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Private Sector Midlife MOT Pilots qualitative research interim findings

DWP In-House Research
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Policy background

Evidence shows people who have started saving for retirement have not necessarily thought in detail about how much income they will need in retirement (DWP & NatCen, 2022) and that health is a key driver leading to people leaving work before they are ready to retire (DWP, 2017).

The Private Sector Midlife MOT two-year pilot was designed to encourage employers to support their workers to engage with later life planning through a holistic assessment of their health, finance, and skills. The pilot is part of an enhanced package for those in midlife announced in the Government's 2021 £500 million Plan For Jobs Expansion. It builds on earlier Midlife MOT pilots delivered by four private sector organisations (Centre for Ageing Better, 2018). See Annex for more details.

Three suppliers ("providers") were contracted to design and deliver the 'Midlife MOT' in three areas, East Anglia, the North East of England and Devon and Cornwall. The initiative was to be delivered either virtually or in-person, through employers to employees ("participants") aged 45-55, including the self-employed. There was no prescribed Midlife MOT 'journey' in terms of the length or specific content, aside from the overall objectives for each pillar, but this was instead proposed by the Suppliers. See slides 10 and 13, for further information on what the Midlife MOT entailed. The pilot began in May 2023 and was due to end in May 2025. Since this research was conducted, the pilots have been terminated a year early, due to the low take-up of the programme but also the limited learning that it was felt would be gained from continuing until 2025.

The success factors outlined by DWP were:

- for **providers** to deliver the Midlife MOT to the specified number of participants (2% of the eligible workforce)
- for **employers** to see their employees become better equipped and motivated to stay in work for longer
- for **participants** to have an improved awareness of their work, wealth and wellbeing and improved understanding of how to prepare for later-life.

The DWP proposed a 'hands-off' contracting approach, with a focus on innovation and outcomes. While an overall participant target volume was set (as above) there were no other performance monitoring activities or requirements for providers. This is likely to have had an impact on the delivery of the programme and ultimately participant take-up.

Research aims

The purpose of this research was to explore the early implementation of the pilots delivered in the three areas and how employers and participants have engaged with the initiative. This evidence, alongside that from a planned quantitative survey with participants was intended to inform decisions about potential national roll-out of the programme.

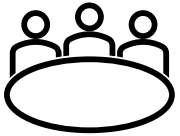
Although we aimed to explore differences in delivery between providers, types of employers and participant's characteristics, this has been limited, due to the low numbers taking part in the programme, and as a result, fieldwork with participants and employers was conducted in one area only. See Slides 5 and 6 on the methodology, for further information.

The research questions for the project were:

1. How is the Midlife MOT being delivered? Is it being delivered effectively? How has delivery varied between providers, types of employers and participants' characteristics?
2. What have been the barriers or facilitators to engagement in the Midlife MOT for employers and participants?
3. How has the Midlife MOT changed participants' knowledge, attitudes and behaviour towards work, wealth, and wellbeing?
4. How do different types of employers perceive the Midlife MOT (e.g. its value and any challenges)? Has the Midlife MOT changed employers' perceptions of the need to promote work, wealth, and wellbeing? How so?

Methodology (1)

Scoping



- Before developing the topic guides and proceeding with fieldwork, the team undertook a Theory of Change (ToC) to understand the policy expectations and outcomes for the Midlife MOT and to break down how these would be achieved.

Sample and data collection



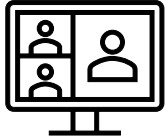
- The sample consisted of provider staff in delivery focussed roles in all three areas, as well as 315 participants and 41 employers in area 1 only, due to lower-than-expected take-up of the programme. We targeted recruitment based on employer size and sector and participant's gender, to ensure a spread of these characteristics.

In total we completed:



- Seven virtual observations of work, wellbeing and wealth workshops and employer information sessions, conducted from September-October 2023 (across all three areas).
- 25 in-depth interviews, joint interviews or focus groups with delivery staff, conducted in November 2023 (across all three areas).
- 14 in-depth phone interviews with participants, including 4 interviews using a 'timeline' approach, conducted from January-February 2024 (area 1 only). Over half of the participants who responded were from large employers, half worked in the public sector, and most were in managerial/administrative roles. The participants we interviewed had signed up to the programme between June 2023 and November 2023.
- Six interviews with employers, conducted from January-February 2024. To boost responses, employers were also given the opportunity to complete an online survey. 7 of 24 employers responded to the survey (area 1 only). The employers we heard from had signed up to the programme between May 2023 and October 2023.

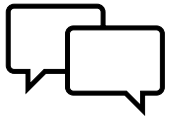
Methodology (2)



- All topic guides were piloted during the first two weeks of fieldwork; minor changes were made if the question wording was unclear, and questions were removed where there was found to be some duplication. Data from the pilot was included with the mainstage fieldwork and analysed for this report.



- To analyse the data, the team used a thematic analysis approach. The 'coding framework' was developed from an initial review of the data and based on the topic guides. The framework includes a series of codes, to help organise the data. The quality assurance process involved testing the coding framework, by 'double-coding' a small number of initial transcripts in pairs to ensure consistency, a further review of coded data, and regular meetings to reflect on coding and resolve queries. The coded data was used to identify themes that help answer the research questions.
- Quotes included in this report are from interview notes taken in the first-person and where possible, are verbatim. The notes were reviewed and supplemented to improve their accuracy based on MS Teams transcription and Dictaphone recordings.



