own home. Slightly more of the latter group were still paying a mortgage than owned their house outright. Few participants (1%) either lived in a hostel or recorded their accommodation status as homeless, no fixed abode or sleeping rough. The qualitative sample reflected this range of housing circumstances, although none of the qualitative samples, other than the homeless one, purposively sampled individuals in different types of tenure.

Fewer than 1% of survey respondents reported that housing problems were the main difficulty they faced in finding work immediately prior to joining the programme (see Table A.0.9). However, 8% of these participants said that they received support from their providers for housing needs (see Table 5.8) and a large majority of those receiving this support rated it as useful (85% see Table 5.10). It was notable that housing support featured among the list of additional support that participants would like (see Table 6.7), and 6% of participants in work identified factors relating to housing as an additional support need.

The qualitative research provided a few insights into difficulties encountered with housing while on the programme. The majority of these were financial, associated with difficulty in paying rents or mortgages when sanctions had been imposed, when housing benefit problems were experienced as a result of moving into or out of work, (the latter necessitating the restarting of a JSA or ESA claim, while the former might mean a month with minimal financial resources until the first salary was paid). A small number of participants in the qualitative panels had moved to different accommodation during the time that elapsed between their research interviews. These data suggested that moving to a new address had financial impacts and, for some, involved making contact with a new adviser and/or looking for work in a different geographical area.

Reasons for participants to move accommodation included changes in household circumstances such as young children moving in or out of homes. In some instances, participants had remained in the same house when their child left but were required to pay additional monies because of the recent changes to Housing Benefit regulations (linking the amount of benefit to the number of 'spare' bedrooms in a claimant's property)..

There were also some examples where participants said they were unable to leave their current household situation, despite wanting to. This typically affected younger people (living with parents), who were employed as apprentices and paid the national minimum wage apprenticeship rate which was said to be insufficient to support independent living.

Among those with housing needs, people without stable accommodation were of the greatest potential interest to the evaluation, since their support needs were likely to be the greatest. A boost to the qualitative research via purposively sampling participants known to have recently stayed in a hostel enabled the exploration of their experience in the programme.

## 15.2 The experience of homeless participants

Participants in the homeless sub-sample<sup>86</sup> were typically living in hostel accommodation, although one was 'sofa surfing'. Where participants were not living in hostel accommodation or sofa surfing, they had done so in the recent past. There were three main routes into temporary accommodation among this sub-sample. One group had stayed in hostel accommodation after release from prison. A second group had become homeless through drug and/or alcohol addiction. The third group had experienced a crisis, such as relationship breakdown, job loss or bereavement. In one case, a participant had sought asylum in the UK and been homeless on arrival. It was mainly participants from this latter group who were successfully re-contacted for a follow-up research interview.

The first research interviews suggested that many of the homeless participants were unhappy in temporary accommodation and were looking forward to moving into social or private rented accommodation whereas most of those living in social or private rented accommodation were more content. Only one participant living in social housing, who had been homeless for many years, was happier in hostel accommodation.

*"You're so comfy, the food was better than some of the restaurants round here and I'm a big eater and I was never hungry in that place because they always give you plenty to eat, you treated it like your home and to be honest it was one of the most amazing places I've ever stayed, I was happier there than I am in my flat."*

(Older male participant, hostel accommodation)

By the time of the follow-up interviews there had been no changes of housing circumstances among the homeless participants with whom it was possible to re-establish contact.

### 15.2.1 Financial impact of housing

Many of the homeless participants who were living in hostels reported that this was a barrier to work, since they would be financially worse off in employment. For some this was based on experience of taking up a temporary job while living in a hostel such as a participant had worked as a porter at the hostel where he lived. When he was unemployed, he received JSA and paid £12 of this towards his accommodation, with the balance covered by Housing Benefit. Once employed, his Housing Benefit was stopped and he was required to pay £300 per week for accommodation, which was more than he earned.

Other homeless participants also reported going into debt through working while living in a hostel. It was apparent that hostel fees were very high relative to other forms of renting.

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<sup>86</sup>The homeless sample was drawn from DWP records of participants in a sub-set of the sample Contract Package Areas, who had been referred to a Work Programme provider between May and July 2012 and who were known to have stayed in a hostel at some point since 2005.

*“Even when I started working at the [hotel chain] I got into lots of debt because the rent, although it was a hostel and I'm sharing accommodation, the rent is much higher than someone renting a three bedroom house. It goes really high. So because I'd started working I had to pay that price but my salary that I was receiving didn't cover anywhere near the rent because it's just more high than normal rent. So I built up debt there ....”*  
(Younger female participant in social housing)

Other homeless participants anticipated, without direct prior experience, that they would be worse off in work due to their housing situation, and did not want to look for work until they had moved out of temporary accommodation. For example, when asked why he could not look for work, one participant said:

*“My rent there's [at the hostel] going to be a problem. It's not really that secure accommodation. I don't know how much help they give you [if you move into work]. It's over £200 a week my rent.”*  
(Male participant, hostel accommodation)

Not all participants in hostel accommodation, however, reported that this acted as a financial barrier to work. Two had been told that they would receive financial support to ease the transition to work and to ensure that they would not build up debt in the way described above. One was told this by their hostel, while another was reassured by their Work Programme provider. In the latter example, the participant recalled that the provider would pay their first month's rent while they arranged to move to (cheaper) private rented accommodation. Others had not thought about whether living in a hostel was a barrier to work, or had thought that they would be able to find private rented accommodation quickly if they moved into work.

*“If I'm working I'm earning. If I'm earning I could find somewhere and I'm from round here and I could just always find somewhere to stay for a few nights, a few weeks, pay them up, get a private rental place. Why not?”*  
(Male participant, hostel accommodation)

By the time of the follow-up interviews, none of the homeless participants who had moved into work reported feeling financially better off. Their accounts indicated two reasons for this – difficulties managing housing costs, and a lack of awareness of Working Tax Credit.

## **15.2.2 Lack of documentation acts as a barrier**

Some homeless participants noted that living in a hostel or sofa surfing was a barrier to work due to not being able to provide documents such as utility bills to prospective employers when proving their identity. For example:

*“Because I had a job interview in August and they asked me to provide ID, which I had a passport [for] and then the proof of address, utility bill which I couldn't. I explained to them ok look, I'm without fixed address yet, I'm in the process of sorting it all out and they said well the nature of the job, you know, you're going to people's houses, we need to have all the necessary*

*information, so, yeah.”*

(Male, 32, good health, sofa surfing)

For the majority of these participants, however, concerns about managing finances while in work were the greatest barrier.

### **15.2.3 Experience of pre-employment support**

The homeless sub-group within the participant survey was too small to provide reliable comparative analysis; however, the qualitative research with homeless participants suggested that they had a broadly similar experience of the programme to other participants.

As with other participants, those who were homeless were involved in initial assessments which focused on their work histories, skills and aspirations; they also showed some appreciation of the action plans where these were used. However, there was significant criticism from this group that their providers were not offering support that would help their housing situation. Moreover, where these homeless participants had criminal records, not all had been asked about these.

The frequency of their meetings with advisers seemed very similar to that among other participants and included, among participants with a positive view of their meetings, a similar range of activities such as job searches, job matching and applications. Homeless participants with less positive views reported that the short meetings they typically had with their adviser were a waste of time because they were seen as a 'box ticking exercise' and did not offer personalised support.

There was some training activity among the homeless participants including employability support (CV development, interview techniques) and vocational training such as for the CSCS (Construction Skills Certificate Scheme) card. However, some participants said they were offered no training at all.

Where training had been received, there were mixed views. Some homeless participants appreciated the referral to training but thought that it had made little difference to their chances of finding work. Others said that training was pitched at a lower level than their current skills, and for this reason, had come to view the programme as somewhat generic.

Over time, enthusiasm for the programme had appeared to wane among those homeless participants who remained unemployed for long durations, and some of these saw attending their advisory appointments as a box-ticking exercise that would ensure they received their benefit entitlements. In the view of these individuals, the support had not been sufficiently tailored to their needs. However, there were also indications in their accounts that they were not as 'work-oriented' as the homeless participants who by the time of their follow-up interviews, had worked at some point during the programme or were currently working. For the unemployed group, finding work that would mean they were financially better off was crucial whereas for those who were working, this did not appear to be the main motivation.

The drivers of satisfaction with pre-work support were much the same as other groups: continuity and quality of adviser support, access to training and support, support being available when it was needed and being put forward for work. Negative views were underpinned by feeling under pressure to apply for vacancies outside the occupations agreed as part of action plans, and insufficient support being provided, including insufficient time with their adviser.

### **In-work support**

Among those in homeless participants in work, there was a range of experiences in respect of continued input from their Work Programme advisers. Some had received financial support during the transition to work, and in some cases, regular contact while in work.

*“After you find a job they try to follow you during six months to make sure you are stable and sustaining your job and any difficulties and try to sort out other issues like housing and other issues that can face you especially in the first months. For example they can pay for you if you have any difficulties in housing. After you got job your benefit will stop and at same time your housing benefit stop and this will put you in some trouble with the landlord so they try to sort this kind of thing.”*

(Male participant, hostel accommodation)

For others, while support continued this appeared to be more ad-hoc or ‘on demand’ with promises of support should they need it.

*“Yes because I know that I can call them anytime as well or send the adviser a text message or something if there are any issues or anything I want to discuss”*

(Female participant, private rental)

The general level of satisfaction with in-work support among homeless participants was broadly similar to that among other groups, ranging from very positive to more negative views. Some were content with the level of support they received although others said that when they had reported problems at work to their advisers, their needs had not been dealt with efficiently. The types of problem reported were financial and surrounded getting into debt arrears through a lack of advice or guidance to apply for Working Tax Credit. In two examples, this situation had led to participants leaving their jobs.

### **Use of specialist support services**

Some homeless participants were receiving support (including work-related support) from specialist organisations including hostels, the probation service, and homelessness and other charities. None of these organisations were part of Work Programme supply chains, though in one case, a homeless participant had been signposted to this support by their Work Programme provider. The nature of this support included:

- Hostels – including help with: literacy, finding permanent housing, mental health, finances and employment. Participants were mixed as to whether they found the support from their hostel useful.

- Charities – including help with: finding permanent housing and accessing training (e.g. English language courses). This was felt to be useful, by the two participants who mentioned it.
- Probation Service – flexible support covering many aspects of the participants' lives and targeted to ex-offenders' needs. A participant reported that their probation officer provided them with employment support that was more helpful than the Work Programme, because it was specialised. Overall these participants were particularly positive about the support they received from the probation service.

*“If anybody can find me a job it's going to be my probation officer because she knows the companies that will take on ex-offenders.”*

(Male, 50, poor health, hostel accommodation)

## 15.3 Little help to find stable housing

As noted earlier, the living circumstances of the homeless participants with whom contact was re-established for a second interview had not changed. In both research interviews enquiries were made about support on housing available through the programme and this appeared to be an unmet need. Most of the homeless participants had discussed their housing situation with their adviser but said that their adviser had done nothing to address this. In some cases, homeless participants did not believe it was the role of the programme to assist them into more stable housing; therefore they were content with the focus on helping them to find work.

Just one of these participants discussed receiving some support with their housing which involved their adviser helping them to find a new hostel when their current hostel tenancy was about to expire. However, this participant was also of the view that it was not really the role of Work Programme advisers to assist in this regard.

## 15.4 Summary

Being in a stable housing situation can underpin the (re-)entry to work. However low or high costs of housing can encourage or constrain the uptake of work, since for work to be viewed as attractive, individuals need information about their entitlement to in-work benefits (including housing benefit) and how, when this is combined with their wages, they will be better off<sup>87</sup>. The survey showed that more than half of participants lived with friends or relatives, or rented their accommodation from a council or local authority. A fifth rented accommodation in the private sector. Few were homeless, sleeping rough or living in hostels.

Overall, very few participants reported that housing problems were the main difficulty they faced in finding work, although some received support from providers on this issue and a large majority of these reported it was helpful. The qualitative evidence

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<sup>87</sup> Universal credit is designed to address this

suggested that where participants had run into difficulties with housing, these related to financial problems.

Being homeless and on the programme was felt to warrant deeper investigation, and for this reason a sample of homeless participants was engaged in the qualitative research. The evidence suggested that most were unhappy living in temporary accommodation and had a desire to find a permanent home. In addition, living in a hostel and receiving benefit to cover the costs of this was reported to act as a barrier to taking up low paid work. Others living in a hostel reported wanting to be more settled before looking for work, or commented on the lack of documentation that employers required to verify identification on taking up work (such as utility bills) as a further barrier..

There was little evidence to differentiate the pre-employment or in-work support received by homeless participants from that received by other groups. Their preferences and experience of the programme appeared to vary much in the same way as other groups. Satisfaction with the programme among homeless individuals was broadly consistent with that among other groups and was motivated by similar factors such as continuity and quality of support from advisers. Views were mixed on support for participants housing situation – of those who did not receive help, some were critical of providers whilst others said it was not the role of the provider to help. Some were receiving specialist support but this was not linked to the programme (although specialism to support housing needs existed within Work Programme supply chains (Foster et al, 2014)). Examples of this latter support included hostels and charities providing basic skills training, health support and assistance to find permanent housing; as well as probation services offering homeless, ex-offenders employment support.

## 16 Participants' finances

A key part of the government's welfare-to-work strategy is to make sure that work pays, i.e. that there are no financial disincentives to moving off benefits and into work. This chapter explores the role of participants' financial circumstances, including financial difficulties or debt; the effect and implications of sanctioning; their views of the financial advice/support offered by providers; and the extent to which participants perceive themselves to be 'better off in work'. It is the ambition that many of the issues identified will be addressed when Universal Credit rolls out nationally.

### 16.1 About a fifth receive financial advice

It might be expected, given the government's focus on ensuring that work pays, that where appropriate financial advice would form part of the experience for individuals on the Work Programme. The first participant survey found that around 18% of participants received some form of financial advice as part of their support package (see Table 5.8). The form of this financial support is shown in Table 16.1 below.

Given the relative rarity of financial advice being offered, it is also interesting to note that the multivariate analysis conducted with the second wave survey data examining the factors statistically associated with longer cumulative durations in employment during the two years of Work Programme participation (see Table A.0.109, Table A.0.110, and Table A.0.111), found that receipt of financial advice of some sort was the only type of intervention by Work Programme providers which appeared to be significantly associated with longer employment durations.

Calculations to assess whether participants would be better off in work were the most common form of financial advice (56% of participants who received financial advice noted a better off in work calculation), with almost as many saying that they had received advice about entitlements to in-work benefits (50% reported this). Help with managing finances or debt was much less frequently cited (26%).

**Table 16.1: The form of financial advice offered to participants**

<b>Was this financial advice..?</b>	<b>%</b>
A calculation to find out whether you would be better off in work	55.9
Advice on what benefits or tax credits you might be entitled to once in work	50.1
Help in managing finance or debts	25.8
Something else	11.8
Don't know/Can't remember	6.9

*Unweighted base: 812 (All who had received financial advice of some sort )  
 Note that responses sum to more than 100%,as respondents could give more than one response*

*Source: First wave participant telephone survey, 2012*

The qualitative research found some evidence that an extended period without work meant that financial pressures increased for individuals and that this led to them feeling discouraged about ever finding work and feeling in a more stable position financially. In these instances, participants reported being unable to pay down debts or manage the costs of living. In addition, the threat of a benefit sanction and the potential consequent loss of income led to significant anxiety about finances for some participants.

There was very limited evidence of formal better-off calculations in the qualitative research, which is consistent with the survey findings. The qualitative research suggested that many participants thought that coming off benefits to take up work of any kind was the most important priority, regardless of any financial difference made. Some participants had been offered one of these calculations although had declined it. In one example, this was because the participant had just gained a job. Others had requested a better-off calculation but instead of this being delivered; they had been directed to government-designed tool online. Finally, a group of participants recalled receiving a better-off calculation from a Jobcentre Plus adviser or a housing benefits officer.

## **16.2 Feelings of being better off or not**

In qualitative research with participants who had found work, the nature of their work and level of pay was a key factor in feeling better off. Some worked for the national minimum wage, while others received much higher rates of pay including some in skilled work and others who received a pay premium for working night shifts or overtime. For some participants, weekly income fluctuated as their working hours, and access to overtime, varied each week.

Despite this range of experiences, participants in the qualitative research who discussed the financial impact of doing paid work typically thought they would be or were better off in work than on benefits. Their beliefs stemmed from previous

experiences of working or, for some, discussing finances with their adviser or someone from another organisation. People who had previously had high earnings, for example in skilled trades or professional work, knew that jobs they found now were likely to be much lower paid, but this did not put them off wanting to work.

The predominant view of working participants was that their wage was not particularly good, but that they were financially better off than when on benefits. Some felt only slightly better off, but said they could 'get by', whilst others said they were significantly better off compared to benefit rates. Some who received Return to Work Credit said that this was significant in helping them to feel better off. Some lone parents reported that the financial gains of being in work were marginal but they still felt better off.

Other participants, having found work, had more mixed views about being better off since travel and other costs associated with work could undermine this. For example, a participant who had travel-to-work costs of £14 per week reported that working part-time alongside claiming JSA at reduced rate had resulted in financial problems. Others said increased costs resulting from entering work relating to council tax, rent (in light of reduced or cancelled housing benefit entitlement) or increased child maintenance obligations. Accumulating debts – either while out of work or as a result of unanticipated expenses associated with work – was a concern for participants.

Perceptions of the adequacy of incomes were intertwined with personal circumstances. For example, some younger people with no dependants, some of whom lived with their parents, said that their level of pay was good and provided an adequate income for their needs and wishes – despite working for the national minimum wage apprenticeship rate. Other young participants described how taking up low paid work had meant they had to return to the parent home because their rent was no longer unaffordable. Lone parents who had larger outgoings and more financial commitments could find that it was still a struggle to make ends meet while in work.

## **16.3 Financial implications of taking up a job**

It was apparent from the participants' qualitative accounts that taking up work could lead to some financial problems which might be short-term until a pay packet was received, but were significant in participants' minds. Some had been told by their advisers that financial support for the early weeks in work would be available. In some cases, it had been and had been greatly appreciated in overcoming problems such as affording transport for work. Others reported that the promised funding never came through which led to further debts. Other issues could arise in the transition such as being put on the emergency rate of tax, which led to a much reduced income and associated financial stresses.

The transition between having come out of some temporary form of work to restarting a benefits claim could also be a cause of some financial difficulty. Despite being registered for the Jobcentre Plus 'rapid claim system', it could still take some weeks

for participants' benefits to be reinstated. For one participant who regularly took up agency work, the need to request a statement of earnings (because wage slips had not been supplied) put further delays into the process of restarting the claim.

Where participants stated they were better off, the impacts of this could include: being able to spend on things that had previously been unaffordable, such as new clothes, better food, treats for children as well as practical matters such as staying on top of bills and paying off debt, replacing household items and starting to save. A sense of personal pride could emerge in these cases.

*“Just paying your own way, paying your own bills, makes you feel better about yourself”*

(Male participant)

## 16.4 The role of in-work benefits

Some of the participants in the qualitative study who were working were also claiming in-work benefits including, for example, Child Benefit, Child Tax Credit, Working Tax Credit, Housing Benefit and Council Tax Benefit. A small number of people had received the Return to Work Credit.

Among this group, there were a few who were experiencing problems with the administration of their Housing Benefit as their circumstances changed, resulting in rent arrears. There were also a few examples of problems with in-work benefit receipt, stemming from misinformation or administrative errors in the transition from unemployment to work. In some instances errors were resolved; in others, problems were ongoing and were leading to financial struggles as well as longer term consequences, such as a participant discovering that the Working Tax Credit she had received would have to be repaid. Others noted that they were still awaiting the outcome of the reassessment of their Housing Benefit and Council Tax Benefit, having moved into paid employment. Likewise, some people were still in the process of claiming Working Tax Credit.

