Labour market change

Assessment of public initiatives to combat labour market segmentation in the EU Member States

Case study: Access to Work (UK)

Labour market segmentation:
Piloting a new quantitative and policy analysis

Disclaimer: This working paper has not been subject to the full Eurofound evaluation, editorial and publication process.
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Introduction

This report presents an in-depth analysis of the Access to Work (AtW) initiative in the UK. AtW provides an in-work support model that aims to prevent people with disabilities from being disadvantaged in employment and marginalised in terms of work and careers expectations. The policy measure was not designed explicitly to address labour market segmentation (LMS). Nonetheless, as it aimed to promote the inclusion of people with disabilities in employment in order to support them to sustain employment and progress in the labour market, it can be judged to be active on the LMS agenda. The programme was introduced in 1994 with the aim of helping people with disabilities access the labour market by providing discretionary grants to assist with travel, special aids and equipment and support workers. Early evaluation evidence in the late 2000s showed that the programme had positive impacts for programme participants (Thornton and Corden, 2002). The disability employment gap has received more policy attention in the UK in recent years. In 2010, the governing majority party in the UK pledged to reduce the disability unemployment rate, and since then several changes have been made to the programme, including a new mental health support offer. New evaluation evidence that takes into account these reforms is pending. However, the labour market position of people with disabilities remains a priority since they remain disproportionately unlikely to progress into and advance in work compared to non-disabled adults – the disability employment gap was 30.1% in July-September 2018 (Powell, 2018).

Applied methodological approach

The analysis is based on a review of literature consisting of programme evaluation reports, reports about disability and employment in the UK, policy papers as well as two semi-structured interviews with national policy experts on disability and employment in the UK. The interviews helped fill in the gaps about the precise mechanism and outcomes of the programme in the absence of academic literature and recent evaluation evidence.

Description of the initiative in focus

Type of initiative

AtW is a UK government programme that provides practical advice and support to people with disabilities and their employers to help those affected overcome work-related obstacles that result from their impairment or long-term health condition. It is regulatory and related to employment/job stability. AtW provides in-work support to prevent from being disadvantaged in employment and ultimately contributes to increase the disability employment rate. It has a potential in terms of reducing LMS as it supports the inclusion of people with disabilities in employment and their sustained employment and progression in the labour market.

Those eligible may receive a discretionary financial award towards expenses associated with employing support workers, equipment, aids and adaptations, interpreters/communications support, transport costs and/or mental health support plans. It is delivered by the Department for Work and Pensions (DWP), the UK government department that oversees welfare and social security.

Rationale and objectives

AtW was introduced with the aim of helping people with disabilities to access the labour market by providing discretionary grants to assist with travel, aids and equipment and support workers. It
targets individuals for support, rather than their employers. While not designed explicitly to address LMS, it has a relevant action since it aims to promote the inclusion of people with disabilities in employment as well as to support them to sustain employment and progress in the labour market. It provides a level of support beyond statutory entitlements that employers have to make available to people with disabilities.

People with disabilities in the UK have a legal entitlement to ‘reasonable adjustments’ that apply to all workers during the recruitment process and in employment (Equality Act, 2010). These include making physical changes to the workplace, changing policies and ways of working, providing aids and equipment, offering flexibility about when, where and how work takes place, and allowing employees who become disabled to make a phased return to work by means of flexible hours or part-time working. AtW is designed to offer support above that which is already covered through reasonable adjustments, and that would help individuals apply for, access, sustain and advance in employment by ensuring their support needs do not act as a barrier to employment opportunities. It can for example provide support for individuals to undergo training in order to promote their career progression (DWP, 2014).

AtW is not a statutory benefit akin to sickness or maternity pay, meaning that claimants do not have a legal entitlement to it. Instead, the programme offers a package of support and guidance and, where deemed appropriate, a discretionary financial offer that is awarded based on the requirements of the individual in need. To be considered for an award, the individual must have a disability that affects their ability to do the job or they have to pay work-related costs, such as equipment. If they have a mental health condition, this must affect their ability to do their job and require support to reduce absence from work or to stay in work. The appropriate level of need is determined in the initial assessment by Jobcentre Plus staff, the UK public employment service (PES) delivery organisation. The level of grant depends on:

- Whether the person is employed or self-employed;
- How long they have been in their job; and
- The type of help required.

AtW does not have a set target number but, according to the policy expert interviews conducted for this case study, it has a limited budget. In 2017-2018, payments were made to 33,680 people.

**Time frame**

The measure was first launched in 1994. In 2011 it was expanded to include a distinct offer for mental health support known as Workplace Mental Health Support Service (WMHSS). At the same time, the government took steps to extend it through increased marketing and widening eligibility to include for instance apprenticeships. However, in 2015, AtW grants were controversially capped at 1.5 times the average salary in October 2015, although this cap was raised in 2019 and the maximum grant available stands at £59,200 for the period from 1 April 2019 to 31 March 2020. The PES argued that the cap on individual awards would pay for the extension in respect of the distinctive new mental health support service.