- It should be noted that the interviews were conducted at a relatively early stage of implementation. Although we planned to conduct two waves of fieldwork six months apart, including longitudinal interviews, the research project stopped at Wave 1, due to low numbers participating in the programme, which also impacted on research response rates. As in-house researchers, it is also possible that providers may have been reluctant to openly discuss the challenges experienced, as DWP also funds the programme. The participant and employer experience, albeit restricted to one area, therefore provide a useful additional perspective on delivery issues.
- See the Annex for further details.

Key findings summary (1)

How is the Midlife MOT being delivered?

- All three providers delivered four core stages of a participant's Midlife MOT journey; referral, initial assessment, support and an exit review. Participants' Midlife MOT journey generally lasted from 6 weeks (in one area) to 3 months (in the other areas).
- Providers offered a broad range of content across the three pillars of work, wealth and wellbeing, via group workshops and 1-1 appointments, as well as online learning. One provider offered a unique model, whereby the three pillars were delivered in one 2-hour workshop, rather than in shorter discrete sessions.
- Employers and participants were offered the choice between virtual or face to face delivery, with many opting for virtual delivery due to convenience and flexibility; provider staff saw positives to both modes of delivery.
- There is no clear evidence from this small-scale research of the effect of different delivery arrangements on participation in the programme.
- Participants were able learn or refresh their knowledge on a range of topics, gain practical tips and were signposted to additional information and support. The research found there was only minor tailoring of the content of sessions, for example according to the industry or participant characteristics, instead tailoring was mostly through questions and discussion during the session.
- Providers also described making small changes (mainly to the group workshops) during the first 6 months of delivery, to improve participant attendance and engagement.

Key findings summary (2)

How is the Midlife MOT being delivered? (*continued*)

- In one area, participants had mixed experiences of the 1-1 appointments, some were expecting coaching and were disappointed to find they served more as a progress review/signposting opportunity.
- There was evidence from one provider area that some participants were unclear of the purpose of the initial and final assessments and felt these should have provided them with more information and next steps.
- In the same area, a small number of participants were unclear about the content of the programme (e.g. the financial support available and timescales for accessing online support).

Employer and participant engagement

- Providers typically found employers and recruited them via online searches, LinkedIn, job fairs and networking events; tailoring their approach slightly based on the sector of the employer.
- For employers involved in the programme, some wanted to take part because they could expand or provide more detailed support than previously available, and for a few, it was the opportunity to demonstrate commitment to employee well-being.
- Some employers actively encouraged their staff to attend sessions, but this may vary according to the employer's size and organisation and employee job role (e.g. roles where individuals work shift patterns). Time was the main barrier for some participants attending sessions, which was also cited by one provider and some employers, who spoke about the expectation that extra learning should be done in employees own time.

Key findings summary (3)

Low programme take-up from employers and participants

- Provider staff, employers and participants alluded to several factors that could have influenced the low-take up of the Midlife MOT, these were as follows: a limited awareness of the Midlife MOT among employers and participants; a limited understanding or perceived irrelevance/lack of prioritisation among employers or participants; ineffective marketing of the Midlife MOT; an ineffective delivery model, relying on employers – rather than going directly to participants; a narrow age range (45-55 years); and a limited capacity for employers to implement and manage the Midlife MOT.

Participant and employer outcomes (based on one area only)

- Although the pilot has been terminated early due to low take-up, for those employers that took part and were interviewed, they typically felt it was too early to discuss outcomes, and whether it had changed their perceptions of the importance of promoting work, wealth and wellbeing. Some were already supporting their staff in one or more of the three pillars, but some also noted the Midlife MOT helped to fill a gap in their provision. Several employers felt they had an improved understanding of supporting employees with later life planning. There were mixed views about who should be responsible for delivery in future, none mentioned employers themselves, but rather felt that it should be providers or the government.
- The extent of later life planning before the programme varied amongst participants, with motivation a factor. This was mostly based on financial planning, from simply thinking about it, to doing basic financial assessments/exploring their pension pots.
- Most participants valued the support received and spoke in general terms about the learning gained e.g. improved awareness of their health or increased clarity in their career goals and a couple reported greater understanding of their current financial situation and retirement needs. Only a small number had taken specific actions e.g. to top up pensions or seek further financial advice. Several participants also however reported a need for further support and follow-up, particularly on the finance pillar.

1. Programme delivery – summary



Research question 1: How is the Midlife MOT being delivered and is it being delivered effectively?