Overall, Working Tax Credit appeared quite important to the sense of being better off in employment. Some participants described how, without Working Tax Credit, *“it would have been a real struggle”*.

There were quite mixed experiences among working participants regarding how they became aware of Working Tax Credit and how they went about claiming it. Quite a few had found out about it themselves and had made an unassisted application. A few participants had asked their Work Programme provider about Working Tax Credit, but had not yet heard anything back. Others were aware of Working Tax Credit but had not sought any further information. Some people explicitly stated that their provider had never mentioned Working Tax Credit.

For most participants claiming Working Tax Credit the process of application was seen as straightforward and a successful claim could make sufficient difference to finances that participants said they were able to stay in low paid work. However, there were examples where the process presented challenges and this related to

fluctuating weekly income. The Working Tax Credit system was not viewed as sufficiently dynamic to respond to these income fluctuations – although an aim of Universal Credit is to address precisely this point.

## 16.5 Summary

The first survey found that less than a fifth of participants had received financial advice as part of their programme of support, although it did not collect data on how many respondents needed or might benefit from such advice.

The most common form of financial advice received by participants was ‘better-off in work’ calculations, closely followed by advice on in-work benefits. Some participants in the qualitative study said that financial pressures and debt had increased during their extended period without work and that this was discouraging. Some were losing hope of finding work and overcoming their financial insecurity.

Participants who had yet to find work frequently reported that they would be better off in work, based either on their previous experience of working or on discussing finances with their adviser. Those who were in work had mixed views on whether they were actually better off, although overall most preferred earning a wage to claiming out-of-work benefits. Views of the adequacy of their income were intertwined with personal and financial circumstances. For example, young people living at home with their parents could be satisfied with a relatively low wage while lone parents could report it was a struggle.

In-work benefits, such as Working Tax Credit, were being claimed by quite a few participants who had found work and were interviewed for the qualitative research. However, it appeared that there were inconsistencies in experiences, in that Work Programme advisers had supported some individuals to apply for these benefits while other participants said that they had received no advice or support on such a claim. Some indicated that transitions between benefits claims and work were not sufficiently smooth, and that financial stresses resulted. Similarly, the Working Tax Credit system was not seen as sufficiently dynamic in responding to fluctuating income and short-term spells in and out of work. These are issues that Universal Credit will seek to address.

## 17 Family and caring responsibilities

This chapter explores the evidence from the evaluation research relating to the role of family circumstances and caring responsibilities as barriers to work, and the nature and extent of support participants report that they need, and have been offered from the Work Programme to address this.

### 17.1 Family and caring provision pre-employment

The first participant survey showed that over a fifth of respondents (22%) had a child under the age of 16 whom they were responsible for looking after (see Table 3.7). The picture was very similar at the time of the second wave (23% reported childcare responsibilities).

One in ten (11%) noted that they provided care to someone who was sick, disabled or elderly, at the time of the first survey (Table 3.8) and for three in ten of these (29%) this caring responsibility limited their availability for work, and 15% reported that it limited the type of work they could do. By the time of the second wave of the survey, there was no overall change in the incidence of caring responsibilities, with 12% reporting that they had such responsibilities. However it is interesting to note that, at this point, larger proportions reported that caring responsibility limited their availability for work (37%) or the type of work they could do (23%). It is not wholly clear what has driven these changed perceptions, but it is possible that the experience, in many cases, of a further 18 months of job-search (or in some cases, job entry) may have given some participants a more realistic understanding of how their caring obligations impinged on their employment opportunities.

The qualitative research provided some insight into the experience of those with caring responsibilities, looking at both the caring they did, as well as their Work Programme experience. Childcare does not require any description; however, the extent and nature of adult care was seen to vary. For example, in the qualitative research, some participants described responsibility for the support of an elderly or frail parent, adult child or relative. Most noted that this required '*a couple of hours a day*', involving shopping and errands, taking relatives for appointments, and that this was not a constraint on capacity to work. In contrast, a participant who was claiming ESA provided care support to two relatives and she thought it was unlikely that an employer would consider someone in her circumstances since she would be likely to need to take time off, without due notice.

Parents in the qualitative research who had until recently been caring for young children were among those who on referral to the Work Programme felt that new opportunities were opening up to them and who therefore had positive views about

the transfer. This group reported that they were now ready to find a job that would fit with family responsibilities. However, some reported that on referral to the programme, the prospect of being on a pathway towards re-engaging with work was daunting. This included a lone parent whose last experience in work had led to significant financial hardship due to problems when claiming in-work benefits.

The first survey of participants showed that 5% of participants received help or advice in relation to looking after children or adults (see Table 5.8) and it appeared that most participants were satisfied with this support, since fewer than 1% noted it as an additional support need (see Table A.0.41).

Exploring the nature of this support further indicated that it most commonly concerned advice about fitting working hours around caring responsibilities (43%), and second most commonly covered finding suitable childcare (35%). Advice received that related to caring for an adult was noted by 18% of participants who received support on caring responsibilities (Table 17.1).

**Table 17.1: Nature of advice about caring responsibilities**

<b>Was this caring advice..?</b>	<b>%</b>
Advice about fitting working hours around caring responsibilities	42.5
Help in finding childcare	34.5
Help or advice on caring for adults	18.5
Something else	12.0
Don't know/can't remember	14.2
Not stated	0.2

*Unweighted base = 185 (all who had received caring advice)*

*Note that responses sum to more than 100% since respondents could give more than one response*

*Source: First wave participant telephone survey, 2012*

When it came to their experience of the programme, the qualitative research showed that people with caring responsibilities particularly appreciated flexibility from their advisers who allowed meetings to be arranged at times that fitted in with family needs, and who would rearrange meetings should the participant need this. Where this flexibility was not accorded, the experience of the Work Programme was challenging. Some participants noted that they were not allowed to bring their children onto the providers' premises which made it difficult when they did not have access to out of term-time childcare.

What was apparent was that families had another important role to play. Some participants attributed a feeling that they were moving closer to work as a result of the support of their families rather than to support offered by the programme.

## **17.2 Family and caring and work entry**

Exploring the first participant survey data about job entry using multivariate analysis showed that when controlling for other factors, women, those with higher levels of qualifications and those with caring responsibilities were significantly more likely to be or have been in employment since joining the programme, although after two years, at the time of the second survey, the effects of qualifications and of caring responsibilities were no longer statistically significant (see Appendix 1, Table A.0.94 and the discussion in Chapter 7, section 7.1.4 above).

Understandably, considerations of family and caring responsibilities might feed into decisions about taking work that was less well-matched to participants' aspirations. Respondents to the first survey ranked this relatively low down the list of considerations; however 16% reported that the fit with family commitments had fed into the decision to take less well-matched employment (see Table 7.6).

The qualitative research revealed that for some lone parents, finding work that was compatible with childcare commitments was a key consideration. For some, it was important that work fitted within school hours or was close to where they lived. There were also participants who already held part-time jobs (below 16 hours per week) at the point of handover to the Work Programme, and these felt committed to their jobs and hoped that any additional hours they might take up with a new employer would fit around their existing work.

The degree to which jobs were well matched to family commitments varied considerably. Some participants had been able to find work where the hours fitted well or had been able to negotiate an appropriate pattern of work with their employer. Some lone parents who were working outside school hours described satisfactory childcare arrangements. Parents returning to work often required a period of adjustment, and some thought that their children were enjoying the increased sense of independence this brought. However, others were unhappy about their working hours, sensing that they were missing valuable time with their children or were having to turn to friends or family for informal childcare to manage work and care.

Employer flexibility and personally-arranged solutions, rather than any input from Work Programme providers, were key to addressing considerations relating to family and care commitments. Participants had not always resolved these issues to their satisfaction, but there was no evidence that any had approached their provider to seek help or advice in these matters.

## **17.3 Family and caring in sustaining work**

Multivariate analysis of the first participant survey showed that participants with caring responsibilities, as well as those who had spent longer periods out of the labour market, were more likely to receive in-work support, when controlling for other factors (see Appendix 1, Table A.0.96 and the discussion in Chapter 6 above). The wider evidence base<sup>88</sup> suggests that for lone parents and others with caring

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<sup>88</sup> The findings from the review of this evidence base will be summarised in the final synthesis report from the evaluation to be published in 2015.

responsibilities, financial support can play a crucial role in helping individuals to sustain work (Hasluck and Green, 2007)<sup>89</sup>.

Working parents and carers in the qualitative study provided some further insight into the ongoing experience of working for those with caring responsibilities.

Notwithstanding the mixed views on whether they enjoyed the specifics of their job, most of these participants said that returning to employment had led to them feel generally better in themselves. An improved financial position had also meant that some participants were now enjoying a more active social life or could afford to do more things with their family (see Chapter 16).

### **Fit of work with wider life**

Some participants in the qualitative study had found jobs that fitted well with their family commitments and were glad that they could continue their caring role alongside work. Some older participants were pleased that their working patterns still allowed them to spend with grandchildren. Part-time or flexible hours could be important in balancing work and family commitments, and some participants had achieved this through self-employment or working for agencies. For one participant who cared for an older relative, the availability of formal social care, alongside the informal support of friends and neighbours, was an important factor in being able to move into paid work.

However, there were participants who had not been able to find work that fitted satisfactorily around care commitments and who, as a result, were dependent on informal care through friends or family during working hours. For some, it was the desire to personally care for and be with their children outside school hours that was important, rather than a lack of availability of other childcare options. This group ideally wanted work with part-time hours that fitted with the school day.

A few participants explained that, since starting their job, a close relative had become unwell, impacting on their own availability for work. One participant in this situation who worked for an agency had to take an extended period off to care for their ill relative. Another explained that, in light of recent changes in a family member's health, he had turned down the offer of a new job because he did not want to "*mess people about*" at a time when caring commitments were likely to impact on his availability for work.

A few participants gave examples of how their employers had accommodated their need to take time off or had enabled them to alter their working patterns in order to support family members who had health problems. For example, agency work was viewed as helpful for some participants who had caring commitments; however, for others, variable shift patterns, or the offer only of unsociable hours, made it difficult to plan family life. These tended to a view that refusing work offers too often could harm their chances of being offered work in the future.

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<sup>89</sup> It should be noted that the obligations for lone parents receiving benefits are different to other groups in light of their caring responsibilities.

Working unsocial hours (late nights and weekends) could have an impact on social lives, sleep patterns or levels of energy during the day. A participant who had an occasional, informal role supporting elderly parents noted that he had less time available to care for them, because of variable patterns to his shift work.

Some participants who lived with partners, children or elderly relatives, reported that their movement into work could be a significant upheaval for these family members, which was initially unsettling for them. However, the increased household income was said to bring benefits for other household members in terms of items or activities that could now be afforded. Seeing the individual become happier, now they were back in work, was also noted to have a positive impact on other family members. Family could also play a part in participants' motivations to stay in work. Some cited here the encouragement and support of family as an important motivation.

## 17.4 Summary

Over a fifth of participants had responsibility for caring for a young child, and a further one in ten provided care to an adult and, for a third of this latter group, caring responsibility placed constraints on their availability for work. There was some evidence that participants' perceptions of the barriers to working imposed by caring responsibilities increased during their time on the programme. Caring for adults could involve doing errands and chores for a couple of hours each day, or taking the person being cared for to health and other appointments. Whereas adult care was viewed as a limitation on work by participants, parents whose children were older and required less support tended to have positive views about finding and securing work.

Those participants who received support in caring for adults and children from their providers were largely satisfied with this support which typically involved advice about the fit between work and care, and finding suitable childcare. Survey findings indicated that consistent with evidence from providers (Foster et al, 2014) referrals to specialist support for parents and carers was relatively rare.

The qualitative evidence suggested that providers made some allowances for carers, being flexible by allowing meetings to be arranged at times to fit around family needs. Families also played an important role in participants' pre-employment experience, and were frequently reported to encourage and motivate participants, and sometimes to pressure them, to find work.

Findings from the first survey indicated that those with caring responsibilities were among those most likely to have entered work (although, by the time of the second survey, eighteen months later, this effect was no longer statistically significant). Considerations of caring responsibilities, such as fitting around school hours, fed into decisions to take work that was less well matched to aspirations. Evidence on in-work support was mixed. On the one hand, the qualitative research suggested that Work Programme providers did not have much of a role in supporting participants to agree flexible hours and solutions with their employers, on the other hand the survey indicated that it was those with caring responsibilities who were among the most

likely to receive in-work support. Potentially explaining this, evidence from the provider research (Foster, et al., 2014) found that the form of this in-work support was most likely to be in the form of follow-up telephone calls, and far less frequently concerned with support for childcare.

Being able to sustain employment also appeared to be linked to a good fit with family and wider life. It was reported to be helpful to have an employer who understood and would provide flexibility when care needs and family circumstances changed. The evidence suggests that a participant moving into work can have a positive impact on attitudes to work among other family members, becoming a role model and providing improved family finances. Overall, it appears that there was interplay between the role of families and care in finding and securing work: on the one hand, the needs of families must be considered; on the other, family members provided support but also gained motivation from participants moving into work.

## 18 Multiple barriers

Having explored the influence of different specific barriers to work faced by Work Programme participants, this chapter considers multiple and complex barriers and how these affect participants' employment chances. This includes the nature and extent of support offered to participants by providers of the programme.

### 18.1 Multiple and complex barriers

The existing evidence<sup>90</sup> on payment-by-results models suggests that wholly outcome-contingent contracts are often less suitable for clients with multiple barriers to employment (Koning and Heinrich, 2010). For this reason, and more specifically to avoid providers focussing their efforts on some groups at the expense of others, the government introduced a differential payments model within the Work Programme.

While the payment group cannot indicate all participants who have multiple barriers, it may provide an acceptable proxy for multiple barriers (see Table 1.1). For example, ESA claimants with health barriers of some form might not have worked, or received employment support, for some considerable time. Ex-offenders on release from prison face trying to find employment with a criminal conviction on their record as well as a period without work.

Some evidence from the provider research (Foster et. al., 2014) suggested that some (especially specialist) providers thought there was insufficient funding to support the needs of participants with high or multiple barriers. This was reinforced by findings about the pre-employment support through the programme which suggested that support for more job-ready participants was being prioritised over supporting individuals with multiple or complex barriers (see Chapter 12).

The first participant survey identified the barriers that respondents perceived to employment immediately prior to starting the programme (see Table A.0.9). These categories were not read out to participants; rather their responses were multi-coded by interviewers. Looking further into these data revealed that a quarter of participants (25%) reported that they had more than one barrier to work. As might be expected, there was some correlation between having multiple barriers and age, such that older participants were more likely to report multiple barriers than younger ones. However, by gender, women were less likely to report multiple barriers than men. There was no statistically significant relationship between having a health condition and reporting

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<sup>90</sup>The findings from the review of existing evidence on welfare and employment programmes will be summarised in the final synthesis report from the evaluation, to be published in 2015.

multiple barriers which may indicate that, for those with health conditions, their condition tended to dominate other potential barriers to work in their perception.

**Table 18.1: The number of difficulties to finding work among participants**

<b>Barriers mentioned</b>	<b>%</b>
No perceived barriers, don't know, not given	7.3
1	68.1
2	19.2
3	4.2
4	1.0
5	0.2
<b>Total</b>	<b>100.0</b>

*Source: First wave participant telephone survey, 2012*

Reviewing the experience of participants, using this measure of multiple barriers, suggested that they received much the same or a slightly better service than other participants. Those with multiple barriers had a greater likelihood of more frequent meetings with their adviser than other participants (see Table 18.2); and they were more likely to have received some form of intervention or support than other groups (see Table 18.3).

**Table 18.2: Frequency of meetings by number of barriers**

<b>Number of barriers mentioned</b>	<b>Number of meetings during 6-9 months on the programme</b>			<i>Unweighted base</i>
	<b>Four or fewer</b>	<b>Between five and ten</b>	<b>More than 11</b>	
One or no barriers mentioned	30.2	37.1	32.7	2,934
Two or more barriers mentioned	25.0	38.8	36.1	955
<b>Total</b>	28.9	37.5	33.6	3,889

*Unweighted base:3889*

*Chi2 = 10.240 (2); Pr= 0.006*

*Source: First wave participant telephone survey, 2012*

**Table 18.3: Interventions received by number of barriers**

<i>Row percentages</i>	<b>Interventions received</b>	<b>No interventions received</b>	<i>Unweighted base</i>
One or no barriers mentioned	87.4	12.6	3,557
Two or more barriers mentioned	90.7	9.3	1,158
<b>Total</b>	88.3	11.7	4,715

*Unweighted base:4715*

$Ch^2 = 9.793 (1); Pr= 0.002$

*Source: First wave participant telephone survey, 2012*

When the barriers cited by individuals were reviewed, the data showed a compelling picture of how multiple barriers inter-relate and combine (see Table 18.4). This showed that those with multiple barriers were more likely than those without to perceive a lack of jobs in the local area (23 percentage point difference); that they themselves did not possess the right skills or qualifications for the jobs they were interested in (22 percentage point difference); that they lacked experience (13 percentage point difference); there was a lack of vacancies for the type of work they were interested in (12 percentage point difference) and there was too much competition for jobs (12 percentage point). It appeared that the nature of these self-identified multiple barriers tended towards asset-based<sup>91</sup> barriers which might be addressed through some support and intervention, rather than barriers that might require very specialist and long-term intervention or support.

<sup>91</sup>See Hillage and Pollard (1998) for a discussion of different types of employability attributes

**Table 18.4: Barriers noted by number of barriers**

<b>Barrier mentioned</b>	<b>No of barriers mentioned</b>	
	<b>0-1 %</b>	<b>2+ %</b>
Family or caring commitments (childcare)	5.8	7.4
Health issues/disabilities limit kind of work can do	14.0	14.0
The time involved in getting to interviews or a workplace	0.5	3.9
The cost involved in getting to interviews or a workplace	0.4	4.1
Lack of vacancies for jobs interested in	9.1	21.5
Lack of jobs in local area	16.2	38.7
Too much competition for jobs	6.3	18.0
Lack of jobs for people with respondent's health issues/disabilities	1.1	3.1
Lack of employer understanding about people with health conditions	0.2	1.6
Not having right skills for jobs interested in/not right qualifications	5.9	27.5
Lack of work experience	13.0	25.7
Drug or alcohol problems	0.5	0.7
Criminal record	1.7	2.3
Housing problems	0.2	1.3
CV issues/no CV	1.6	3.3
Lack of confidence	1.7	2.7
Motivation problems	0.3	0.6
Age issues	2.8	11.1
No replies/feedback from previous applications	4.8	5.8
General transport problems	1.5	4.8
Lack of help/guidance/support from job centre	0.7	1.8
Been out of work for period of time	0.7	2.9
Lack of driving licence/not able to drive/need driving licence	0.6	3.7
Language problems	0.6	0.9
Lack of interview skills technique/not good at interviews	1.5	2.3
Over qualified	0.2	0.6
Not enough hours/not hours to suit needs/want ft/want pt	0.8	1.7
No access to computer/internet	0.5	1.6
Recession/state of economy	0.1	1.1
No references/lack of references/problem with references	0.2	0.9
Other	6.5	13.6
<i>Unweighted base</i>	<i>3212</i>	<i>1158</i>

*Note: the first column is based on participants mentioning 0-1 barriers, shows the % who mention each specific barrier. The second column shows the same for respondents who mention 2+ barriers.*

*Source: First wave participant telephone survey, 2012*

The participant survey showed that participants with health conditions frequently reported multiple conditions (Table A.0.1 shows that nearly a half reported more than one condition). The qualitative research with participants provided some deeper insight into the nature of the complex barriers experienced. For example, there were ESA claimants who described multiple health impairments (such as vision, mobility, memory, speech, limb function) which had resulted, for example, from a stroke or accident. Often these participants with complex health conditions noted that they were not ready for work and it would be some time before they would be. In many instances, these participants had not worked for many years which acted as a further (asset-related) barrier since they lacked an employment history and did not have an up-to-date CV.