**Target group(s)**

An individual may receive financial support through AtW if their disability or health condition stops them from being able to do aspects of their job and they:
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- Are normally a resident in, and working in, Great Britain;
- Have a disability or long-term (defined as lasting for at least 12 months) health condition that requires an aid, adaptation or financial or human support to remain in employment, including a mental health condition that requires in-work support; and
- Are aged 16 or over (DWP, 2018a).

AtW is available to all employees, prospective employees and self-employed individuals with a disability or health condition, regardless of the sector they work in. Applicants are required to:

- Already be doing paid work;
- Be about to start work or become self-employed;
- Have an interview for a job; or
- Be about to begin a work trial or start work experience under the youth contract (part of the European Commission’s youth guarantee) arranged through Jobcentre Plus (DWP, 2018a).

Mental health provision under AtW is offered under the WMHSS. The service has the same eligibility criteria for applicants as the main scheme, with the exception that it is not available to participants on some of DWP’s disability and welfare-to-work programmes. WMHSS also differs from the main scheme in that it targets not only individuals, but also employers for support and guidance about how to deal with mental ill health in the workplace.

### Delivery methods

The programme is delivered by Jobcentre Plus, the part of DWP that provides support services for working-age adults in the UK. There has been limited marketing of AtW and no systematic awareness-raising of it; evaluation evidence indicates that people find out about it through a range of sources including friends/family, employers and/or staff within the PES. It is discoverable through online searches focused on employment support for people with disabilities. Individuals are required to make the application for AtW using the online and telephone service operated by Jobcentre Plus. An individual can be offered two types of AtW provision: assessments and elements. ‘Assessments’ involve exploring workplace-related barriers to employment and making recommendations on how these can be overcome. The outcome of an assessment may be to recommend the provision of one or more ‘elements’ that supplement reasonable adjustments as defined in the Equality Act 2010. More than one type of element can be approved for funding under the AtW scheme to the same person during the same financial year. AtW is for the large part government funded since it is intended to provide additional support beyond the reasonable adjustments that employers themselves must fund on a statutory basis. However, employers may have to make a contribution depending on the number of employees they have (see section below).

The types of elements that can be provided by AtW are:

- Communication support for interviews;
- Special aids and equipment;
- Adaptations to premises;
- Adaptations to vehicles;
- Travel to work (help with the costs of travelling to work);
- Travel in work (help with the costs of work-related travel);

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1 England, Scotland and Wales
Mental health provision has been offered separately since 2011, when the DWP launched the WMHSS to support people in work who are off sick or encountering difficulties due to mental health problems. This support is delivered by Remploy\(^2\), a specialist employment support provider for people with disabilities, who receive a grant from DWP to reimburse the cost of the service. According to Remploy’s website, the service is free and confidential and available to anyone with a mental health condition, diagnosed or undiagnosed, that has resulted in workplace absence or in causing difficulties to remain in work. It offers:

- Tailored work-focused mental health support for nine months;
- Suitable coping strategies;
- A support plan to keep individuals in, or return to work;
- Ideas for workplace adjustments to help individuals fulfil their role; and
- Practical advice to support those with a mental health condition (Remploy, 2017).

The DWP website cites that the service gives advice and guidance to help employers understand mental ill health and how they can support employees, as well as offers eligible individuals a mental health assessment (conducted by Remploy) to find out their needs at work and help to develop a support plan. This may include steps to support them remaining in or returning to work and suggestions for reasonable adjustments in the workplace (DWP, 2018b). Examples of assistance include:

- Flexible working patterns to accommodate changes in mood and impact of medication;
- Providing a mentor to give additional support at work;
- Arranging additional time to complete certain tasks;
- Providing additional training;
- Regular meetings between employer and employee to talk through concerns; and
- A phased return to work, such as reduced hours or days.

According to statistics published on the Remploy website, they have supported over 12,000 people across Britain with a 93% success rate of people retaining their employment after six months (Remploy, n.d.). However, these figures are based on internal data only. As of early 2019, there are no publicly available statistics on WMHSS.

**Key actors involved in implementation**

The programme was designed by the government department responsible for welfare at the time and the successor department continues to provide its funding. As noted earlier, AtW extends upon the funding for reasonable adjustments that employers have to make on a statutory basis due to the Equality Act 2010 to support people with disabilities in their employment. AtW provides coverage for additional support that employers cannot be expected to fund. However, employers may be required to make a contribution to the cost of adjustments, depending on their size.

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\(^2\) Remploy is a disability employment specialist. The organisation has its origins as factories that employed people with disabilities only. Following the Sayce Report (2011), which recommended removing government-run disabled-only factories and replacing them with initiatives to improve access to mainstream work, the government closed these factories. Remploy now (2019) delivers contracts to support the needs of people with disabilities in the labour market.

