



# Work Programme Evaluation: the participant experience report

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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;

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- 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>1</sup>, show that after six months on the programme 22% of participants had been in work 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>2</sup>.

Additional insights (from Chapter 7) include:

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<sup>1</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\\_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)). 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>2</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 **Error! Reference source not found.** below)

- 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.

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>3</sup> (i.e. controlling for other factors) showed

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<sup>3</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

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.

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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..

## 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 Work Programme. This is broadly in line with the official statistics for the Work Programme<sup>4</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-

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[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)

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>5</sup> and benefit sanctions in the Work Programme (Chapter 10), suggested that:

- 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

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<sup>5</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.

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 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>6</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

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<sup>6</sup> A practice commonly observed in contracted out public services that adopt 'payment-by-results' funding regimes

participants address particular barriers to work<sup>7</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 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

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<sup>7</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.

finding from the quantitative<sup>8</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),

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<sup>8</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.

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 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).

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