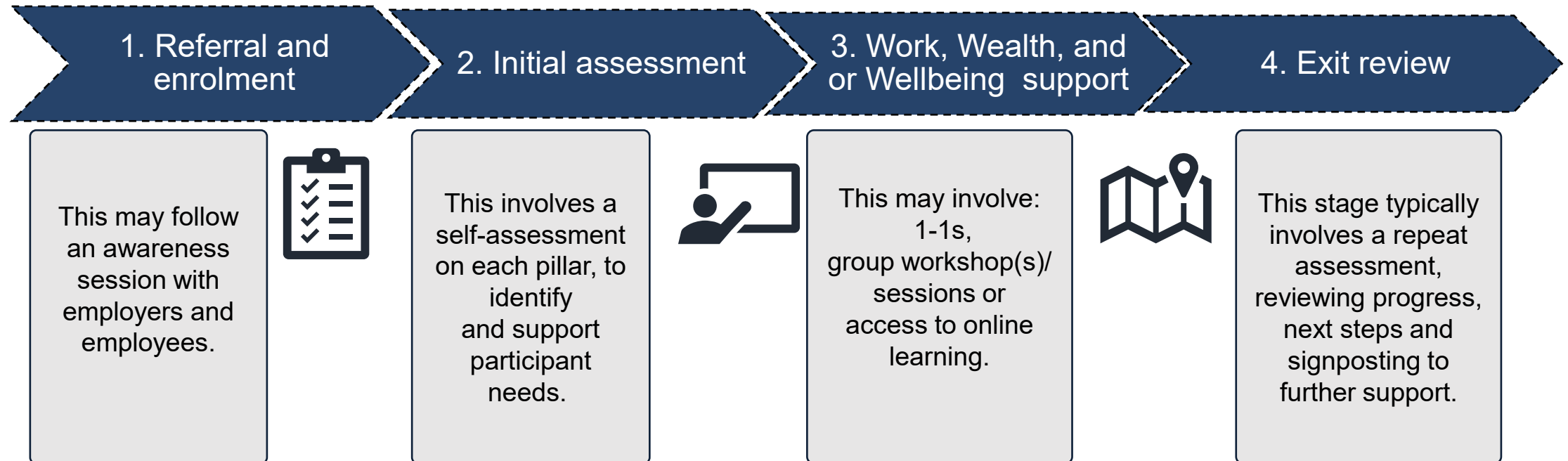


- The providers delivered content across all three pillars via group workshops (ranging from 30 minutes to 2 hours), 1-1 appointments and through online learning.
- A typical Midlife MOT journey lasted around 6 weeks (in one area) or 3 months (in two areas), with participants attending workshops and/or 1-1 provision, depending on their motivation, availability, existing knowledge and the perceived relevance of the support on offer.
- A range of staff delivered the programme, including employer engagement leads, coaches who delivered 1-1 sessions/workshops, staff with experience of delivering DWP employability programmes, or partner organisation staff with relevant specialist qualifications/experience.
- Delivery was mostly carried out virtually with the opportunity to provide face-to-face support if required e.g. because of IT access or job roles.
- The effectiveness of delivery of the programme is difficult to determine, as providers and employers had relatively limited reflections about the reasons for low participant numbers taking part in the programme (see slide 28) although we know from management information data that take-up was significantly lower than expected. Providers delivered the core elements of the programme as noted above and described making small delivery changes to improve participant attendance and engagement (e.g. changing the scheduling/length of sessions, adding new sessions in response to demand, or minor updates to content). This is covered in more detail in this section and the conclusion.
- Once recruited, participants (in one area) seemed to largely value the support provided but, in some cases, also noted gaps and a lack of clarity about the support available, e.g. some were unsure of what to do next after their initial/final assessment despite signposting and wanted supplementary coaching support.

Participant's Midlife MOT journey

There were four core stages of a participant's Midlife MOT journey; referral, assessment, support and an exit review.

- The four core stages of participant's Midlife MOT journey involved a referral, assessment, support and an exit review.
- The journey lasted 6 weeks (in one area) and 3 months (in two areas). Delivery can be face-to-face or virtual (e.g. via MS Teams) according to the participant/employer preference.
- All three providers sub-contracted "partner" organisations with experience of delivering specialised work, wealth or wellbeing support.
- All three providers planned to use a self-assessment (questionnaire) at the start and end of the programme to assess work, wealth and wellbeing scores and to measure distance travelled.





Who delivers the Midlife MOT?

A range of individuals work to deliver the programme. Provider staff typically had experience delivering previous employability programmes, while partner organisation staff typically had qualifications or careers in a relevant sector or role.

Provider staff

- The Employer Engagement Lead (in one area) was responsible for identifying prospective employers by attending jobs fairs, networking events – using telephone calls, emails and social media to recruit employers.
- Employer Relationship Managers or Senior Employer Engagement Executives deliver employer awareness sessions and serve as the main point of contact for employers.
- Coaches or advisors typically deliver one-to-one appointments and/or group workshops. Some coaches are more specialised and deliver a particular pillar (e.g. wellbeing).
- Provider staff had a range of backgrounds, with many having worked on previous employability programmes such as JETS (Job Entry Targeted Support) or the Restart Scheme.

Partner organisation staff *(sub-contracted by the provider)*

- All three providers used partner organisations to deliver specialised work, wealth or wellbeing content either as group workshops or one-to-one appointments.
- Specialised provider or partner organisation staff typically had backgrounds in a relevant sector or role (e.g. banking and finance or sports science and nutrition).

“I came over from the JETS (Job Entry Targeted Support) programme and I was initially an employment adviser, but then I was a health and wellbeing advisor, so that's when I began to deliver sort of group sessions, all of which are pretty much the same content to the Midlife MOT. So, I was quite aware of all the modules and how they worked.” (Provider staff, Area 1)

Programme content

Providers offered a broad range of content across the three pillars of work, wealth and wellbeing via group workshops; with 1-1 provision typically used for the wealth pillar in two of the three areas.



Work

Two providers offered a programme of group workshops (c.30-60 minutes).