Overall, the qualitative research suggested that there might be a lack of interventions for participants with complex barriers. Some in this group reported satisfaction with infrequent meetings because they did not yet feel ready for work. Others with complex needs expressed dissatisfaction that their case was not being treated holistically by their provider. Most participants who appeared to receive very little input in the subsample of those who had completed the programme were ESA claimants with severe physical or mental health conditions. Over time, some had become too ill to attend appointments and, where contact with advisers continued, appointments took place by telephone, and sometimes involved simple checks on health. It was also stated that advisers struggled to think of any work-related activity that might be helpful.

Data from the longitudinal panels showed how fluctuating and deteriorating health could impact on attitudes and ability to find work, with some participants describing how they were on a cocktail of medication and subject to numerous medical appointments including some periods of hospitalisation. This could leave little capacity and limited time to think about working. However, their accounts also indicated the role of other barriers: for example, some described that in addition to their health conditions, they lacked basic IT skills which made job-search activities more challenging and others described the travel and transport constraints associated with living in rural areas with limited physical mobility.

## 18.2 Summary

The evaluation has only imperfect measures to assess the extent to which participants presented with multiple and complex barriers, although the payment group categorisation can provide some proxy for this.

Reviewing the quantitative evidence on the main barriers that participants perceived to their (re-)entry to work suggests that around one quarter noted multiple barriers. There is a correlation between being older and reporting multiple barriers, as might be expected, but not between having a health condition or disability and reporting multiple barriers. However, the research indicates that participants with health barriers often had complex conditions comprised of inter-related health conditions and such participants typically note only health as their main barrier to work. It

appears therefore that health barriers, where these exist, are often perceived by participants as the predominant barrier to finding work.

The survey data provide a compelling picture here. They show how multiple barriers inter-relate and combine such that those with multiple barriers are more likely to perceive a lack of jobs locally (generally, as well as the jobs to which they aspire). The data also show that those with multiple barriers tend to perceive that they themselves lack the right skills for the jobs that they would like, and that they face too much competition for jobs. However, the barriers they cite are typically 'asset' based and could seemingly be overcome with support, careers advice and possibly, training. Further analysis of the survey data indicates that those with multiple barriers received much the same or even a slightly better service than others. For example, more frequent adviser meetings were more common among this group, as was receipt of some form of intervention (e.g. training or specialist support). In contrast, however, the evidence suggests, if anything, a lack of intervention or support for those with complex barriers.

It is likely that the two sets of data identify different but related phenomena, with the quantitative data based on the number of distinct 'barriers to work' cited by participants (some of which related to personal characteristics or circumstances, and some to external or environmental factors), while the qualitative data are more effective at capturing more complex or severe barriers.

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<sup>92</sup> See: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/335144/jsa-sanctions-independent-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335144/jsa-sanctions-independent-review.pdf) and, for the government response to this review: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/332137/jsa-sanctions-independent-review-government-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332137/jsa-sanctions-independent-review-government-response.pdf)

# Appendix 1: detailed tables from participant survey and multivariate analysis

## Survey tables

**Table A.0.1: Number of health conditions noted by participants with a health condition or disability**

<b>Number of health conditions mentioned</b>	<b>Health condition/disability lasting 6m+ %</b>	<b>Health condition/disability lasting 12m+ %</b>
1	56.7	55.3
2	25.3	26.2
3	11.0	10.8
4	4.1	4.5
5+	2.9	3.2
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	<i>2,018.</i>	<i>1,748</i>

*Source: First wave participant telephone survey, 2012*

**Table A.0.2: Type of health condition/disability (detailed)**

		<b>Health condition/ disability lasting</b>	
		<b>6m+ (%)</b>	<b>12m+ (%)</b>
<b>Mental Health</b>	Depression	30.2	27.5
	Stress or anxiety	15.0	13.5
	Fatigue or problems with concentration or memory	4.1	4.3
	Any other mental health condition	4.9	4.8
<b>Learning Difficulties</b>	Learning difficulties including dyslexia	5.1	5.8
<b>Musculo-Skeletal /Physical Injury</b>	Problems with arms or hands	8.3	8.3
	Problems with legs or feet	12.7	12.8
	Problems with neck or back	17.0	18.0
	Pain or discomfort	5.3	5.7
	Any other musculo-skeletal problem or physical injuries	7.0	7.8
<b>Sensory Impairment</b>	Difficulty with seeing	2.3	2.5
	Difficulty with hearing	1.2	1.4
	Dizziness or balance problems	1.1	1.2
	Any other sensory impairment problem	0.3	0.4
<b>Chronic/Systemic /Progressive</b>	Problems with bowels, stomach, liver, kidneys or digestion including Crohn's disease	7.1	7.4
	Chest or breathing problems including asthma	11.9	13.1
	Heart or blood pressure problems including angina	10.1	10.9
	Skin conditions or allergies	2.3	2.4
	Diabetes	7.6	8.4
	Cancer or other progressive illness	1.2	1.3
	Any other chronic / systemic illness	6.2	7.1
<b>Problems with Drugs or Alcohol</b>	Problems due to alcohol	1.1	1.0
	Problems due to drug addiction	0.8	0.7
<b>Other Condition or Disability</b>	Speech problems	0.1	0.2
	Obesity	0.1	0.2
	Asperger syndrome	0.7	0.9
	Autism	0.2	0.2
	Any other health condition or disability	9.0	9.0
	<i>Refused</i>	1.2	1.3
	<i>Unweighted base</i>	2,018	1,748

*Note: %s sum to more than 100%, as respondents could indicate several conditions*

*Source: First wave participant telephone survey, 2012*

**Table A.0.3: Impact of health condition/disability on daily life and work**

Whether condition reduces ability to carry out day-to-day activities			Whether condition makes it difficult to find work		
	Health condition/ disability lasting 6m+ %	Health condition/ disability lasting 12m+ %		Health condition/ disability lasting 6m+ %	Health condition/ disability lasting 12m+ %
Yes, a lot	41.7	43.1	Yes	64.4	65.4
Yes, a little	32.3	30.8	No	30.8	30.0
No, not at all	22.3	22.3			
Don't know	3.7	3.8	Don't know	4.9	4.5
<b>Total</b>	100.0	100.0	<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	<i>2,018</i>	<i>1,748</i>	<i>Unweighted base</i>	<i>2,018</i>	<i>1,748</i>

*Source: First wave participant telephone survey, 2012*

**Table A.0.4: Work Programme Payment Groups by disability status**

Payment Group	Health condition/ disability lasting 12m+			Unweighted base
	Yes %	No %	Don't know/refused %	
1: JSA 18-24	9.7	88.1	2.2	821
2: JSA 25+	17.5	78.6	4.0	1276
3: JSA early access	18.7	78.1	3.2	844
4: JSA ex-IB	48.5	48.5	3.0	321
5: ESA Volunteers	76.9	14.0	9.1	421
6: New ESA claimants	74.3	14.5	11.1	741
7: ESA Ex-IB	83.3	10.0	6.7	210
8: IB/IS	55.6	33.3	11.1	81

Source: First wave participant telephone survey, 2012

**Table A.0.5: Work Programme Payment Groups by qualification level**

Payment Group	Highest qualification level						Unweighted base
	No quals.	below Level 2	Level 2	Level 3	Level 4+	n.a./don't know	
1: JSA 18-24	16.1	12.8	30.3	13.2	5.8	21.8	821
2: JSA 25+	26.3	10.5	19.5	8.7	14.1	20.8	1,276
3: JSA early access	26.6	10.8	22.9	11.8	8.0	19.9	844
4: JSA ex-IB	40.0	8.6	17.1	8.6	8.6	17.1	321
5: ESA Volunteers	30.8	10.8	16.7	10.8	10.8	20.0	421
6: New ESA claimants	33.5	8.6	19.3	10.0	10.0	18.6	741
7: ESA Ex-IB	50.8	6.8	10.2	6.8	5.1	20.3	210
8: IB/IS	33.3	11.1	22.2	11.1	11.1	11.1	81

Source: First wave participant telephone survey, 2012

**Table A.0.6: Number of children**

<b>Number of children under 16</b>	<b>%</b>
1	46.1
2	31.2
3	12.2
4	6.6
5 or more	3.7
Refused	0.2
<b>Total</b>	<b>100.0</b>

*Unweighted base: 965*

*(All respondents living with children under 16)*

*Source: First wave participant telephone survey, 2012*

**Table A.0.7: Age of youngest child**

<b>Age of youngest child</b>	<b>%</b>
Under 2	14.2
2-5	20.4
6-10	31.9
11-15	33.3
Refused	0.3
<b>Total</b>	<b>100.0</b>

*Unweighted base: 965*

*(All respondents living with children under 16)*

*Source: First wave participant telephone survey, 2012*

**Table A.0.8: Reasons for end of last employment prior to WP referral**

<b>Reason</b>	<b>%</b>
Temporary job ended	24.3
Voluntary/ compulsory redundancy	17.5
Personal health reasons	13.3
Dismissed	7.7
Work stopped (e.g. if self-employed)	6.0
Company closure	5.4
Other	4.9
Resigned	4.8
Pregnant/ left to have baby	4.8
Left to look after children	4.1
Moved area/moved abroad	3.3
Don't know/ can't remember	2.3
Personal reasons (NOT health related)	2.2
Caring for another person	1.9
Started in education	1.5
Problems with working hours	1.1
Left for another job (NB one that didn't actually happen)	1.0
Transport difficulties	0.9
Went to prison	0.5
Salary issues	0.5
Funding ran out	0.4
Took retirement	0.1
Drug / Alcohol addiction	0.1

*Unweighted Base: 3,900*

*(All respondents who had previously been in employment)*

*Note that responses sum to more than 100%, as respondents could give more than one reason*

*Source: First wave participant telephone survey, 2012*

**Table A.0.9: Main difficulties faced in finding work immediately prior to WP referral**

<b>Main difficulties in finding work (respondent perception)</b>	<b>%</b>
Lack of jobs in local area	21.0
Lack of work experience	15.4
Health issues/ disabilities	12.9
Lack of vacancies for jobs interested in	11.7
Not having right skills or qualifications for jobs interested in	11.2
Too much competition for jobs	8.9
Family or caring commitments (childcare)	5.8
Age issues	4.8
No replies or feedback from previous applications	4.7
General transport problems	2.2
CV issues/no CV	1.9
Lack of confidence	1.8
Criminal record	1.7
Lack of jobs for people with respondent's health issues/disabilities	1.6
Lack of interview skills	1.6
Lack of driving licence	1.4
The time involved in getting to interviews or a workplace	1.4
The cost involved in getting to interviews or a workplace	1.3
Been out of work for period of time	1.3
Lack of support from Job Centre	0.9
Language problems	0.6
Lack of understanding from employers about people with health conditions or disabilities	0.6
Drug or alcohol problems	0.5
Housing problems	0.5
Motivation problems	0.3
Over-qualified	0.3

*Unweighted base: 4,715*

*Note that responses sum to more than 100%, as respondents could give more than one reason*

*Source: First wave participant telephone survey, 2012*

**Table A.0.10: Attendance at information sessions by qualification level**

*Row percentages*      **Did you attend an information session before starting WP?**

<b>Highest qualification level</b>	Yes	No	Don't know	<i>Unweighted base</i>
No qualifications	62.3	26.5	11.2	1,358
Below Level 2	60.1	29.4	10.6	481
Level 2	58.8	30.9	10.3	987
Level 3	62.3	29.7	8.0	492
Level 4 and above	53.5	37.9	8.6	450
<b>Total</b>	59.9	30.0	10.1	3,768

*Chi 2= 25.598 (8); Pr = 0.001*

*Source: First wave participant telephone survey, 2012*

**Table A.0.11: Waiting times for Work Programme attachment, by health status**

<i>Row percentages</i>	<b>Waiting time</b>					<i>Unweighted base</i>
	Less than a week	At least 1 but less than 2 weeks	At least 2 but less than 3 weeks	At least 3 but less than 4 weeks	4 weeks or more	
<b>Health condition or disability lasting 6m+?</b>						
Yes	12.8	24.8	28.2	12.2	22.1	1,524
No	15.6	31.5	25.6	10.3	16.9	2,151
<b>Total</b>	14.9	29.8	26.3	10.8	18.2	3,675

*Chi 2= 23.938 (4); Pr=0.000*

<i>Row percentages</i>	<b>Waiting time</b>					<i>Unweighted base</i>
	Less than a week	At least 1 but less than 2 weeks	At least 2 but less than 3 weeks	At least 3 but less than 4 weeks	4 weeks or more	
<b>Health condition or disability lasting 12m+?</b>						
Yes	13.0	25.0	28.2	11.9	22.0	1,313
No	15.5	31.3	25.5	10.5	17.2	2,222
<b>Total</b>	14.9	29.9	26.1	10.8	18.2	3,525

*Chi 2= 21.614 (4); Pr=0.000*

*Source: First wave participant telephone survey, 2012*

**Table A.0.12: Waiting times for Work Programme attachment, by age**

<i>Row percentages</i> <b>Age</b>	<b>Less than a week</b>	<b>At least 1 but less than 2 weeks</b>	<b>At least 2 but less than 3 weeks</b>	<b>At least 3 but less than 4 weeks</b>	<b>4 weeks or more</b>	<i>Unweighted base</i>
18-24	19.5	33.4	24.3	8.6	14.3	1,035
25-49	13.4	27.2	27.1	12.3	19.9	1,888
50+	10.9	30.6	27.1	9.9	21.5	804
<b>Total</b>	15.0	29.7	26.2	10.7	18.4	3,727

*Chi 2= 64.494 (8); Pr=0.000*

*Source: First wave participant telephone survey, 2012*

**Table A.0.13: Waiting times for Work Programme attachment, by qualification level**

<i>Row percentages</i> <b>Highest qualification level</b>	<b>Less than a week</b>	<b>At least 1 but less than 2 weeks</b>	<b>At least 2 but less than 3 weeks</b>	<b>At least 3 but less than 4 weeks</b>	<b>4 weeks or more</b>	<i>Unweighted base</i>
No qualifications	14.7	27.9	27.2	10.5	19.7	1,044
Below Level 2	15.9	31.3	25.3	8.7	18.8	386
Level 2	15.1	29.2	27.8	11.9	15.9	806
Level 3	14.4	33.7	23.1	8.3	20.5	413
Level 4 and above	11.6	28.4	23.5	12.9	23.5	344
<b>Total</b>	14.5	29.6	26.1	10.7	19.1	2,993

*Chi 2= 27.158 (16); Pr=0.040*

*Source: First wave participant telephone survey, 2012*

**Table A.0.14: Reasons for joining the Work Programme**

<b>Why did you join the Work Programme?</b>	<b>%</b>
Told by Jobcentre you had to join	47.0
Keen to find work	30.7
Adviser recommendation	8.8
Range of support sounded good	8.7
Felt under pressure to join the Work Programme	6.2
Provider could offer a better range of support than Jobcentre Plus	4.4
Referred by Jobcentre	3.0
Jobcentre Plus couldn't offer any more support	1.5
To get extra help	0.9
Sent under new benefit rules	0.8
Provider appeared professional	0.8
Was told benefits would stop if didn't attend	0.6
To improve CV or interview skills	0.5
To get training / develop skills / gain qualifications	0.4
To help with confidence or motivation	0.3
Wanted to do something to move forward	0.2
Didn't have a good relationship with Jobcentre Plus adviser	0.1
Other	1.8
Don't know/not sure	0.6

*Unweighted base: 4,715*

*Note that responses sum to more than 100%, since respondents could give more than one reason*

*Source: First wave participant telephone survey, 2012*

**Table A.0.15: Participants instructed by Jobcentre Plus to join WP, by Opportunity Type**

<b>Participant Opportunity Type</b>	<b>Told by Jobcentre you had to join %</b>	<i>Unweighted base</i>
WP ESA (IR) WRAG 3/6 Mth Mandatory ExIB	55.9	205
WP JSA ExIB	55.9	321
WP ESA (IR) WRAG 3/6 Mth Mandatory	50.9	729
WP JSA 25+	50.4	1,275
WP ESA (IR) WRAG 3/6 Mth Voluntary ExIB	50.0	5
WP JSA Claiming 22 of 24mths	49.6	585
WP JSA 18-24	42.7	821
WP JSA NEET	38.2	189
WP JSA Early Access	33.7	70
WP ESA (c) WRAG Mandatory	33.3	121
WP ESA (IR) WRAG 3/6Mth Stock	33.3	49
WP ESA (c) WRAG Voluntary	22.2	31
WP ESA (IR) WRAG 12Mth Mandatory	22.0	170
WP ESA (IR) WRAG 12Mth Voluntary	20.0	49
WP IB and IS Volunteers	10.0	81
WP ESA (IR) Support Group	0.0	4
WP ESA (IR) WRAG 3/6 Mth Voluntary	0.0	7
WP Pension Credit	0.0	1
<b>Total</b>	47.0	4,715

*Source: First wave participant telephone survey, 2012*

**Table A.0.16: Waiting time for WP attachment by understanding of reasons for referral**

<i>Row percentages</i>	<b>Extent to which participants understood reasons for WP referral</b>			<i>Unweighted base</i>
<b>Waiting time for WP attachment</b>	<b>Understood completely</b>	<b>Understood to some extent</b>	<b>Didn't understand at all</b>	
Less than a week	67.4	23.0	9.7	492
At least 1 but less than 2 weeks	65.9	24.9	9.2	1,037
At least 2 but less than 3 weeks	60.5	30.1	9.4	947
At least 3 but less than 4 weeks	59.2	28.9	11.9	403
4 weeks or more	58.8	25.4	15.9	704
<b>Total</b>	62.7	26.5	10.8	3,583

*Chi 2 = 37.613 (8); Pr = 0.000*

*Source: First wave participant telephone survey, 2012*

**Table A.0.17: Participants' understanding of whether participation was compulsory or voluntary, by health status**

<i>Row percentages</i>	<b>Attendance on WP was...</b>			<i>Unweighted base</i>
	<b>Compulsory</b>	<b>Voluntary</b>	<b>Not clear/not known</b>	
<b>Health condition or disability lasting 6m+?</b>				
Yes	72.6	15.9	11.5	2,018
No	82.1	7.3	10.7	2,623
<b>Total</b>	<b>79.6</b>	<b>9.6</b>	<b>10.9</b>	<b>4,641</b>

*Chi 2= 84.620 (3); Pr = 0.000*

<i>Row percentages</i>	<b>Attendance on WP was...</b>			<i>Unweighted base</i>
	<b>Compulsory</b>	<b>Voluntary</b>	<b>Was not clear/not known</b>	
<b>Health condition or disability lasting 12m+?</b>				
Yes	73.2	16.1	10.7	1,748
No	81.8	7.4	10.8	2,706
<b>Total</b>	<b>79.8</b>	<b>9.4</b>	<b>10.8</b>	<b>4,454</b>

*Chi 2= 76.087 (3); Pr = 0.000*

**Table A.0.18: Participants' understanding of whether participation was compulsory or voluntary, by qualification level**