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Cost sharing typically applies for employers with 50+ employees (see section on ‘funding arrangements’ below), but in any case, AtW is government funded for the very large part. AtW is aimed at the individual. The programme is delivered by Jobcentre Plus, the PES, in England, Scotland and Wales whose staff conduct the initial assessments and award potential elements. WMHSS is delivered by Remploy.

Administrative level of implementation

AtW is a national level programme designed and funded by the DWP and delivered by Jobcentre Plus in England, Scotland and Wales. The devolved Department for Communities in Northern Ireland offers a similar service under the programme entitled Access to Work (NI).

Sectoral focus

AtW is available to all eligible employees regardless of the sector.

Funding arrangements

The programme is funded by the UK government via DWP and operated by Jobcentre Plus, the PES, in England, Scotland and Wales. If an individual has been working for more than six weeks, and they are applying for AtW funding, some larger (50+ staff) employers have to share the cost. Cost sharing only applies to special aids and equipment and adaptations to premises or equipment, and does not apply to self-employed people (DWP, 2018b).

When cost sharing applies, employers will cover 100% of costs up to a threshold (under GBP 10,000 - €11,615 as at 31 March 2019) and 20% of the cost between that threshold and GBP 10,000 (€11,615). The level of the threshold depends on the number of employees, namely: no threshold up to 49 employees; GBP 500 (€580.75) from 50 to 249 employees, and GBP 1,000 (€1,161.50) for over 250 employees. Any balance above GBP 10,000 (€11,615) is covered by AtW (DWP, 2018b).

Linkages with/embeddedness into other measures (national and EU)

Welfare and employment policy has traditionally been a remit of the UK government but devolution of powers to regional government means that in some cases sub-regional authorities also have powers over policy and delivery. In England and Wales, welfare and employment programmes are funded and delivered by the UK government via DWP. The Northern Irish Assembly has full legislative power over most economic and social policy, as well as delivery, but the principle of parity (Northern Ireland Act 1998) means that in practice they mirror many of the UK government’s policies. Scottish welfare and employment policy is funded and delivered by the UK government but since 2016 Scotland has had more discretion over policy that relates to social security. Welsh and Scottish governments – as well as local authorities – may also provide their own additional welfare and employment programmes. UK regions receive EU structural and investment funds that occasionally also fund projects relating to disability and employment under European Social Fund’s Thematic Objectives 8 and 9. Wales – the UK’s poorest region – is receiving over GBP 2 billion (€2.32 billion) in total from European structural and investment funds in 2014-2020 (WG, 2018). The following is a summative note of UK government measures only.

UK welfare policy for adults with disabilities has since 2010 been characterised by increased conditionality built into the main incapacity and disability benefits and the important role played by face-to-face assessments that are used to determine the level of need required by the individual. These conditions increase the responsibilities of people with disabilities (and other
claimants) to seek work and move towards the labour market. If they are judged to not comply with the conditions of their claim they may be subject to financial sanctions that act to reduce the amount of welfare benefits they receive. Alongside these reforms, the government has introduced new initiatives to support claimants with disabilities find and sustain employment as well as maintaining and reforming long-running programmes, such as AtW. The welfare system as a whole has undergone transformational changes since 2010 when the government introduced an ambitious programme of welfare reform against the background of economic austerity in the wake of the recession (Social Security Advisory Committee, 2014). At the heart of these changes is the introduction of the Universal Credit (UC) which is being rolled out across local authorities in the UK, including in Scotland and Northern Ireland. The roll out of UC commenced in 2013 and is continuing. The UC is predicted to be fully operational by 2023. UC combines six existing benefits, including the incapacity benefit and the Employment and Support Allowance (ESA), into a single payment with the aim of improving work incentives built into the benefit system. Individuals in receipt of UC can receive AtW for periods in which they receive this benefit while they are in employment, but not when they are unemployed. The Welfare Reform Act 2012 also introduced Personal Independence Payments (PIP) to replace the existing disability benefit. They are designed to help with the extra cost of long-term ill health or disability.

Individuals with a health condition or a disability that prevents or limits their ability to work are now asked to attend a Work Capability Assessment (WCA) when making a claim for ESA or UC. PIP is a non-means-tested benefit that is similarly granted on the basis of an assessment by a health professional. The assessments are operated by private contractors and, in most cases, claimants are asked to attend face-to-face meetings. DWP case managers make the final decisions on claims (Kennedy et al, 2017b; Kennedy et al, 2018). WCAs and PIP assessments have been controversial and subject to multiple internal and independent reviews (Gray, 2014; Gray, 2017) and an inquiry by the Work and Pensions Select Committee (2018). The inquiry revealed that claimants have encountered an array of difficulties during the application and assessment process. The report raised particular concerns over those claimants with mental health conditions who had found that the lengthy and complex application process had exacerbated their existing conditions. The report was also critical of the three main contractors using non-specialist and inexperienced assessors in the assessments (Kennedy et al, 2018; Work and Pensions Committee, 2018a).