The third provider delivered their content for the 'work' pillar as part of a two-hour peer workshop.

Online content was provided via an Online Careers Centre, Cascaid Kudos online careers toolkit and the Futures app.

Topics included:

- transferable skills
- writing or reviewing your CV
- using LinkedIn
- positive use of social media
- developing interview skills.

Wealth

Similarly, these same two providers offered one-to-one appointments for participants – either with a financial partner organisation or with their own provider staff.

As with the work pillar, the third provider delivered their content for the 'wealth' pillar as part of a two-hour peer workshop.

Topics included:

- thinking about what 'retirement' means for you
- having conversations about retirement
- information about the State Pension
- the Pensions Tracing Service
- the upcoming Pensions Dashboard
- the differences between defined benefit and defined contribution pension schemes
- using retirement calculators.

Wellbeing

These providers also offered a programme of group workshops (c.30-60 minutes) delivered either by provider staff (in one area) or a combination of provider and partner staff (in the second area). In addition, this area contracted a partner organisation to provide a 'Health Bus' delivering one-to-one biometric assessments for participants.

As with the work and wealth pillars, the third provider delivered their content for this pillar as part of a two-hour peer workshop.

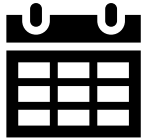
Topics included:

- importance of sleep
- healthy eating and nutrition
- alcohol
- physical exercise
- mindfulness and wellbeing
- stress management
- menopause awareness.

Participant journey – in one provider area

Participants took up a variety of activities during their time on the programme. Activities included 1-1 appointments, group workshops and e-learning

This section explores the different participant journeys using data from interviews with participants from one provider area.



Duration: the participant journey typically lasted for 3 months (as intended in the programme design).



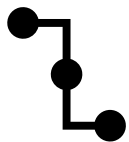
1-1 appointments: participants typically attended at least three 1-1 appointments, this consisted of an initial appointment, a progress review and an exit review. Most of the participants we interviewed also attended the 1-1 appointment with the finance partner organisation.



Group workshops: participants typically attended several group workshops, but a small number of participants did not attend any group workshops. Participants attended the workshops that were of most interest or relevance to them (e.g. menopause awareness or identifying transferable skills). Factors that may have influenced take-up included: pre-existing knowledge, lack of understanding of the programme offer, effective signposting by provider staff, participant availability, suitability of session times, and IT skills or IT access. These factors are likely to intersect with participants' level of motivation.



E-learning courses: only a few participants had registered for an e-learning course on the Online Careers Centre – courses had to be under £20 and were paid for by the provider. One participant had chosen a leadership course and another a medical secretary course.



Engagement across all three pillars: some participants had engaged across all three pillars, but others were interested in just one or two of the pillars. In general, participants seemed most interested in exploring the work and/or wealth pillars.

Mode of delivery

Employers and participants were offered the choice between virtual or face-to-face delivery, with many opting for virtual delivery due to convenience and flexibility. Provider staff saw positives to both modes.

- The Midlife MOT was mostly delivered online. We heard that many participants enjoyed the flexibility and convenience of online delivery (e.g. MS Teams or Zoom).
- Providers saw positives both to virtual and face-to-face delivery. Face-to-face delivery was felt by some staff to increase participant attendance, engagement and interactivity. Providers however noted the high time cost of travelling for face-to-face delivery.
- The most appropriate delivery mode may depend on the employer (industry) and the participant (job role, hours, IT access/skills).

- Employer and participant awareness sessions – were mostly delivered via MS Teams or Zoom. There were some examples of face-to-face delivery being used if participants had limited IT access/skills or to boost attendance and engagement.
- Group workshops and 1-1 appointments – were also mostly delivered via MS Teams or Zoom, but sometimes 1-1s were by telephone if the participant had limited IT access/skills.
- Health Bus biometric assessments (available in one area only) – were delivered face-to-face or were self-administered at home.
- Online activities – supplementary content was mostly delivered through provider apps or websites.
- Signposting – was mostly provided via email with attachments (printed handouts were sometimes provided for any face-to-face participant awareness sessions).

“For the carers we have on board, you know, they’re often out working in the community so often they can’t do it in-person, they might have to dash off at any point, it’s a lot easier to stop a session on MS Teams and pick it up again later up than it would be to do this in-person.”

(Provider staff, Area 2)

“A lot of the sessions we deliver are on MS Teams, but we’ve had one participant who can’t participate online as they work in a factory environment, so we went to the factory and they had time off the factory floor. So, this was face-to-face, but we still use the same presentations and sessions.”

(Provider staff, Area 2)



Type of learning: group sessions – in one provider area

Group sessions were offered for the work and wellbeing pillars. Participants were able to learn or refresh their knowledge on a range of topics, gain practical tips and were signposted to additional information and support.

This section explores the different participant experiences of **group sessions** using data from participant interviews from one provider area.