<i>Row percentages</i>	<b>Attendance on WP was..?</b>			<i>Unweighted base</i>
	<b>Compulsory</b>	<b>Voluntary</b>	<b>Was not clear</b>	
<b>Highest qualification level</b>				
No qualifications	75.4	14.2	10.4	1,351
Below Level 2	78.7	8.7	12.6	478
Level 2	82.7	8.1	9.2	983
Level 3	85.5	5.3	9.3	490
Level 4 and above	85.9	5.0	9.1	447
<b>Total</b>	<b>80.6</b>	<b>9.3</b>	<b>10.0</b>	<b>3,749</b>

*Chi 2= 63.389 (8); Pr = 0.000*

Source: First wave participant telephone survey, 2012

**Table A.0.19: Participants' understanding of whether participation was compulsory or voluntary, by age**

<i>Row percentages</i>	<b>Attendance on WP was...</b>			<i>Unweighted base</i>
	<b>Compulsory</b>	<b>Voluntary</b>	<b>Was not clear</b>	
<b>Age</b>				
18-24	78.0	7.7	14.3	1,228
25-49	82.0	10.0	8.0	2,394
50+	78.0	12.4	9.5	1,069
<b>Total</b>	80.1	9.7	10.2	4,691

*Chi 2= 49.267 (4); Pr = 0.000*

*Source: First wave participant telephone survey, 2012*

**Table A.0.20: Participants' understanding of whether participation was compulsory or voluntary, by mandatory/voluntary nature of payment group**

<i>Note: row percentages</i>	<b>Participant perception if whether participation was...</b>			<i>Unweighted base</i>
	<b>Compulsory %</b>	<b>Voluntary %</b>	<b>Was not clear %</b>	
All Mandatory Opportunity Types	80.6	9.2	10.2	4,511
All Voluntary Opportunity Types	22.5	70.0	7.5	180
Total	80.1	9.7	10.2	4,691

*Source: First wave participant telephone survey, 2012*

**Table A.0.21: Comfort to discuss barriers to work with advisers by health**

<b>Advisers helped you feel comfortable discussing difficulties faced in finding work</b>	<b>Physical or mental health conditions lasting 6m+</b>			<b>Physical or mental health conditions lasting 12m+</b>		
	Yes %	No %	Total %	Yes %	No %	Total %
Completely	52.5	59.3	57.5	52.5	59.2	57.7
To some extent	27.0	26.3	26.5	26.9	26.4	26.5
Not at all	15.8	10.6	12.0	15.7	10.6	11.8
Don't know	4.6	3.8	4.0	4.9	3.8	4.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>2018</i>	<i>2623</i>	<i>4641</i>	<i>1748</i>	<i>2706</i>	<i>4454</i>
	<i>Chi-square = 29.199 (3); Pr = 0.000</i>			<i>Chi-square = 26.865 (3); Pr = 0.000</i>		

Source: First wave participant telephone survey, 2012

**Table A.0.22: Comfort to discuss barriers to work with advisers by age**

<b>Advisers helped you feel comfortable discussing difficulties faced in finding work</b>	<b>Age group</b>			<b>Total %</b>
	<b>18-24 %</b>	<b>25-49 %</b>	<b>50+ %</b>	
Completely	61.2	55.7	54.7	57.2
To some extent	25.2	28.0	24.2	26.5
Not at all	9.9	12.6	15.6	12.3
Don't know	3.7	3.8	5.5	4.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>1236</i>	<i>2410</i>	<i>1069</i>	<i>4715</i>
	<i>Chi-square = 28.899 (6); Pr = 0.000</i>			

Source: First wave participant telephone survey, 2012

**Table A.0.23: Comfort to discuss barriers to work with advisers by gender**

<b>Advisers helped you feel comfortable discussing difficulties faced in finding work</b>	<b>Gender</b>		<b>Total %</b>
	<b>Male %</b>	<b>Female %</b>	
Completely	55.9	59.6	57.2
To some extent	26.7	26.1	26.5
Not at all	13.2	10.5	12.2
Don't know	4.2	3.8	4.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>2861</i>	<i>1854</i>	<i>4715</i>
<i>Chi-square = 9.735 (3); Pr = 0.021</i>			

*Source: First wave participant telephone survey, 2012*

**Table A.0.24: Comfort to discuss barriers to work with advisers by ethnicity**

<b>Advisers helped you feel comfortable discussing difficulties faced in finding work</b>	<b>Ethnicity</b>		<b>Total %</b>
	<b>All white %</b>	<b>All non-white or other %</b>	
Completely	58.4	53.3	57.5
To some extent	25.8	29.3	26.4
Not at all	12.0	12.4	12.1
Not sure/Don't know	3.8	5.0	4.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>2885</i>	<i>756</i>	<i>4641</i>
<i>Chi-square = 9.212 (3); Pr = 0.027</i>			

*Source: First wave participant telephone survey, 2012*

**Table A.0.25: Continuity of adviser contact by ethnic origin**

Row percentages

Ethnicity	Contact with advisers (Wave 1)			Unweighted base (all answering both questions)
	Always or almost always saw the same adviser	Saw the same adviser sometimes	Saw a different adviser each time	
All white	71.6	19.5	8.9	2,951
All non-white or other	62.9	26.9	10.1	561
<b>Total</b>	70.0	20.9	9.1	3,512

*Chi-square = 19.942 (2); Pr = 0.000*

Contact with advisers (Wave 2)				
All white	71.4	19.1	9.5	1,499
All non-white or other	70.5	18.2	11.3	298
<b>Total</b>	71.3	18.9	9.8	1,797

*Chi-square = 1.0667 (2); Pr = 0.587*

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.26: Continuity of adviser contact by age**

<b>Contact with advisers (Wave 1)</b>				
Row percentages				
<b>Age range</b>	<b>Always or almost always saw the same adviser</b>	<b>Saw the same adviser sometimes</b>	<b>Saw a different adviser each time</b>	<i>Unweighted base (all answering both questions)</i>
18-24	74.5	17.1	8.4	901
25-49	68.4	22.8	8.8	1,846
50+	66.5	22.2	11.3	810
<b>Total</b>	69.9	21.0	9.1	3,557
<i>Chi-square= 19.442 (4); Pr= 0.001</i>				
<b>Contact with advisers (Wave 2)</b>				
18-24	75.7	17.8	6.5	386
25-49	69.7	18.7	11.6	950
50+	66.7	21.9	11.5	483
<b>Total</b>	71.0	18.9	10.1	1,819
<i>Chi-square= 14.2624 (4); Pr= 0.006</i>				
<i>Source: participant telephone survey (first wave 2012 and second wave 2014)</i>				

**Table A.0.27: Frequency of advisory contact, by ethnic origin (broad)**

<b>Wave 1</b>	<b>Ethnicity</b>		
	<b>Number of adviser meetings</b>	All white %	All non-white or other %
Four or fewer	27.6	33.2	28.6
Between five and ten	37.3	38.8	37.6
Eleven or more	35.1	28.0	33.8
<b>Total</b>	100.0	100.0	100.0

*Unweighted base (all who answered both questions)* 3,226 610 3,836

*Chi-square = 14.591 (2); Pr = 0.001*

<b>Wave 2</b>	<b>Ethnicity</b>		
	<b>Frequency of adviser meetings</b>	All white %	All non-white or other %
Only once	1.6	1.0	1.5
Less often than every two months	4.0	2.3	3.7
Once every two months	3.2	6.5	3.8
Once every month	18.7	25.6	20.0
Once every three weeks	4.0	6.5	4.5
Once a fortnight	40.1	28.6	38.0
Once a week	22.2	21.8	22.1
More often than once a week	6.2	7.8	6.5
<b>Total</b>	100.0	100.0	100.0

*Unweighted base (all who answered both questions)* 1,374 269 1,643

*Chi-square = 29.641 (7); Pr = 0.000*

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.28: Frequency of advisory contact, by ethnic origin (detailed): Wave 1 only**

<b>Number of adviser meetings</b>	<b>Ethnicity</b>					<b>Total %</b>
	<b>White %</b>	<b>Mixed %</b>	<b>Asian %</b>	<b>Black %</b>	<b>Other %</b>	
Four or fewer	27.6	24.4	33.9	34.4	31.7	28.6
Between five and ten	37.3	40.0	37.6	37.3	45.5	37.6
Eleven or more	35.1	35.6	28.5	28.3	22.8	33.8
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base (all who answered both questions)</i>	<i>3,226</i>	<i>107</i>	<i>187</i>	<i>248</i>	<i>68</i>	<i>3,836</i>

*Chi-square = 19.209 (8); Pr = 0.014*

*Source: First wave participant telephone survey, 2012*

**Table A.0.29: Frequency of advisory contact by health condition/ disability**

<b>Wave 1</b>	<b>Physical or mental health conditions lasting 6m+</b>			<b>Physical or mental health conditions lasting 12m+</b>		
	<b>Yes %</b>	<b>No %</b>	<b>Total %</b>	<b>Yes %</b>	<b>No %</b>	<b>Total %</b>
Four or fewer	31.7	27.7	28.8	31.4	28.0	28.8
Between five and ten	40.0	36.5	37.5	39.8	36.5	37.3
Eleven or more	28.3	35.8	33.8	28.9	35.4	33.9
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base (all who answered both questions)</i>	<i>1,704</i>	<i>2,128</i>	<i>3,832</i>	<i>1,478</i>	<i>2,200</i>	<i>3,678</i>
	<i>Chi-square = 19.362 (2); Pr = 0.000</i>			<i>Chi-square = 12.989 (2); Pr = 0.002</i>		
<b>Wave 2</b>	<b>Physical or mental health conditions lasting 12m+</b>					
<b>Frequency of adviser meetings</b>	<b>Yes %</b>	<b>No %</b>	<b>Total %</b>			
Only once	2.1	1.5	1.7			
Less often than every two months	4.1	3.3	3.5			
Once every two months	4.4	3.5	3.7			
Once every month	25.7	17.9	20.1			
Once every three weeks	4.1	4.5	4.4			
Once a fortnight	36.7	38.7	38.1			
Once a week	17.0	24.0	22.0			
More often than once a week	5.8	6.6	6.4			
<b>Total</b>	100.0	100.0	100.0			
<i>Unweighted base (all who answered both questions)</i>	<i>775</i>	<i>887</i>	<i>1,662</i>			
	<i>Chi-square = 21.164 (7); Pr = 0.004</i>					

Source: participant telephone survey (first wave 2012 and second wave 2014)

**Table A.0.30: Frequency of advisory contact by qualification level**

Row percentages <b>Level of highest qualification</b>	<b>Number of adviser meetings (Wave 1 only)<sup>93</sup></b>			<i>Unweighted base (all who answered both questions)</i>
	<b>Four or fewer</b>	<b>Between five and ten</b>	<b>Eleven or more</b>	
No qualifications	33.3	36.7	30.0	1,337
Below Level 2	28.2	34.8	36.9	478
Level 2	28.6	37.6	33.8	975
Level 3	24.5	37.6	37.9	488
Level 4 and above	28.8	39.7	31.5	442
<b>Total</b>	29.4	37.2	33.3	3,720

*Chi-square= 17.882 (8); Pr= 0.022*

*Source: First wave participant telephone survey, 2012*

<sup>93</sup> Corresponding table for Wave 2 not statistically significant.

**Table A.0.31: Frequency of advisory contact, by age**

<b>Wave 1</b>	<b>Age range</b>			<b>Total</b>	
	<b>Number of adviser meetings</b>	<b>18-24</b> %	<b>25-49</b> %		<b>50+</b> %
Four or fewer		30.2	27.4	31.1	28.9
Between five and ten		35.4	37.3	42.1	37.5
Eleven or more		34.3	35.3	26.8	33.6
<b>Total</b>		100.0	100.0	100.0	100.0
<i>Unweighted base (all who answered both questions)</i>		<i>1,002</i>	<i>2,002</i>	<i>885</i>	<i>3,889</i>

*Chi-square = 18.592 (4); Pr = 0.001*

<b>Wave 2</b>	<b>Age range</b>			<b>Total</b>	
	<b>Frequency of adviser meetings</b>	<b>18-24</b> %	<b>25-49</b> %		<b>50+</b> %
Only once		1.4	1.5	2.7	1.7
Less often than every two months		3.1	3.1	6.5	3.6
Once every two months		3.1	4.3	2.7	3.7
Once every month		15.7	21.5	23.8	20.1
Once every three weeks		3.5	4.8	4.6	4.4
Once a fortnight		40.4	37.3	36.9	38.2
Once a week		26.7	20.5	18.1	22.0
More often than once a week		6.2	7.0	4.6	6.4
<b>Total</b>		100.0	100.0	100.0	100.0
<i>Unweighted base (all who answered both questions)</i>		<i>357</i>	<i>868</i>	<i>437</i>	<i>1,662</i>

*Chi-square = 31.319 (14); Pr = 0.005*

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.32: Participants not offered support, by health condition and gender**

<b>Physical or mental health condition lasting 6m+</b>	<b>No support activities mentioned %</b>	<i>Unweighted base</i>
Yes	13.7	2,018
No	11.0	2,623
<i>Chi-square = 6.061 (1); Pr= 0.014</i>		
<b>Physical or mental health condition lasting 12m+</b>		
Yes	13.0	1,748
No	11.2	2,706
<i>Chi-square = 2.600 (1); Pr= 0.107</i>		
<b>Gender</b>		
Male	10.9	2,861
Female	13.2	1,854
<i>Chi-square = 5.689 (1); Pr = 0.017</i>		

*Source: First wave participant telephone survey, 2012*

**Table A.0.33: Participants not offered support, by age group**

<b>Age group</b>	<b>No support activities mentioned %</b>	<i>Unweighted base</i>
18-24	11.2	1,236
25-49	11.0	2,410
50+	15.2	1,069
<b>Total</b>	11.7	4,715

*Chi-square = 10.691 (2); Pr = 0.005*

*Source: First wave participant telephone survey, 2012*

**Table A.0.34: Participants not offered support, by qualification level**

Highest qualification level	No support activities mentioned %	Unweighted base
No qualifications	15.0	1,358
Below Level 2	8.4	481
Level 2	10.3	987
Level 3	11.4	492
Level 4 and above	12.5	450
<b>Total</b>	12.0	3,768

*Chi-square = 19.651 (4); Pr = 0.001*

*Source: First wave participant telephone survey, 2012*

**Table A.0.35: Overall effectiveness of WP support, by health status**

Health condition or disability lasting 6m+	Effectiveness of WP support in helping find a job or move closer to work				Unweighted base
	Very useful %	Fairly useful %	Not very useful %	Not at all useful %	
Yes	27.1	35.7	14.4	22.8	1,900
No	34.3	36.4	13.6	15.7	2,565
<b>Total</b>	32.4	36.2	13.8	17.6	4,465
<i>Chi-square = 39.348 (3); Pr = 0.000</i>					
Health condition or disability lasting 12m+	Very useful %	Fairly useful %	Not very useful %	Not at all useful %	Unweighted base
Yes	26.3	36.0	14.0	23.7	1,640
No	34.2	36.2	13.7	15.8	2,647
<b>Total</b>	32.4	36.2	13.8	17.6	4,287
<i>Chi-square = 41.607 (3); Pr = 0.000</i>					

*Source: First wave participant telephone survey, 2012*

**Table A.0.36: Overall effectiveness of WP support, by age group**

<i>Row percentages</i>	<b>Effectiveness of WP support in helping find a job or move closer to work</b>				<i>Unweighted base</i>
<b>Age group</b>	Very useful %	Fairly useful %	Not very useful %	Not at all useful %	
18-24	36.5	38.5	12.8	12.2	1,214
25-49	30.4	35.6	14.4	19.6	2,320
50+	30.0	33.9	14.7	21.3	1,001
<b>Total</b>	32.2	36.3	13.9	17.6	4,535

*Chi-square = 51.539 (6); Pr= 0.000*

*Source: First wave participant telephone survey, 2012*

**Table A.0.37: Overall effectiveness of WP support by qualification level**

<i>Row percentages</i>	<b>Effectiveness of WP support in helping find a job or move closer to work</b>				<i>Unweighted base</i>
<b>Qualification level</b>	Very useful %	Fairly useful %	Not very useful %	Not at all useful %	
No qualifications	35.2	35.8	12.1	16.9	1,299
Below Level 2	32.4	39.6	12.5	15.5	470
Level 2	30.5	37.6	14.6	17.3	957
Level 3	29.4	35.4	14.2	21.0	475
Level 4 and above	21.4	33.4	18.7	26.5	433
<b>Total</b>	30.9	36.5	14.0	18.6	3,634

*Chi-square = 58.691 (12); Pr= 0.000*

*Source: First wave participant telephone survey, 2012*

**Table A.0.38: Perceived adequacy of support received under WP, by health status**

<i>Row percentages</i>	<b>Do you feel you have received enough support through the Work Programme to help you find work?</b>		
<b>Health condition or disability lasting</b>	<b>Yes</b>	<b>No</b>	<i>Unweighted base</i>
<hr/>			
<b>6m+</b>			
Yes	61.8	38.2	1,789
No	67.4	32.6	2,514
<b>Total</b>	65.9	34.1	4,303
<hr/>			
<i>Chi-square = 12.012 (1); Pr = 0.001</i>			
<hr/>			
<b>Health condition or disability lasting</b>			
<b>12m+</b>			
Yes	61.1	38.9	1,543
No	67.2	32.8	2,594
<b>Total</b>	65.9	34.1	4,137
<hr/>			
<i>Chi-square = 12.290 (1); Pr = 0.000</i>			

*Source: First wave participant telephone survey, 2012*

**Table A.0.39: Perceived adequacy of support received under WP, by qualification level**

<i>Row percentages</i>	<b>Do you feel you have received enough support through the Work Programme to help you find work?</b>		
<b>Highest level of qualification</b>	Yes	No	<i>Unweighted base</i>
No qualifications	67.8	32.2	1,251
Below Level 2	69.6	30.4	448
Level 2	66.9	33.1	927
Level 3	60.8	39.2	460
Level 4 and above	51.4	48.6	416
<b>Total</b>	64.7	35.3	3,502

*Chi-square = 50.348 (4); Pr= 0.000*

*Source: First wave participant telephone survey, 2012*

**Table A.0.40: Perceived adequacy of support received under WP, by ethnic origin**

<i>Row percentages</i>	<b>Do you feel you have received enough support through the Work Programme to help you find work?</b>		
<b>Ethnicity</b>	Yes	No	<i>Unweighted based</i>
All white	66.8	33.2	3,592
All non-white or other	62.4	37.6	709
<b>Total</b>	66.0	34.0	4,301

*Chi-square = 5.667 (1); Pr = 0.017*

*Source: First wave participant telephone survey, 2012*

**Table A.0.41: Additional support desired by WP participants**

<b>What more could have been offered to help you find work/ find work more quickly?</b>	<b>All participants %</b>	<b>Participants with a health condition or disability lasting 12m+ %</b>
More meetings/adviser contact	14.0	9.2
Better support and advice from personal adviser	12.8	11.4
More tailored advice/understanding of personal situation and skills sets	12.7	10.9
More training/courses/opportunities to get qualifications	11.8	11.9
Nothing	7.8	9.2
Offer work experience/voluntary work/ apprenticeships	6.1	5.2
More professionalism and better customer service from providers	5.0	2.8
Help with writing or sending CVs, job applications or interview skills	4.5	5.1
Financial support to help cover costs associated with looking for work	4.1	4.4
More consideration of medical issues/ better advice or support relating to health or disability	4.0	11.8
If more jobs were available	3.9	3.8
More one-to-one help	2.7	2.2
More resources at provider premises to help look for job	2.3	2.2
Support or advice for setting up own business or becoming self-employed	1.3	1.5
No answer	1.3	1.0
Help with motivation / confidence	1.3	2.8
More provider follow-up on their stated offer	1.3	1.3
Support or training in basic skills	0.9	0.8
For more specialist WP advisers	0.8	0.0
WP should offer more advanced help/ less duplication of Jobcentre support	0.8	0.6
Help or advice relating to criminal record	0.6	0.1
Advice or support in relation to childcare / other caring responsibilities	0.4	0.4
Help with drug or alcohol problems	0.3	0.9
Help with language barriers	0.2	0.4
Other	14.2	12.8
Don't know /not sure	10.9	12.8
<i>Unweighted base: (All who felt they could have received more support from WP)</i>	<i>1,574</i>	<i>895</i>