On the active labour market policy (ALMP) side, the government’s green (2016) and white (2017) papers on disability, health and employment announced new policies that offer tailored support to disabled claimants to help them find and sustain employment. These are regulatory and focus on support to enter employment, through conditionality while out of work. As such, most disabled claimants of the main inactivity benefits (Employment Support Allowance and Universal Credit) are expected to undergo a regular work capability assessment and then, if assessed as capable and placed in the work-related activity group (a minority of AtW claimants are assigned to this group), they are expected to undertake activities to move themselves towards and into work, for instance through regular job searching. Failure to take these actions when in the work-related activity group can lead to financial sanctions on the benefits received.

Claimants with long-term health conditions and disabilities in England and Wales can also access support through the Work and Health Programme through their work coaches at Jobcentre Plus. The Work and Health Programme is a new government initiative introduced from 2018 in England. The programme is intended to provide a tailored and personalised support to identify employment needs; match skills to available work; help individuals find long-term employment; and manage health problems to reduce their impact on work. Other initiatives include:

- Updating and enhancing the Disability Confident campaign, from 2016;
• Funding of GBP 60 million (€69.69 million) per year from 2017/18, rising to GBP 100 million (€116.15 million) per year by 2020–2021 for practical employment support for people with disabilities, to be spent according to advice from representatives of disability charities and organisations;
• Investing GBP 43 million (€49.94 million) up to 2019-2020 in trialling ways to provide specialist support for people with common mental health conditions, via the Work and Health Joint Unit; and
• Investment in support to help people with specific conditions: for example, a GBP 280,000 (£325,220) investment over two years in a social enterprise to support people with learning disabilities and autism (Work and Pensions Committee, 2017b).

In-depth analysis of the initiative in focus

This section presents an in-depth analysis of the context of the initiative, its details in terms of measures and target groups, mechanisms, and outcomes. These separate elements are represented in Figure 1.

Figure 1: Visual presentation of the initiative

Source: Compiled by the authors
Overview of the context

People with disabilities in the UK are more likely to be out of work than people without disabilities and as such, can be judged as marginalised in the labour market and unable to access the same quality of work as people without disabilities. Moreover, while overall rates of employment have been improving in the UK since the economic crisis of 2008, the employment rate amongst people with disabilities do not show the same degree of improvement. Around 3.7 million people with disabilities were out of work in July-September 2018. Of these, the majority (3.3 million) were economically inactive (Powell, 2018). The disability employment gap (namely, the difference between the employment rates for people with and without disabilities) was high at 30.1% in July-September 2018 –above the EU average of 25% (Eurofound, 2018; figures from 2016). The disability employment gap has remained steady over the past decade (Scope, 2018) but, during the same period, the employment rate for people without disabilities in the UK has increased from 72.2% in the final quarter of 2008 to 75.7% in 2018, demonstrating how people with disabilities are at risk of marginalisation in the labour market. The most recent data from January-March 2019 remains encouraging. Employment is up by 11 thousand on the quarter, while it has fallen for non-disabled people by 16 thousand. As a consequence, the ‘gap’ in employment rates has narrowed slightly – down from 30.2 to 29.9%. However, the gap has remained stubbornly wide, narrowing by just 1.4 percentage points. People with disabilities remain twice as likely to be out of work as non-disabled people. At least one likely cause for the persistently high disability employment gap is that people with disabilities face numerous barriers to entering and remaining in their preferred employment. As well as the physical and mental impairments that they have, other common factors that limit people with disabilities’ ability to work include the attitudes of employers and colleagues towards their condition, difficulty with transport and accessing buildings and facilities as well as lack of special aids or equipment (Coleman et al, 2013).

Employment rates between different impairment groups are varied. People with mental health conditions, speech impediments and learning disabilities are considerably more disadvantaged than other impairment groups in terms of their employment rate. Less than a quarter of people with learning difficulties, speech impediments or mental health conditions were in employment in the UK in July-September 2018 compared to 68% of those with difficulty hearing (Powell, 2018). The lower employment rate among those with mental health conditions is especially striking, as it is one of the two main working-age health conditions reported in the UK, together with musculoskeletal conditions (DWP and DoH, 2016). Mental disorders have become the most common cause of receiving sickness and disabilities benefits in the UK. In 2014, 47% of claims were attributed to a mental disorder (Viola and Moncrieff, 2016).