Group sessions

- These were typically virtual but sometimes face-to-face was offered for wellbeing and work, but not for the wealth pillar. Some participants spoke about wanting further wealth information or advice. It may therefore have been helpful to offer some group workshops on wealth.
- Attendee numbers varied (typically 1-8 participants). Staff wanted to keep a small group size to encourage participant interaction. In some instances, group sessions were run as 1-1s due to the slow/low take-up of the programme and some participants failing to attend on the day. Participants were encouraged by the presenter to interact and reflect on their own experiences.
- Several participants were positive about the sessions and felt like they gained something from attending. Some participants also valued the chance to hear other people's experiences, giving rise to peer-to-peer learning. A few participants however found information provided in the group sessions to be a little too basic or generic.
- Not everyone decided to take up the group sessions, seemingly either because they were not clear about the programme offer or because they were not interested in the content offered (participant time and motivation could also be factors).

“It was nice to know there were other people in the same position as myself [...] when you've got a group of people in a session, you can hear other people's stories or views that might not necessarily have been highlighted upon by the presenter. So yeah, I thought that the group sessions were good.”
(Participant, Area 1)

Type of learning: 1-1 appointments – in one provider area

Participants had mixed experiences of the 1-1 appointments. Some were expecting coaching and were disappointed to find they served more as a progress review/signposting opportunity.



This section explores the different participant experiences of **1-1 appointments** using data from participant interviews from one area.

1-1 appointments

- These were typically virtual or by telephone. There were mixed reflections regarding the initial appointment, ongoing appointments and exit review.
- Some participants felt that the initial appointment and exit review were rushed, focussed exclusively on the questionnaire or signposting to programme resources, and was more to benefit the provider than the participant themselves. In this case, the initial appointment and exit review did not seem to meet participants' expectations.
- A small number of participants had a more positive experience during their initial appointment – they were able to cover their circumstances, goals and development needs for each of the three pillars. The disparity in responses suggests the delivery or structure of the initial appointment was not always consistent.
- Participants had mixed reflections regarding the ongoing 1-1 appointments with provider staff – some participants had expected to receive 'coaching' but instead were only offered signposting to additional programme resources.
- One participant felt that having a programme 'workbook' would have helped to structure their journey and make it easier to navigate through the programme.

“Basically, we covered what I did for a living, how much I earned, my dependants at home, how I felt about my life ... so we covered wellbeing and what I would want to explore with regards to wellbeing ... and then we covered pensions, he gave me a few links for that to find out where my pension is at.” (Participant, Area 1)

“We went over the assessment and then she sent me stuff on re-training, wellbeing stuff and then we would have another meeting, she would then ask if I had gone through any of the stuff [...] she sent me things that were on offer – she was just checking I was happy, and then we had the final session.” (Participant, Area 1)

Type of learning: e-learning – in one provider area

Only a small number of participants chose to take up an e-learning course. While some were impressed by the range and quantity of courses available, others were disappointed by the content.



This section explores the different participant experiences of **e-learning** using data from interviews with participants from one provider area.

Online learning (via the provider website)

- Only a small number of participants had decided to take up an e-learning course.
- Participants were able to choose an e-learning course (under £20) from the provider.
- Participants were generally positive about the courses on offer, often impressed by the quantity and range of courses available.
- Some participants were also positive about the content of the e-learning courses – they felt the content was useful.
- Other participants felt the courses were too limited or basic, while one participant would have preferred a different delivery format (rather than PDF).
- A few participants reflected on the importance of having enough time or willpower to complete the e-learning.

“I have to say, it’s been really useful in terms of me thinking about leaders – how they present themselves, how management works, and how a company works. So it’s been really good so far, actually.”

(Participant, Area 1)

“[...] there’s nobody prodding me with a stick to do anything. You sign up and then it’s up to you – whether you’ve got the willpower – whether you want to do it [...] I know that I’ve got access to that portal for a year ... that’s good, it’s a good kind of ‘headline piece’ ... but whether I’ll actually go back and do anything with it ... is doubtful.”

(Participant, Area 1)

Tailoring



Group workshops typically used standardised content, but some tailoring was provided through questions and discussion, as well as 1-1 appointments and online support.

- There was only minor tailoring of programme content. Session content was typically designed by Learning & Development teams and presenters sometimes suggested minor tweaks to the content or amended their speaking notes to ensure they were relevant and engaging.
- Some presenters would spend more/less time on relevant topics according to the characteristics (e.g. industry) of the employer or participant.
- Presenters also often tried to link the session content to the participants' own examples, within sessions – which was facilitated by the size of the workshops – as attendance typically ranged from 1-8 participants, allowing for a degree of participant interaction.
- There were more opportunities for tailoring the 1-1 appointments. Participants (in one area) had varying experiences of the 1-1 appointments – some seemed to receive more extensive coaching and support, while others received mainly signposting.
- The action plans (used in another area) also provided another opportunity for tailoring as they were designed to be co-produced with the participant; however, fieldwork was not conducted in this area, so it wasn't possible to explore this further and participants did not mention action plans in our fieldwork area.
- Participants had access to online webpages or apps for additional content. While the online content itself was not tailored, participants could choose what was interesting/relevant to them – for example using the CV360 tool to review their CV.
- There was also some tailoring of mode – providers spoke about being able to offer face-to-face or virtual delivery for participants according to their preferences and IT skills / access.

“We wouldn't typically tailor the content in a group setting. At the start (of a group session) we'll ask questions ... and if [participants] feel like they haven't gained everything in what we've discussed, then we'll have a further 1-1 conversation or follow-up via e-mail.”
(Provider, Area 1)

Participant next steps and actions – in one provider area

Provider staff focussed on signposting participants to additional programme support, rather than setting any formal goals or 'homework'.