*Source: First wave participant telephone survey, 2012*

**Table A.0.42: In-work support offered under WP, by caring responsibilities**

<b>Caring responsibilities</b>	<b>Did participant have contact with WP advisers after starting work?</b> %	<i>Unweighted base</i>
No caring responsibilities	54.7	601
Any caring responsibilities	61.5	272
<b>Total</b>	56.9	873

*Chi-square = 4.282 (1); Pr= 0.039*

*Source: First wave participant telephone survey, 2012*

**Table A.0.43: In-work support offered under WP, by length of time since last employment**

<b>Time since last employment</b>	<b>Did participant have contact with WP advisers after starting work?</b> %	<i>Unweighted base</i>
In paid work less than one year ago	54.1	193
In paid work at least one year, but less than two years ago	60.3	267
In paid work at least two years, but less than five years ago	57.7	162
In paid work five or more years ago	68.9	113
Never been in paid work	48.9	70
<b>Total</b>	58.1	805

*Chi-square = 10.446 (4); Pr= 0.034*

*Source: First wave participant telephone survey, 2012*

**Table A.0.44: In-work training received by WP participants, by sector**

Sector	Some form of in- work training received %	<i>Unweighted base</i>
Agriculture, forestry and fishing	28.6	6
Manufacturing	31.8	76
Electricity, gas, steam and air conditioning supply	50.0	3
Water supply, sewerage, waste management	25.0	11
Construction	18.3	55
Wholesale & retail trade: repair of motor vehicles	40.8	191
Transportation & storage	32.0	61
Accommodation & food service activities	34.0	88
Information & communication	55.6	17
Financial & insurance activities	92.9	13
Real estate activities	45.5	10
Professional, scientific & technical activities	68.2	19
Administrative & support service activities	29.0	118
Public administration & defence, compulsory social security	38.5	13
Education	51.6	52
Human health & social work activities	65.5	99
Arts, entertainment & recreation	42.9	28
Other service activities	35.0	19
Activities of households as employers, undifferentiated good	100.0	3
Unclassified	52.6	13
<b>Total</b>	40.6	895

*Chi-square = 91.063 (19); Pr = 0.000*

*Source: First wave participant telephone survey, 2012*

**Table A.0.45: In-work training, by occupation**

<b>Occupation</b>	<b>Some form of in-work training received %</b>	<i>Unweighted base</i>
Managers, directors & senior officials	45.5	22
Professional occupations	34.5	22
Associate professional & technical occupations	64.4	54
Administrative & secretarial occupations	37.3	67
Skilled trades occupations	23.8	89
Caring, leisure & other service occupations	63.4	95
Sales & customer service occupations	45.8	147
Process, plant & machine operatives	30.2	71
Elementary occupations	36.2	320
Unclassified	42.9	8
<b>Total</b>	40.6	895

*Chi-square = 57.475 (9); Pr = 0.000*

*Source: First wave participant telephone survey, 2012*

**Table A.0.46: Occupational level of WP participants in work**

Occupation	Wave 1	Wave 2
	%	%
Managers, directors and senior officials	2.0	1.6
Professional occupations	2.8	2.7
Associate professional and technical occupations	5.7	7.2
Administrative and secretarial occupations	7.8	9.9
Skilled trades occupations	9.6	8.2
Caring, leisure and other service occupations	9.6	10.1
Sales and customer service occupations	16.9	16.0
Process, plant and machine operatives	8.2	8.4
Elementary occupations	36.7	35.0
Unclassified	0.6	1.2
Total	100.0	100.0
<i>Unweighted base (All respondents who had been in employment at some point since referral to WP):</i>	<i>895</i>	<i>728</i>

*Significance of difference between Wave 2 and Wave 1 (t-test): \* p<0.05 \*\* p<0.01*

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.47: Industrial sector of WP participants in work**

Employment by sector	Wave 1	Wave 2
	%	%
Agriculture, forestry and fishing	0.6	0.5
Mining and quarrying	0.0	0.0
Manufacturing	8.3	7.6
Electricity, gas, steam and air conditioning supply	0.3	0.4
Water supply, sewerage, waste management	1.2	1.0
Construction	6.8	6.3
Wholesale and retail trade	22.6	22.8
Transportation and storage	7.1	8.5
Accommodation and food service activities	9.7	9.4
Information and communication	1.7	2.0
Financial and insurance activities	1.4	1.2
Real Estate activities	1.0	1.2
Professional, scientific and technical activities	2.1	2.4
Administrative and support service activities	12.4	13.8
Public administration and defence	1.2	1.6
Education	6.1	4.9
Human health and social work activities	10.5	10.2
Arts, entertainment and recreation	3.2	3.2
Other service activities	1.9	2.0
Activities of households as employers, undifferentiated good	0.2	0.0
Unclassified	1.8	1.2
Total	100.0	100.0
<i>Unweighted base (All respondents who had been in employment at some point since referral to WP):</i>	<i>895</i>	<i>728</i>
<i>Significance of difference between Wave 2 and Wave 1 (t-test): * p&lt;0.05 ** p&lt;0.01</i>		
<i>Source: participant telephone survey (first wave 2012 and second wave 2014)</i>		

**Table A.0.48: Employment entries by ethnic origin**

Ethnicity	Wave 1		Wave 2	
	In paid work at any time since starting Work Programme (%)	Unweighted base	In paid work at any time since starting Work Programme (%)	Unweighted base
All white	22.8	3,885	46.8	1,555
All non-white or other	19.4	756	48.4	301
<b>Total</b>	22.2	4,641	47.1	1,856
	<i>Chi-square = 4.725 (1); Pr= 0.030</i>		<i>Chi-square = 0.288 (1); Pr= 0.592</i>	
<b>Ethnicity (breakdown)</b>				
White	22.8	3,885	46.8	1,555
Mixed	15.4	121	54.7	48
Asian	21.9	240	56.8	101
Black	20.7	318	44.8	123
Other	10.6	77	37.4	29
Total	22.2	4641	47.1	1,856
	<i>Chi-square = 11.606 (4); Pr= 0.021</i>		<i>Chi-square = 6.527 (4); Pr= 0.163</i>	

Source: participant telephone survey (first wave 2012 and second wave 2014)

**Table A.0.49: Employment entries by age group**

Age group	Wave 1		Wave 2	
	In paid work at any time since starting WP (%)	Unweighted base	In paid work at any time since starting WP (%)	Unweighted base
18-24	29.1	1,236	54.5	393
25-49	20.9	2,410	47.6	984
50+	14.6	1,069	32.0	503
<b>Total</b>	22.4	4,715	47.2	1,880
<i>Chi-square = 66.117 (2); Pr= 0.000    Chi-square = 40.715 (2); Pr= 0.000</i>				

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.50: Employment entries by caring responsibilities**

Caring responsibilities	Wave 1		Wave 2	
	In paid work at any time since starting WP (%)	Unweighted base	In paid work at any time since starting WP (%)	Unweighted base
No caring responsibilities	21.5	3,557	47.3	1,323
Any caring responsibilities	24.3	1,349	46.8	557
<b>Total</b>	22.3	4,706	47.2	1,874
<i>Chi-square = 4.768 (1); Pr= 0.029    Chi-square = 0.039 (1); Pr= 0.843</i>				

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.51: Employment entries by deprivation level of local area**

Local area according to IMD rankings	Wave 1		Wave 2	
	In paid work at any time since starting WP	<i>Unweighted base</i>	In paid work at any time since starting WP	<i>Unweighted base</i>
	%		%	
Most deprived quartile	20.6	2,768	35.4	1,041
2 <sup>nd</sup> quartile	23.5	1,077	43.3	457
3 <sup>rd</sup> quartile	27.5	551	39.8	244
Least deprived quartile	27.7	309	47.8	136
<b>Total</b>	22.4	4,705	38.8	1,878
	<i>Chi-square = 18.339 (3); Pr= 0.000</i>		<i>Chi-square = 13.596 (3); Pr= 0.004</i>	

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.52: Employment entries by health status**

Health condition or disability lasting 12m+	Wave 1		Wave 2	
	In paid work at any time since starting WP (%)	<i>Unweighted base</i>	In paid work at any time since starting WP (%)	<i>Unweighted base</i>
Yes	12.6	1,748	27.8	903
No	25.8	2,706	55.4	977
<b>Total</b>	22.8	4,454	47.2	1,880
	<i>Chi-square = 80.406 (1); Pr= 0.000</i>		<i>Chi-square = 121.018 (1); Pr= 0.000</i>	

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.53: Employment entries by qualification level**

<b>Highest level of qualification</b>	<b>Wave 1</b>		<b>Wave 2</b>	
	<b>In paid work at any time since starting WP (%)</b>	<i>Unweighted base</i>	<b>In paid work at any time since starting WP (%)</b>	<i>Unweighted base</i>
No qualifications	16.6	1358	38.4	508
Below Level 2	26.4	481	48.6	203
Level 2	24.6	987	49.6	380
Level 3	29.1	492	55.3	212
Level 4 and above	26.6	450	57.9	206
<b>Total</b>	23.2	3,768	48.4	1,509
		<i>Chi-square = 46.174 (4); Pr=0.000</i>	<i>Chi-square = 29.128 (4); Pr=0.000</i>	

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.54: Employment entries by duration out of work**

Duration since last employment	Wave 1		Wave 2	
	In paid work at any time since starting WP (%)	<i>Unweighted base</i>	In paid work at any time since starting WP (%)	<i>Unweighted base</i>
In paid work less than one year ago	34.4	624	66.2	215
In paid work at least one year, but less than two years ago	28.5	1,029	53.2	417
In paid work at least two years, but less than five years ago	15.9	1,176	45.0	491
In paid work five or more years ago	13.6	1,071	33.7	462
Never been in paid work	16.5	505	37.6	186
<b>Total</b>	22.0	4,405	47.4	1,771
	<i>Chi-square = 160.065 (4); Pr= 0.000</i>		<i>Chi-square = 78.775 (4); Pr= 0.000</i>	

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.55: Employment status of Work Programme participants by age group (employment at any stage during the two years up to W2)**

<b>Age group</b>	Not in paid employment %	Self- employed %	Employee %	<i>Unweighted base</i>
<i>Row percentages</i>				
18-24	45.5	3.5	51.0	393
25-34	49.8	6.1	44.1	288
35-44	52.0	7.8	40.2	419
45-54	60.3	6.7	33.0	531
55+	75.5	4.8	19.7	249
<b>Total</b>	52.9	5.7	41.5	1,880

Chi 2= 66.987 (8); Pr = 0.000

Source: Second wave participant telephone survey, 2014

**Table A.0.56: Employment status of Work Programme participants by ethnicity (employment at any stage during the two years up to W2)**

<b>Ethnicity</b>	Not in paid employment %	Self- employed %	Employee %	<i>Unweighted base</i>
<i>Row percentages</i>				
White	53.2	5.5	41.3	1,555
Asian	43.2	1.6	55.2	101
Black	55.2	8.1	36.8	123
<b>Total</b>	52.8	5.5	41.8	1,779

Chi 2= 13.040 (4); Pr = 0.011

Source: Second wave participant telephone survey, 2014

**Table A.0.57: Employment status of Work Programme participants by health status (employment at any stage during the two years up to W2)**

<b>Health condition/disability lasting 12m+</b>	Not in paid employment %	Self-employed %	Employee %	<i>Unweighted base</i>
<i>Row percentages</i>				
No	44.6	5.8	49.7	977
Yes	72.3	5.6	22.2	903
<b>Total</b>	52.9	5.7	41.5	1,880

Chi 2= 128.745 (2); Pr = 0.000

Source: Second wave participant telephone survey, 2014

**Table A.0.58: Duration of total cumulative employment (Wave 2) by gender**

<b>Employment duration</b>	<b>Male %</b>	<b>Female %</b>
Never employed	53.5	51.7
Less than three months	11.1	7.2
At least three months, but less than six months	6.3	7.6
At least six months, but less than twelve months	9.4	9.8
At least twelve months, but less than eighteen months	10.3	10.2
18 months or longer	9.2	13.2
Don't know	0.3	0.5
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	1,144	736

Chi-square = 15.254 (6); Pr = 0.018

Source: Second wave participant telephone survey, 2014

**Table A.0.59: Duration of total cumulative employment (Wave 2) by age**

	<b>18-24</b>	<b>25-49</b>	<b>50+</b>
<b>Employment duration</b>	<b>%</b>	<b>%</b>	<b>%</b>
Never employed	45.5	52.4	68.0
Less than three months	13.5	8.6	6.6
At least three months, but less than six months	9.2	6.5	3.0
At least six months, but less than twelve months	10.9	9.7	6.6
At least twelve months, but less than eighteen months	10.8	10.4	8.4
18 months or longer	10.1	11.9	7.2
Don't know	0.0	0.7	0.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>393</i>	<i>984</i>	<i>503</i>

Chi-square = 59.971 (12); Pr = 0.000

Source: Second wave participant telephone survey, 2014

**Table A.0.60: Duration of total cumulative employment (Wave 2) by health status**

<b>Employment duration</b>	<b>Physical or mental health condition lasting 12m+</b>	
	<b>Yes</b>	<b>No</b>
	<b>%</b>	<b>%</b>
Never employed	72.2	44.6
Less than three months	6.7	11.1
At least three months, but less than six months	4.8	7.6
At least six months, but less than twelve months	5.9	11.1
At least twelve months, but less than eighteen months	3.8	12.9
18 months or longer	6.0	12.5
Don't know	0.4	0.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>903</i>	<i>977</i>

Chi-square = 127.335 (6); Pr = 0.000

Source: Second wave participant telephone survey, 2014

**Table A.0.61: Duration of total cumulative employment (Wave 2) by qualification**

Employment duration	Level of highest qualification				
	No qual	< level 2	Level 2	Level 3	Level 4+
	%	%	%	%	%
Never employed	61.6	51.4	50.4	44.7	42.1
Less than three months	8.9	11.0	10.0	11.1	11.4
At least three months, but less than six months	6.3	6.2	8.2	7.3	3.5
At least six months, but less than twelve months	6.7	14.1	6.6	12.1	16.4
At least twelve months, but less than eighteen months	8.0	7.9	12.6	10.6	15.2
18 months or longer	8.3	9.4	11.9	14.2	10.5
Don't know	0.3	0.0	0.3	0.1	1.0
<b>Total</b>	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base</i>	<i>508</i>	<i>203</i>	<i>380</i>	<i>212</i>	<i>206</i>

Chi-square = 62.932 (24); Pr = 0.000

Source: Second wave participant telephone survey, 2014

**Table A.0.62: Duration of total cumulative employment (Wave 2) by caring responsibilities**

<b>Employment duration</b>	<b>Caring responsibilities for child or adult</b>	
	<b>Yes</b>	<b>No</b>
	<b>%</b>	<b>%</b>
Never employed	60.3	61.6
Less than three months	5.2	9.1
At least three months, but less than six months	6.5	6.0
At least six months, but less than twelve months	7.4	8.3
At least twelve months, but less than eighteen months	8.6	7.7
18 months or longer	11.8	7.0
Don't know	0.2	0.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>557</i>	<i>1,323</i>

Chi-square = 19.480 (6); Pr = 0.003

Source: Second wave participant telephone survey, 2014

**Table A.0.63: Duration of total cumulative employment (Wave 2) by employment history prior to joining programme**

Employment duration	When last worked before joining WP				
	< 1 year ago	1 & <2 years	2 & < 5 years	5 + years	never
	%	%	%	%	%
Never employed	33.8	46.8	55.0	66.3	62.4
Less than three months	17.9	10.1	9.6	7.6	5.1
At least three months, but less than six months	7.7	6.8	7.4	5.2	7.4
At least six months, but less than twelve months	9.9	12.1	9.3	5.1	12.0
At least twelve months, but less than eighteen months	16.5	10.9	10.1	5.9	7.7
18 months or longer	13.5	12.5	8.3	10.0	5.3
Don't know	0.8	0.7	0.3	0.0	0.0
<b>Total</b>	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base</i>	<i>215</i>	<i>417</i>	<i>491</i>	<i>462</i>	<i>186</i>

Chi-square = 109.914 (24); Pr = 0.000

Source: Second wave participant telephone survey, 2014

**Table A.0.64: Duration of total cumulative employment (Wave 2) by Work Programme payment group**

	Payment group							
	1: JSA 18-24	2: JSA 25+	3: JSA early access	4: JSA ex-IB	5 ESA volunteers	6: new ESA claimants	7: ESA ex-IB	8: IB/IS
<b>Employment duration</b>	%	%	%	%	%	%	%	%
Never employed	42.4	49.2	56.3	65.5	77.5	77.9	84.5	63.0
Less than three months	14.4	9.3	9.6	4.8	6.1	3.6	6.7	4.8
At least three months, but less than six months	9.6	5.2	7.8	7.4	2.0	6.3	2.0	0.0
At least six months, but less than twelve months	12.0	10.4	8.0	8.0	5.7	6.7	0.0	12.0
At least twelve months, but less than eighteen months	12.6	10.9	10.0	6.8	3.3	2.8	2.8	8.4
18 months or longer	9.0	14.6	8.1	7.6	4.8	2.6	4.0	11.8
Don't know	0.0	0.7	0.2	0.0	0.5	0.0	0.0	0.0
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base</i>	<i>253</i>	<i>515</i>	<i>344</i>	<i>143</i>	<i>183</i>	<i>306</i>	<i>97</i>	<i>39</i>

Chi-square = 109.727 (42); Pr = 0.000

Source: Second wave participant telephone survey, 2014

**Table A.0.65: Duration of total cumulative employment (Wave 2), by frequency of adviser meetings**

Employment duration	Frequency of adviser meetings							
	Only once	< every 2m	Every 2m	Every 1m	Every 3 wks	Every 2 wks	Weekly	> weekly
	%	%	%	%	%	%	%	%
Never employed	34.3	63.5	49.1	65.8	44.7	52.5	44.7	36.1
Less than three months	8.5	8.4	14.8	8.1	11.0	11.9	9.5	4.6
At least three months, but less than six months	3.8	4.8	6.0	6.1	7.9	6.8	6.6	12.2
At least six months, but less than twelve months	5.7	13.5	16.7	7.9	11.0	10.8	8.1	11.0
At least twelve months, but less than eighteen months	17.1	4.3	3.3	5.5	14.9	9.4	13.6	16.7
18 months or longer	30.5	5.4	10.1	6.6	10.6	7.9	17.0	19.4
Don't know	0.0	0.0	0.0	0.0	0.0	0.7	0.4	0.0
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base</i>	<i>34</i>	<i>74</i>	<i>74</i>	<i>399</i>	<i>83</i>	<i>593</i>	<i>311</i>	<i>94</i>