The government has sought to address the disability employment gap in recent years. In 2015, the Conservative Party manifesto (2015) outlined for the first time an aim to halve the disability employment gap, which became government policy when the Conservative Party won the 2015 General Election. Following a public consultation, the government released a policy paper on disability and employment in 2017 (DWP and DoH, 2017). It highlighted the disability employment gap as a major social injustice as well as a barrier to full employment. The pledge to halve the disability employment gap was replaced with a commitment to see one million more people with disabilities in work over the following 10 years, with the aim of doing so through personalised and tailored approach to employment support, such as through the Work and Health Programme.
According to the interviewees, AtW has been influenced by both the disability rights movement in the UK in the 1990s and a later focus, in the 2000s, on the employment rates of people with disabilities, which led to policymakers viewing the programme as a form of ALMP as well as a rights-based programme. Both interviewees agreed that the context in which it was implemented has not been ideal for implementation. It is situated in a government department that is used to managing the expenditure budget on benefits, and that is always looking at ways it can reduce that expenditure. The experts argue that as AtW is not an out-of-work benefit, the aim should not be to reduce expenditure on it because there is a substantial return on investment when more people with disabilities enter employment. But due to the government department it originates from (the DWP), it has been caught up in a broader debate about how to reduce expenditure in government, including welfare dependency, that has been prominent since the financial crisis.

**Overview of the mechanisms**

AtW was first launched in 1994. According to the interviewees, the focus was originally on technical solutions and workplace adaptations for those with physical disabilities. In 2011, the programme was expanded to include a separate mental health support offer. The government also took some steps to increase the programme’s reach, for example through increased marketing of the scheme to employers, and extending it to cover a broader range of work experience, traineeship and apprenticeship placements. In 2015, AtW grants were controversially capped at 1.5 times the average salary in October 2015. DWP argued that approximately 200 people accounted for more than 10% of the entire budget. They expected that by capping the individual awards the government would save GBP 3 million (€3.48 million) a year, which would pay for extra places on the WMHSS and enable more people with disabilities to be supported at the average award level (DWP, 2015).

However, the introduction of the cap was later scrutinised by the Work and Pensions Select Committee – the House of Commons committee overseeing the DWP (Work and Pensions Committee, 2017a). The Committee heard evidence from users affected by the change in 2017-2018, particularly those who are deaf and using the grant to fund a sign language interpreter, that the personal impact on the 200 claimants the cap directly affected was disproportionate. It risked stymying their careers as well as fuelling a perception that people with complex communication needs cannot be accommodated in employment. In March 2018 the then Secretary of State for Work and Pensions, the cabinet minister responsible for welfare and employment policy, announced that the government would increase the cap to GBP 57,200 (€66,437.80) or double the average national earnings from April 2018.

Other changes announced in 2015 included trialling ‘personal budgets’ for those with ongoing awards for travel or support, which would give users more freedom over how they use their awards; rolling out a new digital service for AtW; a new specialist team to provide expert advice and support to people with disabilities who want to become self-employed; piloting government-contracted services for customers with mobility problems who use the service on taxis; and developing a framework for translation services including British Sign Language with the view to guarantee quality standards and set transparent rates for deaf people using the service.

A policy paper published by the government in 2017 set out the government’s plans for reforming AtW, such as significantly increasing the capacity of the WMHSS to meet rising demand;

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3 The disability rights movement in the 1990s led to important legislative changes in the UK, such as the introduction of the Disability Discrimination Act (1995) that made it unlawful to discriminate against people with disabilities in relation to employment.

4 Henceforth, ‘customers’ refer to recipients of support services provided by the Department for Work and Pensions (including participants of AtW).
working with schools and colleges to ensure that young people with disabilities are aware of the help they can get from AtW; creating a new expectation that equipment will be portable and move with the individual when they change jobs and allow people to apply earlier for grants so that support is in place for job starts; developing new targeted support for those with learning disabilities and mental health conditions; and offering those with the greatest needs, such as some British Sign Language (BSL) users, a personalised service by a dedicated team of specialist advisors and new managed personal budgets and workplace assessments.

In March 2018, the then Secretary of State for Work and Pensions announced a package of reforms to AtW measures starting from April 2018. This package included the following: introducing extra support to customers with high-value awards via automatic workplace assessments; working with stakeholders to co-produce guidance and share best practice; continue monitoring the impacts on the cap; in exceptional cases of multiple disability, providing discretion to consider award limits averaged over a longer period; introducing managed personal budgets to enable greater choice and control for customers in the way grants are spent; taking applications 12 (rather than six) weeks ahead of a job start date to allow more time to agree on support and put it in place; continuing to invest in digital improvements; allowing more flexibility in using AtW to support short periods of work experience; and encouraging uptake of technological solutions that can reduce costs and promote independence (McVey, 2018).

An evaluation is underway to assess the effects of these most recent changes with detailed results available towards the end of 2019 or early 2020. As of early 2019 it is not fully known what effect these have had on improving LMS for people with disabilities in receipt of AtW. Nevertheless, interviewees suspected that unless the financial cap on the fund was removed, there would be no major changes to uptake of support provided through AtW.