Provider staff encouraged participants to:

- explore signposting information and support
- complete feedback forms, both after workshops and at the end of the programme
- book 1-1 appointments to discuss work, wealth or wellbeing topics in more detail
- book additional workshops to broaden their engagement across the three pillars
- use the provider website or app to find signposting, resources and to complete feedback.

Provider staff would check to see what participants had engaged with, but any next steps were voluntary.

One participant was disappointed that a workbook was not included as part of the delivery offer. This participant felt the programme lacked a clear structure, which made it hard to know what was being offered, to reflect on what they had learned and to know whether they had made any progress during their time on the programme.

Participants in this area told us they did not receive an action plan (included in specification) after completing the initial or final assessment and weren't always clear of their (individual or aggregate) scores or their areas for improvement. Participants felt the assessments were more for the benefit of the provider. These participants were unclear about what they should do next – despite being provided with signposting.

However, provider staff in a different area mentioned that an action plan was offered to participants. We were unable to explore this further as fieldwork was not undertaken in this area, due to low participant take-up.

Were you given next steps after each session?

“I guess if that's things like doing the CV review, then we talked through that...and we talked through the e-learning course [...] they didn't advise, if you like, anything they thought I should be doing...there was no advice like that.” (Participant, Area 1)

Was there an action plan explained?

“No, no, I don't remember getting anything like that. I remember answering the questions and they said, 'oh, you've scored this' [...] but I don't know how that was marked. And I certainly wasn't aware what areas I needed to improve or how I did.” (Participant, Area 1)

Provider staff from all three areas signposted participants to a range of information and support, including sites on gov.uk

- Signposting was typically provided via emails following a workshop or 1-1 appointment. Participants were also able to discover further resources using the provider website or app.
- In general, the different types of signposting included: signposting to the provider website or app; signposting to e-learning courses; encouragement to book additional 1-1 appointments; and signposting to local resources.
- Types of wealth signposting included: Pension Tracing Service; Pensions Dashboards (upcoming); Money and Pensions Service (MAPS); MoneyHelper; Money Saving Expert; Citizens Advice; and Scottish Widows.
- Types of wellbeing signposting included: NHS webpages, including The Eatwell Guide; encouragement to see your local GP; Headspace; Diabetes UK; British Heart Foundation; Samaritans; Anxiety UK; and Mind.
- In the one area where participants were interviewed, we heard limited feedback about the helpfulness of the signposting. A small number of participants felt that there was too much of an emphasis on signposting by the provider – at the expense of providing any substantial coaching or support during their 1-1 appointments.
- Some participants saved any signposting information in an email folder – for one participant, the research interview served as a reminder to go back and revisit these emails. The programme design along with participants' time, motivation and goals may affect whether they make use of any signposting information.

“Yeah so, he (advisor) gave me links for me to look at pensions on the DWP website and to make sure I'd made all my contributions. He also gave me [...] another link for another pensions company. I looked on that. It was a pensions calculator – Money Helper and obviously the find a pensions contact details on gov.uk. I'd already got a government gateway log-in so that was very easy.” (Participant, Area 1)

Changes to the programme



Providers made small changes (mainly to the group workshops) to improve participant attendance and engagement

In the observations and interviews with providers in all three areas, we heard that providers and partner organisations had made small changes to workshop delivery and content. This feedback was provided approximately 4-6 months on from launch of the programme.

- Suggested changes typically came from those responsible for presenting / delivering the material or from participant feedback. Changes were typically made by learning and development teams within the provider or partner organisation.
- Providers had also made some changes to ensure a smoother participant or employer journey (e.g. adding a mobile number field in the registration form to enable text message reminders or booking confirmations for participants).

Changes included:

- adding new sessions (e.g. menopause awareness) due to interest from participants
- changing session times to improve attendance
- decreasing/increasing the number of workshops to match demand from participants
- making workshops shorter to improve participant attendance and engagement
- including new content, materials and signposting according to participant feedback and engagement as well as updating content so that it remains up-to-date
- changing the language used in presentations to better reflect and address participant experiences.

“We’ve just landed a menopause session for the health coaches [to deliver] [...] it wasn’t part of the initial offer [...] in the space of two weeks we had courses filled to capacity [...] the pilot means we can be agile.” (Provider staff, Area 1)

“Yeah, we made a couple of changes. There were some workshops for instance that maybe were just on a Tuesday and when we would discuss it with participants, they were busy on Tuesdays. So, we’re staggering those workshops with the co-operation of our delivery partners [...] This has all been led by participants and feedback from participants.” (Provider staff, Area 2)

Programme improvements - clarity of support offer

Participants in one provider area, reported a lack of clarity of the purpose of the aspects of the programme such as the initial and final assessments and the signposting from providers. Some participants also displayed a lack of understanding on the programme offer.

As noted on slide 17, participants in one area reported that they were unclear of the purpose of the initial and final assessments and felt they should have received more information and next steps.

- Several participants reported that they were not given any feedback on either the initial assessment or the final assessment and were therefore left feeling unsure on how to improve and what to do next after the final assessment.
- Some participants displayed confusion on the purpose of the assessment and did not see this as an appropriate use of time, particularly because it would take up two full sessions of the programme to complete the questionnaires. One participant reported that they felt these sessions should not have counted as a session during the programme as they did not gain any useful information from them.
- Some also reported a lack of sign-posting from providers, particularly from the financial partner organisation and expressed their desire for more information to follow up with after sessions.