Chi-square = 146.575 (54); Pr = 0.000

Source: Second wave participant telephone survey, 2014

**Table A.0.66: Duration of total cumulative employment (Wave 2) by continuity of adviser contact**

	<b>Always/ almost always saw same adviser</b>	<b>Saw same adviser sometimes</b>	<b>Saw differed adviser each time</b>	<b>Don't know/ can't remember</b>
<b>Employment duration</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Never employed	51.7	57.3	54.6	56.4
Less than three months	9.7	11.4	7.1	8.5
At least three months, but less than six months	7.2	6.1	5.7	0.0
At least six months, but less than twelve months	8.7	8.6	16.3	21.4
At least twelve months, but less than eighteen months	10.7	8.5	8.2	12.6
18 months or longer	11.4	8.1	7.5	1.2
Don't know	0.4	0.1	0.6	0.0
<b>Total</b>	100.0	100.0	100.0	100.0
<i>Unweighted base</i>	<i>1,268</i>	<i>361</i>	<i>190</i>	<i>27</i>

Chi-square = 29.329 (18); Pr = 0.045

Source: Second wave participant telephone survey, 2014

**Table A.0.67: Duration of total cumulative employment (Wave 2) by experience of sanctions**

<b>Employment duration</b>	<b>All or part of benefit stopped</b>	
	<b>Yes</b>	<b>No</b>
	<b>%</b>	<b>%</b>
Never employed	66.3	50.7
Less than three months	7.8	10.1
At least three months, but less than six months	6.1	6.8
At least six months, but less than twelve months	8.5	9.7
At least twelve months, but less than eighteen months	4.5	11.1
18 months or longer	6.8	11.2
Don't know	0.0	0.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>195</i>	<i>1,685</i>

Chi-square = 27.191 (6); Pr = 0.000

Source: Second wave participant telephone survey, 2014

**Table A.0.68: Employment status after 24 months on programme, by gender**

<b>Employment status at survey wave 2</b>	<b>Male</b>	<b>Female</b>
	<b>%</b>	<b>%</b>
In paid work	30.0	38.2
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	70.0	61.8
	<i>Of whom:</i>	
<i>Not in paid work, but employed at some point since starting WP</i>	16.5	10.2
<i>Never employed since since starting WP</i>	53.5	51.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<i>Unweighted base</i>	<i>1,144</i>	<i>736</i>

Chi-square = 21.044 (2); Pr = 000

Source: Second wave participant telephone survey, 2014

**Table A.0.69: Employment status after 24 months on programme, by ethnicity**

<b>Employment status at survey wave 2</b>	<b>White</b>	<b>Non-white/other</b>
	<b>%</b>	<b>%</b>
In paid work	32.1	36.6
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	67.9	63.4
<i>Of whom:</i>		
<i>Not in paid work, but employed at some point since starting WP</i>	14.7	11.8
<i>Never employed since starting WP</i>	53.2	51.6
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	1,555	301

Chi-square = 3.570 (2); Pr = 0.168

Source: Second wave participant telephone survey, 2014

**Table A.0.70: Employment status after 24 months on programme, by age**

<b>Employment status at survey wave 2</b>	<b>18-24</b>	<b>25-49</b>	<b>50+</b>
	<b>%</b>	<b>%</b>	<b>%</b>
In paid work	35.4	34.4	23.1
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	64.6	65.6	76.9
<i>Of whom:</i>			
<i>Not in paid work, but employed at some point since starting WP</i>	19.1	13.3	8.9
<i>Never employed since starting WP</i>	45.5	52.4	68.0
<b>Total</b>	100.0	100.0	100.0
<i>Unweighted base</i>	393	984	503

Chi-square = 45.939 (4); Pr = 000

Source: Second wave participant telephone survey, 2014

**Table A.0.71: Employment status after 24 months on programme, by health status**

<b>Employment status at survey wave 2</b>	<b>Health condition or disability lasting 12m+</b>	
	<b>Yes</b>	<b>No</b>
	<b>%</b>	<b>%</b>
In paid work	17.1	39.5
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	82.9	60.5
	<i>Of whom:</i>	
<i>Not in paid work, but employed at some point since starting WP</i>	10.6	15.9
<i>Never employed since starting WP</i>	72.2	44.6
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>	903	977

Chi-square = 124.770 (2); Pr = 000

Source: Second wave participant telephone survey, 2014

**Table A.0.72: Employment status after 24 months on programme, by caring responsibilities**

<b>Employment status at survey wave 2</b>	<b>Caring responsibilities</b>	
	<b>Yes</b>	<b>No</b>
	<b>%</b>	<b>%</b>
In paid work	35.4	31.7
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	64.6	68.3
	<i>Of whom:</i>	
<i>Not in paid work, but employed at some point since starting WP</i>	11.4	15.6
<i>Never employed since starting WP</i>	53.2	52.7
<b>Total</b>	100.0	100.0
<i>Unweighted base</i>		

Chi-square = 6.597 (2); Pr = 0.037

Source: Second wave participant telephone survey, 2014

**Table A.0.73: Employment status after 24 months on programme, by highest qualification level**

	<b>No quals</b>	<b>Below level 2</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4+</b>
<b>Employment status at survey wave 2</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
In paid work	27.1	29.3	36.3	39.6	40.4
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	72.9	70.7	63.7	60.4	59.6
<i>Of whom:</i>					
<i>Not in paid work, but employed at some point since starting WP</i>	<i>11.3</i>	<i>19.3</i>	<i>13.3</i>	<i>15.7</i>	<i>17.4</i>
<i>Never employed since since starting WP</i>	<i>61.6</i>	<i>51.4</i>	<i>50.4</i>	<i>44.7</i>	<i>42.1</i>
<b>Total</b>	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base</i>	<i>508</i>	<i>203</i>	<i>380</i>	<i>212</i>	<i>206</i>

Chi-square = 35.117 (8); Pr = 000

Source: Second wave participant telephone survey, 2014

**Table A.0.74: Employment status after 24 months on programme, by employment history prior to joining programme**

Employment status at survey wave 2	When last worked before joining WP				
	< 1 year ago	1 & <2 years	2 & <5 years	5+ years	Never
	%	%	%	%	%
In paid work	45.8	37.3	28.5	26.6	26.8
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	54.2	62.7	71.5	73.4	73.2
<i>Of whom:</i>					
<i>Not in paid work, but employed at some point since starting WP</i>	<i>20.4</i>	<i>15.8</i>	<i>16.5</i>	<i>7.1</i>	<i>10.7</i>
<i>Never employed since since starting WP</i>	<i>33.8</i>	<i>46.8</i>	<i>55.0</i>	<i>66.3</i>	<i>62.4</i>
<b>Total</b>	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base</i>	<i>215</i>	<i>417</i>	<i>491</i>	<i>462</i>	<i>186</i>

Chi-square = 85,165 (8); Pr = 000

Source: Second wave participant telephone survey, 2014

**Table A.0.75: Employment status after 24 months on programme, by Work Programme payment group**

	Payment group							
	1: JSA 18-24	2: JSA 25+	3: JSA early access	4: JSA ex-IB	5: ESA volunteers	6: new ESA claimants	7: ESA ex-IB	8:IB/IS
<b>Employment status at survey wave 2</b>	%	%	%	%	%	%	%	%
In paid work	38.8	37.9	27.2	21.3	17.0	16.6	10.7	31.0
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	61.2	62.1	72.8	78.7	83.0	83.4	89.3	69.0
<i>Of whom:</i>								
<i>Not in paid work, but employed at some point since starting WP</i>	18.8	12.9	16.5	13.2	5.6	5.5	4.8	6.0
<i>Never employed since since starting WP</i>	42.4	49.2	56.3	65.5	77.5	77.9	84.5	63.0
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base</i>	253	515	344	143	183	306	97	39

Chi-square = 82.699 (14); = 000

Source: Second wave participant telephone survey, 2014

**Table A.0.76: Employment status after 24 months on programme, by frequency of adviser meetings**

Employment status at survey wave 2	Frequency of adviser meetings							
	Only once	< every 2m	Every 2m	Every 1m	Every 3 wks	Every 2 wks	Weekly	> weekly
	%	%	%	%	%	%	%	%
In paid work	52.0	20.4	28.4	23.3	47.0	29.8	41.1	47.6
Not in paid work (Work Programme 'completers' who return to Jobcentre Plus support)	48.0	79.6	71.6	76.7	53.0	70.2	58.9	52.4
<i>Of whom:</i>								
<i>Not in paid work, but employed at some point since starting WP</i>	13.7	16.1	22.5	10.9	8.3	17.7	14.1	16.2
<i>Never employed since starting WP</i>	34.3	63.5	49.1	65.8	44.7	52.5	44.7	36.1
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<i>Unweighted base</i>								

Chi-square = 85.691 (18); = 000

Source: Second wave participant telephone survey, 2014

**Table A.0.77: Non-mandation, by health status**

<b>Physical or mental health condition lasting 6m+</b>	<b>% with no mandatory activities</b>	<i>Unweighted base</i>
Yes	43.1	1,669
No	37.8	2,323
<b>Total</b>	39.2	3,992

*Chi-square = 9.416 (1); Pr = 0.002*

<b>Physical or mental health condition lasting 12m+</b>	<b>% with no mandatory activities</b>	<i>Unweighted base</i>
Yes	42.4	1,444
No	38.0	2,393
<b>Total</b>	39.0	3,837

*Chi-square = 5.704 (1); Pr = 0.017*

*Source: First wave participant telephone survey, 2012*

**Table A.0.78: Non-mandation, qualification level**

<b>Highest qualification level</b>	<b>% with no mandatory activities</b>	<i>Unweighted base</i>
No qualifications	37.6	1,358
Below Level 2	41.5	481
Level 2	36.9	987
Level 3	40.1	492
Level 4 and above	46.2	450
<b>Total</b>	39.4	3,768

*Chi-square = 13.161 (4); Pr= 0.011*

*Source: First wave participant telephone survey, 2012*

**Table A.0.79: Incidence of sanctioning, by age**

<b>Wave 1</b>		
<b>Age</b>	<b>All or part of benefit was stopped %</b>	<b>Unweighted base</b>
18 to 24	14.5	1,236
25 to 34	10.7	820
35 to 44	9.0	963
45 to 54	6.8	1,199
55+	6.0	422
<b>Total</b>	<b>10.4</b>	<b>4,640</b>

*Chi-square = 46.575 (4); Pr= 0.000*

<b>Wave 2</b>		
<b>Age</b>	<b>All or part of benefit was stopped %</b>	<b>Unweighted base</b>
18 to 24	15.0	393
25 to 34	15.7	288
35 to 44	13.2	419
45 to 54	12.8	531
55+	5.2	249
<b>Total</b>	<b>13.6</b>	<b>1,880</b>

*Chi-square = 10.840 (4); Pr= 0.028*

*Source: participant telephone survey (first wave, 2012 and second wave, 2014)*

**Table A.0.80: Incidence of sanctioning, by time since last employment**

<b>Time since last employment</b>	<b>All or part of benefit was stopped %</b>	<i>Unweighted base</i>
In paid work less than one year ago	11.9	624
In paid work at least one year, but less than two years ago	9.7	1,029
In paid work at least two years, but less than five years ago	8.7	1,176
In paid work five or more years ago	9.9	1,071
Never been in paid work	13.6	505
<b>Total</b>	10.4	4,405

*Chi-square = 12.069 (4); Pr= 0.017*

*Source: First wave participant telephone survey, 2012*

**Table A.0.81: Incidence of sanctioning, by caring responsibilities**

<b>Caring responsibilities</b>	<b>All or part of benefit was stopped %</b>	<i>Unweighted base</i>
No caring responsibilities	11.1	3,311
Any caring responsibilities	8.7	1,333
<b>Total</b>	10.4	4,644

*Chi-square = 5.866 (1); Pr= 0.015*

*Source: First wave participant telephone survey, 2012*

**Table A.0.82: Incidence of sanctioning, by health status**

<b>Health condition or disability lasting 6m+</b>	<b>Wave 1</b>		<b>Wave 2</b>	
	<b>All or part of benefit was stopped</b>	<i>Unweighted base</i>	<b>All or part of benefit was stopped</b>	<i>Unweighted base</i>
Yes	8.7	1,981	10.7	895
No	10.9	2,600	14.8	963
<b>Total</b>	10.3	4,581	13.6	1,858
	<i>Chi-square = 4.683 (1); Pr= 0.030</i>		<i>Chi-square = 5.261 (1); Pr= 0.022</i>	
<b>Health condition or disability lasting 12m+</b>				
Yes	8.4	1,716	14.3	903
No	11.1	2,680	13.3	977
<b>Total</b>	10.5	3,396	13.6	1,880
	<i>Chi-square = 6.000 (1); Pr= 0.014</i>		<i>Chi-square = 0.316 (1); Pr= 0.574</i>	

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.83: Incidence of sanctioning by qualification level**

<b>Wave 1</b>		
<b>Qualification level</b>	<b>All or part of benefit was stopped</b>	<i>Unweighted base</i>
	<b>%</b>	
No qualifications	12.4	1340
Below Level 2	11.4	477
Level 2	10.9	978
Level 3	10.9	485
Level 4 and above	5.0	446
<b>Total</b>	10.7	3726

*Chi-square = 20.464 (4); Pr= 0.000*

<b>Wave 2</b>		
<b>Qualification level</b>	<b>All or part of benefit was stopped</b>	<i>Unweighted base</i>
	<b>%</b>	
No qualifications	21.6	508
Below Level 2	17.7	203
Level 2	13.3	380
Level 3	5.1	212
Level 4 and above	6.7	206
<b>Total</b>	14.1	1509

*Chi-square = 47.234 (4); Pr= 0.000*

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.84: Participants' attitudes/confidence on labour market issues, by number of adviser meetings**

How confident are you that..?		Number of adviser meetings			Unweighted base
		0-4 %	5-10 %	11+ %	
Skills up-to-date for the current jobs market	Very/fairly	75.9	81.3	83.5	2,740
	Not very/not at all	24.1	18.7	16.5	1,016
<i>Chi-square = 22.582 (2); Pr= 0.000</i>					
Employers will want to offer you an interview	Very/fairly	76.5	77.7	81.4	2,640
	Not very/not at all	23.5	22.3	18.6	1,092
<i>Chi-square = 9.251 (2); Pr= 0.010</i>					
Can do well in interviews	Very/fairly	81.9	85.3	89.0	2,979
	Not very/not at all	18.1	14.7	11.0	811
<i>Chi-square = 24.166 (2); Pr= 0.000</i>					
Can cope with rejections and knock-backs	Very/fairly	84.0	89.0	92.1	3,084
	Not very/not at all	16.0	11.0	7.9	709
<i>Chi-square = 37.906 (2); Pr= 0.000</i>					
If you got a job you would be able to keep it for a long period of time	Very/fairly	87.3	90.4	94.5	3,063
	Not very/not at all	12.7	9.6	5.5	638
<i>Chi-square = 36.550 (2); Pr= 0.000</i>					
Can learn new skills or re-train for a different job	Very/fairly	85.3	89.4	94.0	3,147
	Not very/not at all	14.7	10.6	6.0	655
<i>Chi-square = 49.066 (2); Pr= 0.000</i>					

Source: First wave participant telephone survey, 2012

**Table A.0.85: Participants' attitudes/confidence on labour market issues, by type of adviser contact**

<b>How confident are you that...?</b>		<b>Always/ almost always spoke with same adviser %</b>	<b>Spoke with same adviser sometimes %</b>	<b>Spoke with a different adviser each time %</b>	<i>Unweighted base</i>
Skills up-to-date for the current jobs market	Very/fairly	81.5	77.1	84.2	2,531
	Not very/ not at all	18.5	22.9	15.8	912
<i>Chi-square = 9.452 (2); Pr= 0.009</i>					
Employers will want to offer you an interview	Very/fairly	79.6	75.5	81.80	2,437
	Not very/ not at all	20.4	24.5	18.20	981
<i>Chi-square = 7.321 (2); Pr= 0.026</i>					
Can do well in interviews	Very/fairly	86.7	84.5	86.1	2,750
	Not very/ not at all	13.3	15.5	13.9	717
<i>Chi-square = 2.138 (2); Pr= 0.343</i>					
Can cope with rejections and knock-backs	Very/fairly	89.3	88.8	86.7	2,839
	Not very/ not at all	10.7	11.2	13.3	635
<i>Chi-square = 1.991 (2); Pr= 0.370</i>					
If you got a job you would be able to keep it for a long period of time	Very/fairly	91.6	91.3	88.1	2,819
	Not very/ not at all	8.4	8.7	11.9	564
<i>Chi-square = 4.246(2); Pr= 0.120</i>					
Can learn new skills or re-train for a different job	Very/fairly	90.0	90.8	88.9	2,895
	Not very/ not at all	10.0	9.2	11.1	584
<i>Chi-square = 0.957(2); Pr= 0.620</i>					

*Source: First wave participant telephone survey, 2012*

**Table A.0.86: Participants' attitudes/confidence on labour market issues, by whether WP interventions received**

How confident are you that..?		Interventions received		Unweighted base
		Yes (%)	No (%)	
Skills up-to-date for the current jobs market	Very/fairly	81.8	74.0	2,948
	Not very/not at all	18.2	26.0	972
<i>Chi-square = 18.135 (1); Pr= 0.000</i>				
Employers will want to offer you an interview	Very/fairly	80.0	68.3	2,849
	Not very/not at all	20.0	31.7	1049
<i>Chi-square = 38.113 (1); Pr= 0.000</i>				
Can do well in interviews	Very/fairly	86.4	77.4	3,179
	Not very/not at all	13.6	22.6	776
<i>Chi-square = 30.122 (1); Pr= 0.000</i>				
Can cope with rejections and knock-backs	Very/fairly	89.1	82.9	3,259
	Not very/not at all	10.9	17.1	689
<i>Chi-square = 17.979 (1); Pr= 0.000</i>				
If you got a job you would be able to keep it for a long period of time	Very/fairly	92.0	84.7	3,282
	Not very/not at all	8.0	15.3	580
<i>Chi-square = 30.535 (1); Pr= 0.000</i>				
Can learn new skills or re-train for a different job	Very/fairly	90.6	83.1	3,348
	Not very/not at all	9.4	16.9	611
<i>Chi-square = 28.733 (1); Pr= 0.000</i>				

Source: First wave participant telephone survey, 2012

**Table A.0.87: How well support matched participants' needs, by age group**

Age group	Extent to which respondents felt support offered by WP matched their needs (Wave 1)				Unweighted base
	Very well matched %	Fairly well matched %	Not very well matched %	Not well matched at all %	
18-24	29.6	45.9	13.5	11.0	1,182
25-49	26.4	38.0	15.5	20.1	220
50+	26.7	36.8	13.5	23.0	977
<b>Total</b>	27.4	40.2	14.6	17.8	4,379

*Chi-square = 75.770 (6); Pr = 0.000*

Age group	Extent to which respondents felt support offered by WP matched their needs (Wave 2)				Unweighted base
	Very well matched %	Fairly well matched %	Not very well matched %	Not well matched at all %	
18-24	22.8	51.2	13.7	12.3	388
25-49	23.5	35.7	18.2	22.6	964
50+	20.4	33.8	17.1	28.8	487
<b>Total</b>	22.8	30.1	16.6	20.5	1,839

*Chi-square = 60.850 (6); Pr = 0.000*

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.88: How well support matched participants' needs, by health status**