AtW is designed to remove barriers to employment, therefore encouraging working-age adults with disabilities to look for, enter and stay in work, as well as encouraging employers to employ adults with disabilities into work by reducing the costs they would otherwise have to take on. Through this, AtW implicitly acts upon LMS. However, the interviewed policy experts agreed that its main drawback is that it is a very small programme that not many people know about. The vast majority of people with disabilities seem not to have heard about it and, even more importantly, most employers also do not know about it. This is despite the fact that the government has an explicit policy goal of getting one million more people with disabilities in work by 2027. A proportion of the million will need AtW but there are no plans to increase AtW in line with that ambition.

One of the interviewees stated that this lack of awareness results from a design fault in the programme. He argued that there is an inherent paradox in its design that the DWP never confronted, which is that on the one hand, AtW is designed to be universally available to all people with disabilities who meet the criteria but, on the other, DWP has always capped the budget (although this is not made explicit within policy and evaluation documents and beyond the policy expert no other source for this information is available). The only way the government has ever been able to square the circle in the context of budget cuts is by offering it to everyone but keeping the scheme’s profile low. The limited budget also means that if the government approves a certain number of elements in year one, the following year most of the budget is already used up by people with ongoing payments. Therefore, the budget gets used up over time and skewed towards certain types of ongoing support for people who need it regularly.

This has some unintended consequences in terms of the reach of AtW among people with disabilities. According to the interviewees, those who most need it – people with fluctuating and mental health conditions and those who work or want to work for small businesses – are not aware of the AtW. The people who do know about it are typically big companies who are already
better placed to make adjustments beyond statutory requirements which differ for large and small employers, with the tribunal making decisions on the reasonable adjustments that are feasible in terms of employer size and budget; and also people in touch with big charities along the ‘traditional’ lines, namely visual, physical or hearing impairment charities. In addition, the interviewed policy experts think there is an issue around the language of disability that affects all disability programmes and not just AtW. AtW is a programme for people with disabilities but many of the eligible people would not consider themselves disabled. In lay terms people think of wheelchair users as disabled but not of those living with a heart or mental health condition. This may have affected the measure’s reach among certain impairment groups.

Overview of results and impacts

The material below covers the available evidence on AtW in full. A further evaluation of recent policy changes is not yet available. The evidence does not explore the measure thematically or by specific mechanism (for instance effectiveness depending on the nature of the support award made) nor does it particularly detail how behavioural change it affected. This may be a result of the AtW being made available at the point when people with disabilities have gained work, and employers have already made the decision to employ them - meaning that, in both cases, the behavioural change has already occurred. In this sense, AtW can support job retention. AtW also supports people in taking-up jobs, which AtW beneficiaries would not be able to secure without support. In 2017-2018, AtW provision was approved for 27,730 people and payments were made to 33,680 people\(^5\), with a total nominal expenditure on AtW amounting to GBP 110.8 million (€128.69 million) and an average payment of around GBP 3,300 (€3,832.95). GBP 107.2 million (€124.51 million) of the total expenditure was on ‘elements’, while ‘assessments’ accounted for around 3% of total expenditure. The real total expenditure was less in 2017-2018 than it was in 2009-2010 but it has been increasing since 2015-2016 (DWP, 2018c).

Elements were approved for 95% of those who had the initial assessment. The most frequently approved elements were special aids and equipment that made up 50% of all approved elements in 2017-2018, followed by support workers (36%), travel to work (24%) and mental health support service (11%). The largest customer group by primary medical condition were ‘deaf or hard of hearing’ who accounted for 16% of the total number of customers. This group also received the highest proportion (35%) of total programme expenditure.

Qualitative research prior to 2012 showed AtW to have had positive outcomes for people with disabilities in the workplace. Thornton and Corden (2002) showed evidence from users that:

- Support Worker provision can be essential to taking a job;
- Travel to Work provision is essential to taking up a job and very important in sustaining employment;
- Alterations to Premises provision made a direct difference to employment where medical condition put the job at risk and where environmental barriers made taking up a job impossible; and
- Aids and Equipment funding could be an important factor when employers were uncertain about paying.

Overall, 35% of respondents rated it highly unlikely that they would be in their job without AtW. The impact was highest for people whose support package included Travel to Work allowance and lowest for those who had the Aids and Equipment element.

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\(^5\) The difference in numbers arises from the fact that payments can be made for more than one element per person.

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In addition, Dewson et al (2009) found that:

- Customers did not find out about the programme in any systematic way and awareness of AtW seemed poor among Jobcentre Plus staff and fairly low among employers;
- Customers and employers accessing AtW reported high levels of satisfaction with the assessment process and that it had been appropriate to the customers’ needs and very comprehensive;
- Customers and employers were generally very happy with the amount and quality of support that had been put in place. Customers who received ongoing support (travel to work or support workers) were most likely to report high levels of satisfaction; and
- Customers who received one-off types of help were more likely to experience difficulties.