“But instead it was like a final session to see where you’re at – and ‘we’ll run through the questionnaire questions again’ – so I did that, but I was left with no feeling as to whether I had improved or not in any way”
(Participant, Area 1)

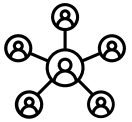
A few participants in this area displayed a lack of clarity on the content and offer of the programme.

- One for example, reported that advice on their workplace pension would have been beneficial but noted that the financial provider was not able to give such advice. This led the participant to be unclear on whether there were other providers who could help.
- Another reported that they were unaware of the timescale of the programme and thought they had much more time to select the courses they wanted to sign up to than they did.

It would therefore seem that for some participants, a better insight into what the Midlife MOT is and what is available in the programme would be beneficial.

2. Employer and participant recruitment and engagement* - summary

Research question: What have been the barriers or facilitators to engagement in the Midlife MOT for Employers and Participants?



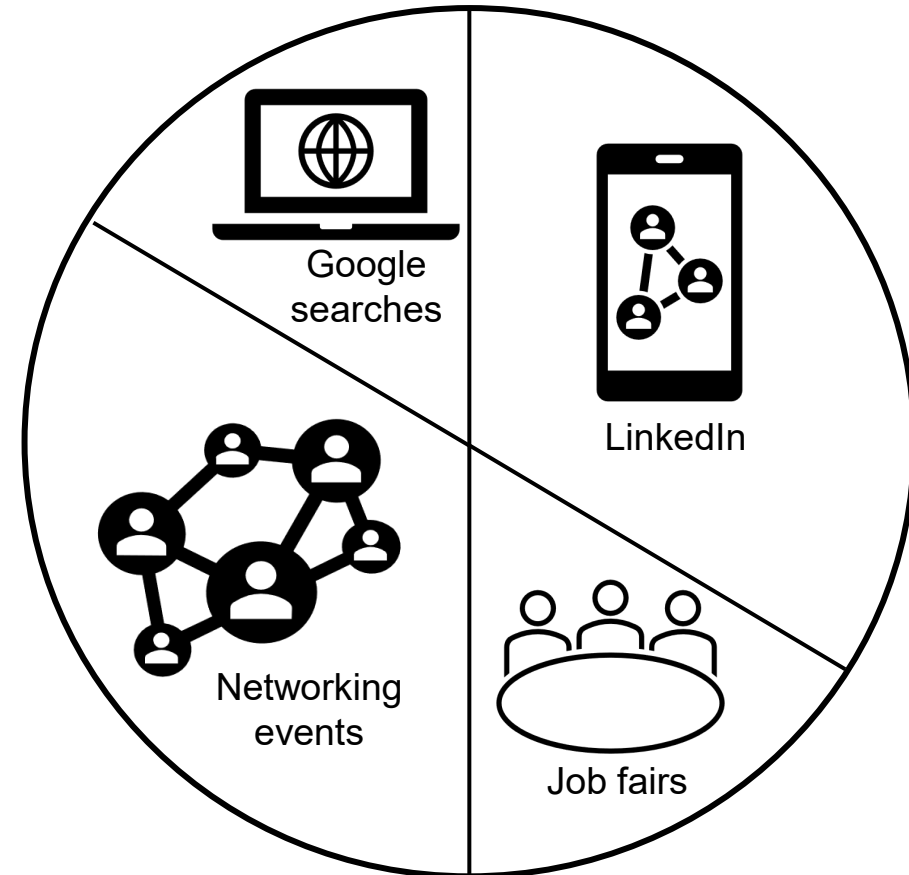
- Providers' recruitment approach with employers involved initial online searches for employers and a lead contact, as well as the use of LinkedIn and networking events, followed by further drop-in/information sessions where necessary. Some also tailored their approach to fit the sector of the employer or their expected interest.
- The research from one provider area, suggests that in terms of engagement, the Midlife MOT programme presents both barriers and facilitators for both employers and participants. For some employers, facilitators included the opportunity to demonstrate commitment to employee well-being.
- Similarly, participants may be motivated by the chance to assess their career goals, health, and finances, as well as the prospect of employer support for their Midlife transitions.
- Some employers actively encouraged their employees to attend, recognising the importance of supporting employees through Midlife transitions, a couple of employers saw it as an opportunity to invest employees' well-being.
- However, for some employers' barriers such as time and the effort needed to engage staff were expressed as concerns. Some participants also mentioned time, as a barrier to attending sessions.

*Please note participant and employer interviews were conducted in one area only. The number of employers who participated in this study was relatively small (see methodology for details).

How providers recruited the employers

Providers reported that they would start out with initial searches for employers such as online or in person searches and would then follow these up with further recruitment approaches such as organising drop-in sessions where necessary.

All three providers started their search for potential employers to **recruit** to the Midlife MOT by online and local searches. These included:



Recruitment strategy

- The most popular were LinkedIn and networking events, with all providers using both these methods.
- LinkedIn was noted as the most beneficial by all providers to recruit employees and to promote the programme.
- Initial searches would provide providers with contact information for employers which they would then use to recruit employers. Contact was usually by phone call.

Following the initial recruitment approaches, providers used information and drop-in sessions to recruit employers and participants where necessary.