<i>Row percentages</i>	<b>Extent to which respondents felt support offered by WP matched their needs (wave 1)</b>				<i>Unweighted base</i>
<b>Health condition or disability lasting 12m+</b>	Very well matched	Fairly well matched	Not very well matched	Not well matched at all	
<b>Health condition or disability lasting 12m+</b>					
Yes	25.3	35.9	15.4	23.4	1,573
No	28.3	41.6	14.0	16.2	2,563
<b>Total</b>	27.6	40.3	14.3	17.8	4,136
<i>Chi-square = 30.864 (3); Pr = 0.000</i>					
<i>Row percentages</i>	<b>Extent to which respondents felt support offered by WP matched their needs (Wave 2)</b>				<i>Unweighted base</i>
<b>Health condition or disability lasting 12m+</b>	Very well matched	Fairly well matched	Not very well matched	Not well matched at all	
<b>Health condition or disability lasting 12m+</b>					
Yes	23.5	41.2	16.6	18.7	963
No	21.1	37.5	16.6	24.8	876
<b>Total</b>	22.8	40.1	16.6	20.5	1,839
<i>Chi-square = 9.206 (3); Pr = 0.027</i>					

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

**Table A.0.89: How well support matched participants' needs, by qualification level**

<i>Row percentages</i>	<b>Extent to which respondents felt support offered by WP matched their needs (Wave 1)</b>				<i>Unweighted base</i>
<b>Highest qualification level</b>	Very well matched	Fairly well matched	Not very well matched	Not well matched at all	
No qualifications	30.6	38.4	13.0	17.9	1,246
Below Level 2	27.2	43.8	13.9	15.1	450
Level 2	26.7	42.4	15.2	15.6	935
Level 3	26.9	38.9	14.7	19.4	470
Level 4 and above	18.4	32.2	16.4	32.9	423
<b>Total</b>	27.0	39.6	14.4	19.0	3,524

*Chi-square = 88.977 (12); Pr= 0.000*

<i>Row percentages</i>	<b>Extent to which respondents felt support offered by WP matched their needs (Wave 2)</b>				<i>Unweighted base</i>
<b>Highest qualification level</b>	Very well matched	Fairly well matched	Not very well matched	Not well matched at all	
No qualifications	29.1	37.3	16.5	17.2	503
Below Level 2	24.3	46.3	13.3	16.1	200
Level 2	19.7	44.4	13.7	22.2	365
Level 3	16.4	36.5	21.5	25.6	210
Level 4 and above	11.3	36.0	24.3	28.4	201
<b>Total</b>	21.2	40.3	17.2	21.3	1,479

*Chi-square = 88.977 (12); Pr= 0.000*

Source: participant telephone survey (first wave 2012 and second wave 2014)

**Table A.0.90: Perceived pressure from providers by ethnicity**

<i>Row percentages</i>	<b>Extent to which felt under pressure take part in activities they felt were unsuited to their needs or circumstances (Wave 2 only<sup>94</sup>)</b>					<i>Unweighted base</i>
<b>Ethnicity</b>	To a great extent %	To some extent %	Not sure %	To a limited extent %	Not at all %	
All white	15.9	17.7	14.0	12.3	40.2	1,518
All non-white or other	16.2	23.6	23.2	8.4	28.6	297
<b>Total</b>	15.9	18.7	15.5	11.6	38.3	1,815

*Chi-square = 30.158 (4); Pr = 0.000*

*Source: Second wave participant telephone survey, 2014*

**Table A.0.91: Perceived pressure from providers by health status**

<i>Row percentages</i>	<b>Extent to which felt under pressure take part in activities they felt were unsuited to their needs or circumstances (Wave 1 only<sup>95</sup>)</b>					<i>Unweighted base</i>
<b>Health condition or disability lasting 12m+</b>	To a great extent %	To some extent %	Not sure %	To a limited extent %	Not at all %	
Yes	17.1	18.7	10.9	8.7	44.6	1,642
No	10.4	18.8	11.5	10.0	49.4	2,582
<b>Total</b>	11.9	18.8	11.3	9.7	48.3	4,224

*Chi-square = 34.415 (4); Pr = 0.000*

*Source: First wave participant telephone survey, 2012*

<sup>94</sup> This relationship was not statistically significant at Wave 1, so the table is not presented here.

<sup>95</sup> This relationship was no longer statistically significant at Wave 2, so the table is not presented here.

**Table A.0.92: Perceived pressure from providers by qualifications**

<i>Row percentages</i>	<b>Highest qualification level (Wave 2 only)<sup>96</sup></b>					
<b>Highest qualification level</b>	To a great extent %	To some extent %	Not sure %	To a limited extent %	Not at all %	<i>Unweighted base</i>
No qualifications	17.4	14.6	20.6	10.8	36.7	501
Below Level 2	17.3	20.3	13.7	14.2	34.5	197
Level 2	14.8	18.8	12.9	13.4	40.1	372
Level 3	15.0	19.4	8.7	11.7	45.1	206
Level 4 and above	19.9	20.4	11.9	13.9	33.8	201
<b>Total</b>	16.7	17.9	14.9	12.5	38.1	1,477

*Chi-square = 33.129 (16); Pr = 0.007*

*Source: Second wave participant telephone survey, 2014*

<sup>96</sup> This relationship was not statistically significant at Wave 1, so the table is not presented here.

**Table A.0.93: Perceived pressure from providers by age group**

<i>Row percentages</i>	<b>Extent to which felt under pressure take part in activities they felt were unsuited to their needs or circumstances (Wave 1)</b>					
<b>Age group</b>	To a great extent %	To some extent %	Not sure %	To a limited extent %	Not at all %	<i>Unweighted base</i>
18-24	7.2	18.3	11.7	10.6	52.1	1184
25-49	14.1	19.1	11.4	9.5	46.0	2271
50+	16.1	18.7	10.3	8.2	46.6	1013
<b>Total</b>	12.3	18.8	11.3	9.6	48.0	4468

*Chi-square = 53.804 (8); Pr = 0.000*

<i>Row percentages</i>	<b>Extent to which felt under pressure take part in activities they felt were unsuited to their needs or circumstances (Wave 2)</b>					
<b>Age group</b>	To a great extent %	To some extent %	Not sure %	To a limited extent %	Not at all %	<i>Unweighted base</i>
18-24	10.9	20.9	18.3	12.9	37.0	387
25-49	17.7	19.5	14.5	11.0	37.4	961
50+	17.3	14.9	15.3	11.8	40.6	490
<b>Total</b>	16.2	18.6	15.5	11.6	38.1	1,838

*Chi-square = 18.347 (8); Pr = 0.019*

*Source: participant telephone survey (first wave 2012 and second wave 2014)*

## Multivariate analysis

In this section we present some multivariate analyses (logistic regressions) of some key variables of interest from the participant telephone survey. These provide further explorations of some of the relationships presented in the simple bivariate cross-tabulations presented in the main part of the text, and the main text includes references to the multivariate analyses below at appropriate points.

The logistic regression technique is used to predict outcomes of a dependent variable with two values (1 and 0), to represent, for instance, having been in paid employment at any time since starting the WP (coded 1) versus not having been in work since starting the WP (coded 0).

The independent variables are the factors which can explain the outcome of the dependent variable. In our models, the independent variables were chosen from variables used in the various bivariate analyses undertaken, which were seen as likely to be relevant factors influencing the outcomes. Examples of these independent variables are participants' personal characteristics (age, gender, ethnicity, health status, qualification level etc) and their previous employment experience as well as, in some of the analyses, variables relating to the provider, or to the local area.

The statistical models presented in Table A.0.94 to Table A.0.108 below are estimated with a range of independent variables on the odds of the respondent being, for example, in work at some time since starting the Work Programme (this model is shown in Table A.0.94). Odds in this context are another way of representing probabilities, so if the probability of the respondent having been in work is ten%, the odds are nine to one, or 0.11. In the models, one category of each independent variable is chosen as the reference category. The co-efficient [Exp(B)] for the reference category is set to 1.0, and the other co-efficients for other values of the variable are interpreted relative to this reference category. A co-efficient greater than 1.0 means that the value of the variable in question increases the odds of, for example, the respondent having been in work, compared with the reference category. A co-efficient of less than 1.0 means that the odds are reduced compared with the reference category.

As noted in the tables, significance values of less than 0.05 are indicated with an asterisk (\*) while significance values of less than 0.01 are indicated with a double asterisk (\*\*). This means we can be confident (at the 95% and the 99% levels respectively) that the relationships found are not due to random variation – they are likely to reflect true relationships in the population at large.

**Table A.0.94: Work status since starting Work Programme**

<b>Independent variables</b>	<b>Exp (B): Odds Ratio</b>	
	<b>Wave 1</b>	<b>Wave 2</b>
<b>Age</b>		
(Reference category: 18-24)	1	1
25-49	0.755*	0.789
50+	0.507**	0.411**
<b>Gender</b>		
(Reference category: Male)	1	1
Female	1.329*	1.407**
<b>Health status</b>		
(Reference category: No health condition or disability)	1	1
Health condition or disability lasting 12m+	0.453**	0.329**
<b>Qualification level</b>		
(Reference category: No qualifications)	1	1
Below Level 2	1.656**	1.066
Level 2	1.406*	1.116
Level 3	1.901**	1.314
Level 4 and above	1.693**	1.592
<b>Caring responsibilities</b>		
(Reference category: No caring responsibilities)	1	1
Any caring responsibilities	1.301*	0.941
<b>Deprivation of local area</b>		
(Reference category: Quartile 1 [most deprived])	1	1
Quartile 2	1.052	1.428*
Quartile 3	1.473*	1.342
Quartile 4 (least deprived)	1.498*	1.832**
<b>Ethnicity</b>		
(Reference category: All white)	1	1
All non-white	0.704*	0.856
<b>Time since last in employment</b>		
(Reference category: In paid work less than one year ago)	1	1
In paid work at least one year, but less than two years ago	0.864	0.632*
In paid work at least two years, but less than five years ago	0.512**	0.532**
In paid work more than five years ago	0.420**	0.348**
Never been in paid work	0.382**	0.253**
<i>unweighted base</i>	3294	1769
<i>Log pseudolikelihood</i>	-1652	-1096
* $p < 0.05$ ** $p < 0.01$		

Note: Dependent variable: In paid employment at any time since starting WP (=1)

**Table A.0.95: Self-employment**

<b>Independent variables</b>	<b>Exp (B): Odds Ratio</b>	
	<b>Wave 1</b>	<b>Wave 2</b>
<b>Health status</b>		
(Reference category: No health condition or disability)	1	1
Health condition or disability lasting 12m+	0.775	0.978
<b>Gender</b>		
(Reference category: Male)	1	1
Female	0.710	0.697
<b>Ethnicity</b>		
(Reference category: All white)	1	1
All non-white	0.925	0.945
<b>Qualification level</b>		
(Reference category: No qualifications)	1	1
Below Level 2	1.843	1.241
Level 2	2.059	1.068
Level 3	3.527**	2.009
Level 4 and above	4.717**	1.801
<b>Age</b>		
(Reference category: 18-24)	1	1
25-49	2.178*	1.919*
50+	2.438*	1.725
<b>Caring responsibilities</b>		
(Reference category: No caring responsibilities)	1	1
Any caring responsibilities	1.510	1.312
<b>Deprivation of local area</b>		
(Reference category: Quartile 1 [most deprived])	1	1
Quartile 2	0.788	0.804
Quartile 3	1.333	0.956
Quartile 4 (least deprived)	1.585	1.030
<i>Unweighted base</i>	3514	1878
<i>Log pseudolikelihood</i>	-429.4	-404.0

\*  $p < 0.05$  \*\*  $p < 0.01$

*Note: Dependent variable: In self-employment at any time since starting WP (=1)*

**Table A.0.96: In-work support**

<b>Independent variables</b>	<b>Exp (B): Odds Ratio</b>	
	<b>Wave 1</b>	<b>Wave 2</b>
<b>Caring responsibilities</b>		
(Reference category: No caring responsibilities)	1	1
Any caring responsibilities	1.719*	0.817
<b>Gender</b>		
(Reference category: Male)	1	1
Female	1.328	1.289
<b>Health status</b>		
(Reference category: No health condition or disability)	1	1
Health condition or disability lasting 12m+	1.325	0.999
<b>Qualification level</b>		
(Reference category: No qualifications)	1	1
Below Level 2	0.919	1.603
Level 2	1.364	1.516
Level 3	1.251	1.274
Level 4 and above	1.290	1.356
<b>Ethnicity</b>		
(Reference category: All white)	1	1
All non-white	0.734	1.028
<b>Age</b>		
(Reference category: 18-24)	1	1
25-49	0.912	1.193
50+	0.612	0.700
<b>Time since last in employment</b>		
(Reference category: In paid work less than one year ago)	1	1
In paid work at least one year, but less than two years ago	1.705*	1.210
In paid work at least two years, but less than five years ago	1.496	1.562
In paid work more than five years ago	2.082*	1.158
Never been in paid work	0.812	0.890
<i>Unweighted base (in work at some time since WP referral)</i>	637	633
<i>Log pseudolikelihood</i>	-415.3	-524.4

\*  $p < 0.05$  \*\*  $p < 0.01$

*Note: Dependent variable: Received in-work support (=1)*

**Table A.0.97: Use of sanctions**

<b>Independent variables</b>	<b>Exp (B): Odds Ratio</b>	
	<b>Wave 1</b>	<b>Wave 2</b>
<b>Gender</b>		
(Reference category: Male)	1	1
Female	0.811	0.575***
<b>Age</b>		
(Reference category: 18-24)	1	1
25-49	0.734	0.822
50+	0.411**	0.481*
<b>Health status</b>		
(Reference category: No health condition or disability)	1	1
Health condition or disability lasting 12m+	0.889	1.095
<b>Qualification level</b>		
(Reference category: No qualifications)	1	1
Below Level 2	0.786	0.683
Level 2	0.767	0.543*
Level 3	0.751	0.195**
Level 4 and above	0.387**	0.263**
<b>Ethnicity</b>		
(Reference category: All white)	1	1
All non-white	1.045	1.071
<b>Time since last in employment</b>		
(Reference category: In paid work less than one year ago)	1	1
In paid work at least one year, but less than two years ago	0.831	1.100
In paid work at least two years, but less than five years ago	0.861	1.150
In paid work more than five years ago	1.031	1.525
Never been in paid work	0.971	1.300
<b>Caring responsibilities</b>		
(Reference category: No caring responsibilities)	1	1
Any caring responsibilities	0.708	1.074
<i>Unweighted base</i>	<i>3268</i>	<i>1771</i>
<i>Log pseudolikelihood</i>	<i>-1081.0</i>	<i>-660.9</i>

\*  $p < 0.05$  \*\*  $p < 0.01$

*Note: Dependent variable: All or part or benefit stopped (=1)*

**Table A.0.98: Number (wave 1) or frequency (wave 2) of adviser meetings**

Independent variables	Wave 1 Exp (B): Odds Ratio	Wav 2
<b>Gender</b>		
(Reference category: Male)	1	1
Female	0.930	0.939
<b>Ethnicity</b>		
(Reference category: All white)	1	1
All non-white	0.691**	0.865
<b>Health Status</b>		
(Reference category: No health condition or disability)	1	1
Health condition or disability lasting 12m+	0.803*	0.921
<b>Age</b>		
(Reference category: 18-24)	1	1
25-49	1.034	0.825*
50+	0.781	0.736**
<b>Employment status</b>		
(Reference category: Not in paid employment at any time since starting WP)	1	1
In paid employment at any time since starting WP	0.757*	1.293**
<b>Qualification level</b>		
(Reference category: No qualifications)	1	1
Below Level 2	1.322*	0.934
Level 2	1.246	0.945
Level 3	1.603**	0.871
Level 4 and above	1.239	0.939
<b>Deprivation of local area</b>		
(Reference category: Quartile 1 [most deprived])	1	1
Quartile 2	0.832	0.982
Quartile 3	0.756*	0.847
Quartile 4 [least deprived]	0.916	0.651**
<b>Time since last in employment</b>		
(Reference category: In paid work less than 1 year ago)	1	1
In paid work at least 1 year, but less than 2 years ago	1.095	1.071
In paid work at least 2 years, but less than 5 years ago	1.094	1.045
In paid work more than 5 years ago	1.012	1.037
Never been in paid work	0.820	0.885
<i>Log pseudolikelihood</i>	-3014	-2550
<i>Unweighted base</i>	2789	1571

\*  $p < 0.05$  \*\*  $p < 0.01$

*Dependent variable: Wave 1 Number of meetings (1= 4 or fewer; 2= 5-10; 3= 11+)  
Wave 2: Frequency of meetings (1= once; 2 = < every 2m; 3= every 2m; 4= monthly; 5 = every 3 wks; 6 = fortnightly; 7 = weekly; 8 = > weekly)*

**Table A.0.99: Adviser continuity**

<i>Dependent variable</i>	<b>Wave 1</b>		<b>Wave 2</b>	
	<i>Saw same adviser sometimes</i>	<i>Saw different adviser each time</i>	<i>Saw same adviser sometimes</i>	<i>Saw different adviser each time</i>
<b>Independent Variables</b>	<b>Exp (B): Odds Ratio</b>		<b>Exp (B): Odds Ratio</b>	
<b>Ethnicity</b>				
(Ref. category: All white)	1	1	1	1
All non-white	1.474*	1.218	0.906	1.012
<b>Gender</b>				
(Ref. category: Male)	1	1	1	1
Female	0.877	1.010	1.043	0.965
<b>Age</b>				
(Reference category: 18-24)	1	1	1	1
25-49	1.326	1.093	1.257	2.929**
50+	1.568*	1.359	1.591	3.181**
<b>Qualification level</b>				
(Ref. category: No qualifications)	1	1	1	1
Below Level 2	1.372	0.864	1.515	1.282
Level 2	1.034	0.695	1.263	1.203
Level 3	1.195	0.820	1.722*	1.395
Level 4 and above	0.978	0.801	1.476	0.451*
<b>Employment status</b>				
(Ref. category: Not in paid employment since starting WP)	1	1	1	1
In paid employment at any time since starting WP	0.651**	0.629	0.727	0.898
<b>Health status</b>				
(Ref.: No health condition/disability)	1	1	1	1
Health condition or disability lasting 12m+	0.819	0.821	0.875	0.727
<b>Referred to an organisation other than prime</b>				
(Ref. category: No)	1	1	1	1
Yes	1.120	1.128	0.831	0.624
<b>Deprivation of local area</b>				
(Ref. category: Quartile 1 [most deprived])	1	1	1	1
Quartile 2	1.209	1.299	1.220	0.722
Quartile 3	1.007	1.236	0.571*	0.665
Quartile 4 (least deprived)	0.956	1.134	0.761	0.507
<b>Time since last in employment</b>				
(Ref. category: In paid work less than 1 year ago)	1	1	1	1
In paid work 1-2 years ago	0.984	0.860	0.781	0.806
In paid work 2-5 years ago	1.380	1.101	0.820	0.623
In paid work 5+ years ago	1.234	1.120	0.817	0.876
Never been in paid work	1.122	0.836	0.757	1.542
<i>Unweighted base</i>	2554		1712	
<i>Log pseudolikelihood</i>	-1956		-1328	

\*  $p < 0.05$  \*\*  $p < 0.01$

*Note: Multinomial logistic regression. Base outcome is "always or almost always saw the same adviser".*

**Table A.0.100: Participants' response to multiple advisers (*Wave 1 only*)**

Independent variables	Exp B: Odds Ratio
<b>Age</b>	
(Reference category: 18-24)	1
25-49	1.713
50+	1.140
<b>Ethnicity</b>	
(Reference category: All white)	1
All non-white	0.752
<b>Gender</b>	
(Reference category: Male)	1
Female	0.851
<b>Qualification level</b>	
(Reference category: No qualifications)	1
Below Level 2	1.576
Level 2	1.511
Level 3	3.569*
Level 4 and above	4.409**
<b>Health status</b>	
(Reference category: No health condition or disability)	1
Health condition or disability lasting 12m+	1.958
Unweighted base	233
Log pseudolikelihood	-150.438
* p<0.05 ** p<0.01	