Customers reported a number of positive impacts related to AtW such as:

- Reducing their levels of sickness and absenteeism;
- Providing a level playing field in employment;
- Allowing them to stay in work;
- Saving them significant work-related expense; and
- Improving general wellbeing.

Employers reported that AtW had:

- Helped them to understand the needs of their employees with disabilities;
- Improved employee wellbeing;
- Increased productivity; and
- Improved their staff retention.

In 2011, the government commissioned Liz Sayce, the then Chief Executive of the charity Disability Rights UK, to conduct an independent review of employment support for people with disabilities. The Sayce report (2011) highlighted the positive impacts of the AtW scheme and recommended raising awareness of the programme, including ‘significantly expanding funding for Access to Work’. The report found a lack of awareness about the programme, particularly among smaller employers and people with mental health conditions and learning disabilities. The government accepted all the recommendations of the Sayce review on AtW, including an extra GBP 15 million (around €17.4 million) in funding over the spending period, and has since taken steps to increase its reach through increased marketing of the scheme to employers and extending it to cover a broader range of work experience, traineeship and apprenticeship placements.

The evaluation findings were corroborated by the policy experts. According to the interviewees, high levels of satisfaction have been consistent over time and there are many more people in work as a result of AtW who otherwise would not have been. The reason for its success, in their view, is that it is a simple and straightforward measure that, if applied properly, puts people with disabilities into more level playing field with people without disabilities in the workplace. Furthermore, because it is funded from the outside, users do not feel like they are dependent on the goodwill of their employer to remain in work; it is something they can access as an individual. Lastly, where often there can be a stigma to participation in welfare programmes, AtW in fact helps to reduce stigma by supporting people with disabilities enter more workplaces.

Both interviewed policy experts agreed that the programme works better for some people than others. When it was originally set up there was an emphasis on technical solutions (accessible workplaces, IT solutions, transport to work) and it has always seemed better suited and adapted to people with relatively straight-forwardly identifiable, and mostly physical, conditions, such as visual impairments and mobility impairments. AtW is much less well-adapted to mental health and fluctuating conditions and learning difficulties. Mental health conditions are the most
common reason for claiming out of work disability benefits, and AtW has not caught up with what the needs of the working-age population are. According to one of the interviewees, this gap in provision has partially been addressed with the specific mental health programme that was set up. There has been an increase in usage from people with mental health conditions, but it remains low for people with learning disabilities, long-term or fluctuating health conditions. Moreover, people with mental health conditions are treated differently within the programme. An individual with a physical impairment can decide on the adjustment needed within certain cost constraints but those with mental health conditions have a lot less choice in that they are directed to one specific mental health programme, run by Remploy.

Policy experts agree that, with the caveat that there are no controlled studies and impact evaluations on AtW, the very positive qualitative findings indicate that it would be reasonable to conclude that it has had a positive impact on individuals and sustaining rates of employment amongst people with disabilities more generally. The question on whether it offers value-for-money remains inconclusive without a quantitative assessment but in all likelihood, it accrues more money to the exchequer than it pays out. Insofar that it has enabled people with disabilities to enter and sustain employment where they otherwise would not have been, it has contributed to breaking down LMS. It makes disability and impairments less relevant in employment decisions. However, it has not had a large enough reach to have a large-scale impact.

Conclusions and policy pointers

Increasing the disability employment rate continues to be a priority for the UK government, and AtW remains one of the most important elements in the government’s strategy to do so. While it was not explicitly designed to address LMS, its additionality over statutory requirements upon employers means it has enabled more people with disabilities, and potentially those with more severe disabilities, to access the labour market and sustain a position in employment. The diverse application of the funding grants means it can support career progression as well as labour market entry, although the evidence base does not focus on these different mechanisms. Its sustained operation has brought unique benefits. Unlike many other short-lived disability and employment programmes in the UK, AtW is unique in that it has maintained a reputation among policy experts and users alike as a highly successful labour market initiative for over two decades. Its success is based on the scheme offering simple and effective solutions to the many barriers faced by people with disabilities who want to access mainstream work. It is also unique in offering a partnership model between the government and employers – whereby they share the cost of adjustments to give individuals more equal access to the labour market – which is more comparable to universal programmes in the Nordic countries than it is to other UK welfare and employment programmes that in the past decade have moved towards emphasising conditionality and assessments based on need.