*Note: Dependent variable: Reaction to speaking to a different adviser each time (1= 'not very helpful' or 'not at all helpful')*

**Table A.0.101: Extent to which participants felt comfortable with advisers  
(Wave 1 only)**

Independent Variables	<i>Dependent variable</i>	<i>To some extent</i>	<i>Not at all</i>
	<b>Exp (B): Odds Ratio</b>	<b>Exp (B): Odds Ratio</b>	<b>Exp (B): Odds Ratio</b>
<b>Health status</b>			
(Reference category: No health condition or disability)	1	1	
Health condition or disability lasting 12m+	1.121	1.754**	
<b>Ethnicity</b>			
(Reference category: All white)	1	1	
All non-white	1.099	1.177	
<b>Qualification level</b>			
(Reference category: No qualifications)	1	1	
Below Level 2	1.143	0.697	
Level 2	1.106	1.092	
Level 3	1.128	1.023	
Level 4 and above	1.682**	1.522*	
<b>Age</b>			
(Reference category: 18-24)	1	1	
25-49	1.134	1.297	
50+	1.058	1.375	
<b>Gender</b>			
(Reference category: Male)	1	1	
Female	0.931	0.709*	
Unweighted base		3367	
Log pseudolikelihood		-3076.416	

\* p<0.05 \*\* p<0.01

*Note: Multinomial logistic regression. Base outcome is "Felt completely comfortable".*

**Table A.0.102: Extent to which participants felt support was well matched to their needs**

<i>Dependent variable</i>	<b>Wave 1</b>			<b>Wave 2</b>		
	<i>Fairly well matched</i>	<i>Not very well matched</i>	<i>Not well matched at all</i>	<i>Fairly well matched</i>	<i>Not very well matched</i>	<i>Not well matched at all</i>
<b>Independent Variables</b>	<b>Exp (B): Odds Ratio</b>			<b>Exp (B): Odds Ratio</b>		
<b>Age</b> (Reference category: 18-24)	1	1	1	1	1	1
25-49	0.928	1.073	1.800**	0.669*	1.181	1.769*
50+	0.903	0.944	1.976**	0.804	1.429	2.880**
<b>Gender</b> (Reference category: Male)	1	1	1	1	1	1
Female	0.749**	0.890	0.851	0.940	1.027	0.884
<b>Ethnicity</b> (Reference category: All white)	1	1	1	1	1	1
All non-white	1.288	1.735**	1.357	1.099	1.139	0.954
<b>Qualification level</b> (Reference category: No qualifications)	1	1	1	1	1	1
Below Level 2	1.338	1.274	1.123	1.413	1.029	1.410
Level 2	1.259	1.359	1.178	1.644*	1.338	2.431**
Level 3	1.127	1.361	1.381	1.668	2.529**	3.386**
Level 4 and above	1.401	2.010**	3.056**	2.634**	3.917**	4.838**
<b>Health status</b> (Reference category: No health condition or disability)	1	1	1	1	1	1
Health condition or disability lasting 12m+	1.072	1.437*	1.520**	1.107	1.124	1.394
Unweighted base	3291			1839		
Log pseudolikelihood	-4228.332			-2382		

\* p<0.05 \*\* p<0.01

*Note: Multinomial logistic regression. Base outcome is 'very well matched'.*

**Table A.0.103: Extent to which participants felt support was useful in helping them find a job or move closer to work (Wave 1 only)**

Independent Variables	Fairly useful Exp (B): Odds Ratio	Not very useful Exp (B): Odds Ratio	Not at all useful Exp (B): Odds Ratio
<b>Age</b>			
(Reference category: 18-24)	1	1	1
25-49	1.128	1.214	1.946**
50+	1.075	1.166	1.930**
<b>Ethnicity</b>			
(Reference category: All white)	1	1	1
All non-white	1.204	1.046	1.085
<b>Gender</b>			
(Reference category: Male)	1	1	1
Female	1.026	1.190	0.970
<b>Qualification level</b>			
(Reference category: No qualifications)	1	1	1
Below Level 2	1.258	1.185	1.150
Level 2	1.231	1.461*	1.402*
Level 3	1.238	1.494	1.803**
Level 4 and above	1.490*	2.562**	2.549**
<b>Health status</b>			
(Reference category: No health condition or disability)	1	1	1
Health condition or disability lasting 12m+	1.304*	1.275	1.727**
Unweighted base		3401	
Log pseudolikelihood		-4414.377	
* p<0.05 ** p<0.01			

*Note: Multinomial logistic regression. Base outcome is 'very useful'.*

**Table A.0.104: Whether participants felt they had received enough support under the WP to help them find work (*Wave 1 only*)**

Independent variables	Exp (B): Odds Ratio
<b>Qualification level</b>	
(Reference category: No qualifications)	1
Below Level 2	1.026
Level 2	0.910
Level 3	0.688**
Level 4 and above	0.531**
<b>Ethnicity</b>	
(Reference category: All white)	1
All non-white	0.860
<b>Age</b>	
(Reference category: 18-24)	1
25-49	0.721**
50+	0.816
<b>Gender</b>	
(Reference category: Male)	1
Female	0.952
<b>Health status</b>	
(Reference category: No health condition or disability)	1
Health condition or disability lasting 12m+	0.809*
<b>Deprivation of local area</b>	
(Reference category: Quartile 1 [most deprived])	1
Quartile 2	0.799*
Quartile 3	0.851
Quartile 4 (least deprived)	0.831
Unweighted base	3285
Log pseudolikelihood	-2084.907
* p<0.05 ** p<0.01	

*Note: Dependent variable: (1= have received enough support under the WP to help me find work)*

**Table A.0.105: Extent to which participants felt under pressure from adviser to undertake unsuitable activities**

<i>Dependent variable</i>	<b>Wave 1</b>				<b>Wave 2</b>			
	<i>To great extent</i>	<i>To some extent</i>	<i>To limited extent</i>	<i>Not sure</i>	<i>To great extent</i>	<i>To some extent</i>	<i>To limited extent</i>	<i>Not sure</i>
<b>Independent variables</b>	<b>Exp (B): Odds Ratio</b>				<b>Exp (B): Odds Ratio</b>			
<b>Age</b> (Reference category: 18-24)	1	1	1	1	1	1	1	1
25-49	1.933**	0.978	0.963	0.947	0.969	0.643*	0.939	1.909**
50+	2.021**	0.969	0.942	0.882	1.028	0.553*	0.796	1.730*
<b>Qualification level</b> (Reference category: No qualifications)	1	1	1	1				
Below Level 2	0.869	0.930	1.470	0.701	1.217	0.528*	0.927	1.086
Level 2	0.802	0.785	1.388	0.555**	1.333	0.522*	1.068	1.035
Level 3	1.121	0.799	1.687*	0.537**	1.039	0.237**	0.811	0.822
Level 4 and above	1.655*	1.085	2.061**	0.450**	1.637	0.430*	1.293	1.200
<b>Ethnicity</b> (Reference category: All white)	1	1	1	1	1.021	2.533**	2.017**	1.696*
All non-white	1.073	1.328	1.107	2.075**				
<b>Gender</b> (Reference category: Male)	1	1	1	1				
Female	0.981	0.980	0.736*	0.913	0.443**	1.121	0.822	0.590**
<b>Health status</b> (Reference category: No health condition or disability)	1	1	1	1				
Health condition or disability lasting 12m+	1.569**	1.163	1.105	1.170	0.715	1.026	0.916	1.129
<i>Unweighted base</i>			3354				1838	
<i>Log pseudolikelihood</i>			-4619				-2702	

Note: Multinomial logistic regression. Base outcome is 'not at all'.

**Table A.0.106: Compared with Jobcentre Plus support, Work Programme support was...? (Wave 1 only)**

<i>Dependent variables</i>	<i>A bit better</i>	<i>More or less the same</i>	<i>A bit worse</i>	<i>Much worse</i>
<b>Independent variables</b>	<b>Exp (B): Odds Ratio</b>	<b>Exp (B): Odds Ratio</b>	<b>Exp (B): Odds Ratio</b>	<b>Exp (B): Odds Ratio</b>
<b>Age</b>				
(Reference category: 18-24)	1	1	1	1
25-49	1.090	1.304*	1.288	1.992**
50+	1.040	1.612**	1.117	2.251**
<b>Ethnicity</b>				
(Reference category: All white)	1	1	1	1
All non-white	1.137	0.908	1.791*	0.806
<b>Gender</b>				
(Reference category: Male)	1	1	1	1
Female	1.055	0.972	0.981	1.036
<b>Qualification level</b>				
(Reference category: No qualifications)	1	1	1	1
Below Level 2	1.004	0.810	1.380	0.979
Level 2	0.924	0.867	1.480	1.268
Level 3	0.906	0.901	1.979*	1.085
Level 4 and above	0.838	0.823	1.247	1.880**
<b>Health status</b>				
(Reference category: No health condition or disability)	1	1	1	1
Health condition or disability lasting 12m+	1.228	1.129	1.499	1.267
Unweighted base		3391		
Log pseudolikelihood		-4666.815		
* $p < 0.05$ ** $p < 0.01$				

*Note: Multinomial logistic regression. Base outcome is 'much better'.*

**Table A.0.107: Waiting time for attachment to Work Programme (Wave 1 only)**

Independent Variables	Exp (B): Odds Ratio
<b>Age</b>	
(Reference category: 18-24)	1
25-49	1.523**
50+	1.503**
<b>Ethnicity</b>	
(Reference category: All white)	1
All non-white	1.012
<b>Gender</b>	
(Reference category: Male)	1
Female	0.974
<b>Qualification level</b>	
(Reference category: No qualifications)	1
Below Level 2	0.949
Level 2	0.985
Level 3	0.992
Level 4 and above	1.209
<b>Health status</b>	
(Reference category: No health condition or disability)	1
Health condition or disability lasting 12m+	1.272*
<b>Deprivation of local area</b>	
(Reference category: Quartile 1 [most deprived])	1
Quartile 2	1.034
Quartile 3	1.056
Quartile 4 (least deprived)	1.126
/cut1	-1.457
/cut2	0.114
/cut3	1.224
/cut4	1.818
Log pseudolikelihood	-4319.304
Unweighted base	2815
* $p < 0.05$ ** $p < 0.01$	

*Note: Ordered logistic regression -- dependent variable: Referral times (1= less than a week; 2= at least 1 but less than 2 weeks; 3= at least 2 but less than 3 weeks; 4= at least 3 but less than 4 weeks; 5= 4 weeks or more)*

**Table A.0.108: Job search when signing on (*Wave 1 only*)**

<b>Independent variables</b>	<b>Odds Ratio</b>
<b>Age</b>	
(Reference category: 18-24)	1
25-49	0.838
50+	0.710*
<b>Qualification level</b>	
(Reference category: No qualifications)	1
Below Level 2	1.096
Level 2	0.949
Level 3	0.844
Level 4 and above	0.823
<b>Health status</b>	
(Reference category: No health condition or disability)	1
Health condition or disability lasting 12m+	0.861
<b>Ethnicity</b>	
(Reference category: All white)	1
All non-white	1.117
<b>Gender</b>	
(Reference category: Male)	1
Female	0.915
<b>Time since last in employment</b>	
(Reference category: In paid work less than one year ago)	1
In paid work at least one year, but less than two years ago	0.972
In paid work at least two years, but less than five years ago	0.923
In paid work more than five years ago	0.722
Never been in paid work	1.006
<b>Deprivation of local area</b>	
(Reference category: Quartile 1 [most deprived])	1
Quartile 2	1.136
Quartile 3	0.967
Quartile 4 (least deprived)	0.942
<i>Unweighted base</i>	2225
<i>Log pseudolikelihood</i>	-1488.434
* $p < 0.05$ ** $p < 0.01$	

*Note: Dependent variable: (1= have searched for or been submitted to vacancies when signing on at Jobcentre Plus)*

**Table A.0.109: Total duration of employment (OLS regression)**

<b>Model 1</b>		
<b>Independent variables</b>	<b>B</b>	<b>Std error</b>
<b>Age</b> (ref category:18-24)		
25-49	-0.699	0.907
50+	-2.205*	0.977
<b>Gender</b> (ref category: male)		
Female	1.406**	0.474
<b>Health status</b> (ref category: no health condition/disab)		
Health condition or disability lasting 12m+	- 2.598**	0.474
<b>Qualification level</b> (ref category: no quals)		
Below Level 2	-0.218	0.782
Level 2	0.187	0.653
Level 3	1.166	0.882
Level 4 and above	0.693	0.839
<b>Caring responsibilities</b> (ref category: no caring resps)		
Any caring responsibilities	0.715	0.514
<b>Ethnicity</b>		
All non-white	-0.841	0.603
<b>Deprivation of local area</b> ( ref cat: most deprived quartile 1)		
Quartile 2	1.414*	0.558
Quartile 3	1.679*	0.727
Quartile 4 (least deprived)	2.749**	1.000
<b>Time since last in employment</b> (ref cat: < 1 yr ago)		
In paid work at least one year, but less than two years ago	-0.761	0.770
In paid work at least two years, but less then five years ago	-1.440	0.799
In paid work more than five years ago	- 2.307**	0.877
Never been in paid work	- 2.864**	0.873
<b>Payment group</b> (ref cat: PG1)		
PG2	1.491	0.994
PG3	0.000	0.887
PG4	0.608	1.043
PG5	-0.132	1.000
PG6	-1.295	0.938
PG7	-0.412	1.101
PG8	1.749	1.800
Constant	5.818**	0.906
<i>Observations</i>		1,764
<i>R2</i>		0.101

\*  $p < 0.05$  \*\*  $p < 0.01$ 

Note: Dependent variable: total months in employment during WP participation



**Table A.0.110: Total duration of employment (OLS regression)**

<b>Model 2</b>		
<b>Independent variables</b>	<b>B</b>	<b>Std error</b>
<b>Age</b> (ref category:18-24)		
25-49	-0.250	0.911
50+	-2.036*	0.985
<b>Gender</b> (ref category: male)		
Female	1.474**	0.495
<b>Health status</b> (ref category: no health condition/disab)		
Health condition or disability lasting 12m+	-2.195**	0.484
<b>Qualification level</b> (ref category: no quals)		
Below Level 2	0.162	0.824
Level 2	0.257	0.671
Level 3	0.950	0.915
Level 4 and above	0.476	0.840
<b>Caring responsibilities</b> (ref category: no caring resps)		
Any caring responsibilities	0.745	0.528
<b>Ethnicity</b>		
All non-white	-0.744	0.639
<b>Deprivation of local area</b> ( ref cat: most deprived quartile 1)		
Quartile 2	1.387*	0.563
Quartile 3	1.084	0.746
Quartile 4 (least deprived)	2.740**	1.029
<b>Time since last in employment</b> (ref cat: < 1 yr ago)		
In paid work at least one year, but less than two years ago	-1.035	0.795
In paid work at least two years, but less then five years ago	-1.338	0.835
In paid work more than five years ago	-2.515**	0.885
Never been in paid work	-2.007*	0.917
<b>Payment group</b> (ref cat: PG1)		
PG2	1.677	1.016
PG3	0.171	0.904
PG4	0.437	1.083
PG5	0.816	1.071
PG6	-1.333	0.965
PG7	0.394	1.258
PG8	0.896	1.593
<b>Sanctions</b> (ref category: no benefits stopped)		
Benefits stopped	-2.051**	0.609
<b>Frequency of advisory meetings</b> (ref cat: < every 2m)		
Every 2 months	0.700	1.445
Monthly	0.955	1.041
Every 3 weeks	2.960*	1.457
Every 2 weeks	1.907	1.030
Weekly	4.929**	1.160

Work Programme Evaluation: the participant experience report

More often than once a week	5.945	1.476
<b>Continuity of adviser support</b> (ref cat: saw different advisers)		
Always/almost always the same adviser	0.900	0.496
<b>Dummies for types of intervention</b> (ref categories: intervention in question not received)		
Help with writing CV, job applications, interview	-0.407	0.570
Drawing up an action plan	-1.118	0.574
Skills assessment	0.243	0.579
Financial help with costs associated with job-search/starting work	-0.314	0.480
Session on motivation or confidence	-1.216*	0.547
Referral to careers adviser	0.261	0.559
Place on training course	-0.543	0.528
Advice/support relating to health/disability	-0.553	0.589
Financial advice	1.333*	0.593
Constant	3.931**	1.460
<i>Observations</i>		1,535
<i>R2</i>		0.168

\*  $p < 0.05$  \*\*  $p < 0.01$

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*Note: Dependent variable: total months in employment during WP participation*

**Table A.0.111: Total duration of employment (OLS regression)**

<b>Model 3</b>		
<b>Independent variables</b>	<b>B</b>	<b>Std error</b>
<b>Age</b> (ref category:18-24)		
25-49	-0.176	0.907
50+	-1.940*	0.979
<b>Gender</b> (ref category: male)		
Female	1.606**	0.489
<b>Health status</b> (ref category: no health condition/disab)		
Health condition or disability lasting 12m+	-2.060**	0.485
<b>Qualification level</b> (ref category: no quals)		
Below Level 2	0.0785	0.826
Level 2	0.192	0.676
Level 3	0.758	0.925
Level 4 and above	0.374	0.840
<b>Caring responsibilities</b> (ref category: no caring resps)		
Any caring responsibilities	0.670	0.529
<b>Ethnicity</b>		
All non-white	-0.777	0.640
<b>Deprivation of local area</b> ( ref cat: most deprived quartile 1)		
Quartile 2	1.374*	0.559
Quartile 3	1.110	0.740
Quartile 4 (least deprived)	2.781**	1.031
<b>Time since last in employment</b> (ref cat: < 1 yr ago)		
In paid work at least one year, but less than two years ago	-1.054	0.795
In paid work at least two years, but less then five years ago	-1.342	0.829
In paid work more than five years ago	-2.426**	0.889
Never been in paid work	-2.010*	0.919
<b>Payment group</b> (ref cat: PG1)		
PG2	1.650	1.013
PG3	0.165	0.899
PG4	0.545	1.077
PG5	1.567	1.101
PG6	-0.471	1.002
PG7	1.411	1.317
PG8	1.171	1.595
<b>Sanctions</b> (ref category: no benefits stopped)		
Benefits stopped	-2.108**	0.605
<b>Frequency of advisory meetings</b> (ref cat: < every 2m)		
Every 2 months	0.784	1.423
Monthly	0.688	1.044
Every 3 weeks	2.572	1.470
Every 2 weeks	1.698	1.033
Weekly	3.949**	1.171

Work Programme Evaluation: the participant experience report

More often than once a week	5.655**	1.500
<b>Continuity of adviser support</b> (ref cat: saw different advisers)		
Always*/almost always the same adviser	0.903	0.495
<b>Dummies for types of intervention</b> (ref categories: intervention in question not received)		
Help with writing CV, job applications, interview	-0.422	0.570
Drawing up an action plan	-1.048	0.573
Skills assessment	0.235	0.576
Financial help with costs associated with job-search/starting work	-0.341	0.478
Session on motivation or confidence	-1.269*	0.548
Referral to careers adviser	0.217	0.553
Place on training course	-0.521	0.525
Advice/support relating to health/disability	-0.570	0.592
Financial advice	1.323*	0.589
<b>Motivation/optimism</b> (index: range 0-1)	3.392**	1.298
Constant	1.430	1.658
<i>Observations</i>		1.535
<i>R2</i>		0.174

\*  $p < 0.05$  \*\*  $p < 0.01$

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*Note: Dependent variable: total months in employment during WP participation*