There is arguably an inherent tension between the universalistic tendency of the mechanism and the broader social and political context in the UK, which tends towards a liberal welfare model. In more recent years, welfare and employment policy debates in the UK have also been shaped by austerity and limits on public spending. As a result of its limited budget in this broader policy context, AtW has never been a fully-realised universalistic programme that all people with disabilities can easily benefit from. This has had the unintended consequence of limiting its reach among the disabled population as a whole, and especially those most in need. It also runs counter in some respects to the increasing conditionality evidenced within UK welfare policy which can lead to financial sanctions rather than additional financial support. However, there is an upfront cost to investing in AtW that may pose challenges to broader rollout.
The interviewees agree that AtW is transferable to other countries with certain caveats. Firstly, there are lessons that other countries could draw from AtW about implementing this measure with a limited budget because of the unintended consequences that can skew it towards particular sub-populations. Secondly, the way it operates fits poorly with the changes in the economy that have taken place: where people work on a contract basis, or move from temporary role to temporary role, AtW does not work because by the time they have received the grant the employment contract might have finished. The policy experts therefore recommend improving the policy by ensuring that the adjustment is carried over from one job to another. Accepting these adjustments, the basic intention behind the programme remains a successful one according to evaluation evidence: sharing the responsibility for adjustments between employers, individual and the state is an effective way of breaking down barriers faced by people with disabilities in the labour market, and therefore limiting the segmentation of the labour market for this population.
References

All Eurofound publications are available at www.eurofound.europa.eu


Assessment of public initiatives to combat labour market segmentation in the EU Member States
Case study: Access to Work (UK)


List of abbreviations

ALMP  Active labour market policy
AtW  Access to Work
BSL  British Sign Language
DoH  Department of Health
DWP  Department for Work and Pensions
ESA  Employment Support Allowance
ESF  European Social Fund
PIP  Personal Independence Payment
UC  Universal Credit
WCA  Work Capability Assessment
WMHSS  Workplace Mental Health Support Service
### Table 1: CMO configurations of the ‘Access to Work’

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Access to Work – main scheme</th>
<th>Access to Work – Workplace Mental Health Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target group characteristics</strong></td>
<td>• Working-age adults with a disability or long-term health condition that prevents them from accessing or sustaining employment</td>
<td>• Working-age adults with a mental health condition that prevents them for accessing or sustaining employment • Employers who want to support their employees with mental health conditions</td>
</tr>
<tr>
<td><strong>Contextual features</strong></td>
<td>• The UK has a large disability employment gap (30.1% in 2018)</td>
<td>• The UK has a large disability employment gap (30.1% in 2018)</td>
</tr>
<tr>
<td></td>
<td>• People with disabilities face numerous barriers to entering the labour market, including employers believing they are costlier to take on</td>
<td>• People with disabilities face numerous barriers to entering the labour market, including employers believing they are costlier to take on</td>
</tr>
<tr>
<td><strong>Mechanisms</strong></td>
<td>• Individual can apply for funding towards a needs assessment or to deliver specific supports in order that barriers to their labour market participation and progression are minimised/mitigated</td>
<td>• People with mental health conditions get a personalised support plan to manage their health condition at work.</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>• Users report high levels of satisfaction with the programme in qualitative evaluations.</td>
<td>• Evaluation evidence is pending.</td>
</tr>
<tr>
<td></td>
<td>• There are no studies that prove a macro level impact. Programme is likely to be too small for impact to be detected.</td>
<td>• Policy experts agree that more people with disabilities are in work now as a result of participating in the programme.</td>
</tr>
<tr>
<td></td>
<td>• Policy experts agree that more people with disabilities are in work now as a result of participation.</td>
<td>• It is also likely to have reduced stigma by helping more people with disabilities enter mainstream work.</td>
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<tr>
<td></td>
<td>• It is also likely to have reduced stigma by helping more people with disabilities enter mainstream work.</td>
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</tbody>
</table>
Table 2: Evaluation studies of the ‘Access to Work’ initiative

<table>
<thead>
<tr>
<th>Evaluation study</th>
<th>Period</th>
<th>Data source</th>
<th>Method</th>
<th>Outcomes</th>
<th>Authors’ assessment of the quality of the evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dewson et al</td>
<td>2007-2008</td>
<td>Qualitative data collection</td>
<td>In-depth interviews</td>
<td>• Reduced sickness absenteeism</td>
<td>Process evaluation based on qualitative evidence. High quality approach overall although does not offer a quantitative impact assessment or strong theoretical underpinning.</td>
</tr>
<tr>
<td>(2009)</td>
<td></td>
<td></td>
<td></td>
<td>• Increased employment retention</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Improved work skills, especially relating to computing and IT equipment</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Improved health and well-being</td>
<td></td>
</tr>
<tr>
<td>Thornton and</td>
<td>2000-2001</td>
<td>Survey and qualitative data</td>
<td>Survey of recipients and</td>
<td>• Increased employment</td>
<td>Process evaluation based on qualitative evidence. High quality approach overall although does not offer a quantitative impact assessment.</td>
</tr>
<tr>
<td>Corden (2002)</td>
<td></td>
<td>collection</td>
<td>qualitative case studies with</td>
<td>• Reduced sickness absenteeism</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>interviews</td>
<td>• Improved work performance</td>
<td></td>
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</tbody>
</table>
The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency established in 1975. Its role is to provide knowledge in the area of social, employment and work-related policies according to Regulation (EU) 2019/127.