- These approaches were not always required, as providers noted that the initial methods were often enough to secure sign ups from employers. These tended to only be used when employers requested more information.
- Providers also used cold-calling and emailing. However, providers reported that these approaches were not as successful.

Two of the providers found that **tailoring** their approach depending on the characteristics of the employer was a beneficial way to get employers to sign up to the Midlife MOT. For example, one provider reported that tailoring the **duration** of participant information sessions was important in the recruitment of employers as the initial 2-hour session may not be the best fit for companies that require their employees to work shifts.

Another provider reported on the importance of tailoring to the **individual sector** or **employer** to best engage them with the programme by focusing on the pillars that the provider thought would be most relevant to each sector.



Employer engagement* – recruitment and promotion, in one provider area

Employers were engaged through a variety of means, including local forums, connections and word of mouth, they in turn promoted the scheme via newsletters, intranet sites and HR. Some employers took part because it provided something 'extra' for their employees.

- Employers spoke about being recruited through local business forums, existing connections with provider staff, internal emails, and word of mouth (e.g. through another organisation etc.).
- Regarding why employers wanted to take part, some mentioned the desire to expand their offerings to current employees as a way of demonstrating additional support. A couple of employers were motivated to sign up to provide more detailed support for their employees, filling a gap in their current provisions. One employer also mentioned wanting to enhance workforce productivity and highlighted it as a useful way to address potential skills gaps. Some saw investing in employees' well-being as a way to foster a positive and supportive workplace environment. However, a barrier for a small employer included the time and effort required to promote the Midlife MOT to employees, it was noted that they found it difficult to engage staff because of their size.

Employers reported a variety of approaches to encourage participants to sign up to the Midlife MOT:

- They promoted the Midlife MOT on their intranet sites and sent out newsletters through these platforms to encourage sign ups.
- Posters were also used both by employers and by providers to provide information about the Midlife MOT and were displayed in communal areas of offices to encourage employees to join.
- Some participants spoke of hearing about the programme through communication channels such as their HR departments or internal newsletters, others spoke of word of mouth and conversation with colleagues.

“Employees feel supported and understand that the Company is taking steps to offer them access to a variety of wellness support services and functions” (Employer Survey)

“We’ve used our intranet to give people an information source where they can remind themselves about the Midlife MOT and to look at FAQs and all guidance on how to get involved with all the passwords and things, they need to get involved so all information is in one place, really.” (Employer, Area 1)

*It is important to acknowledge that our sample of employers in this study is relatively small (involving six interviews plus data from the 7 survey respondents, where this was available) as such, caution should be exercised when extrapolating from the findings.

In one provider area:

- Some employers actively encouraged their staff to attend sessions, and this may have been dependent on the type and size of the organisation and their job role, for a few participants it was more self-led and one employer wasn't interested.
- However, some employers also spoke about the expectation that extra learning should be done in employees own time; this may have the potential to exclude some groups from participating in the Midlife MOT programme.
- Some participants also expressed that time was a barrier when attending the session(s). We spoke to several women for example, who gave a variety of reasons as to why they might find attending a session out of work hours difficult, such as having a busy home life.
- Time was also reported as a barrier by a provider. This provider noted that employers are not giving employees enough time to attend sessions within their working hours and for individuals who work a shift pattern it can be difficult to attend sessions in their own time.

“The uptake is mainly from management and supervisory levels. So, we don't have that many frontline team members taking it up, as most are under 45 but from the supervisory upwards, they're really taking it up”.

(Employer, Area 1)

“ ... depending on what work they have, we could be flexible with it. If they haven't got work to do, we could block out their calendar or something like that, so yeah, we could work with it. For example, if it's office staff and they meet the age criteria, we'd let them do it in their work time”. **(Employer, Area 1)**



Low sign-up to the programme

There were several factors that could have influenced the low take up of the Midlife MOT, they ranged from: lack of understanding of the programme, timings of the sessions, provider marketing strategies and communication issues.

The issue of low-sign up was two-fold: there was low sign-up from **employers** and the conversion rates from **employees** was also lower than expected. There were some overarching reflections from employers (in one area) and provider staff as to why they thought there were low sign-up rates for the Midlife MOT programme.

Lack of awareness and understanding: some provider staff felt that perhaps employers and employees may not have been sufficiently informed about the Midlife MOT and its benefits. Without adequate promotion and communication, awareness of the Midlife MOT could remain low.

Perceived irrelevance and prioritisation: as mentioned by one employer, some employers might not see the immediate relevance or benefits of the Midlife MOT for their business. They may prioritise other initiatives that seem more directly related to their core business objectives.

Communication issues: one employer said that staff internal emails can be repetitive and not all staff will read Midlife MOT marketing emails for example.

Delivery model: providers had to rely on employers to promote the Midlife MOT, it is possible this could slow down or reduce effectiveness of recruitment efforts.

Eligibility: a number of respondents noted that setting the age range at 45-55 years narrows the eligible population and even caused a national employer to decline the programme.

Resource constraints: provider staff noted some businesses may feel they lack the resources (time, money, or personnel) to implement and manage the Midlife MOT effectively.

“The feedback has been fantastic, but the numbers (sign-ups) haven’t – overall there’s this feeling of frustration for me because I know it’s something (the Midlife MOT) is really good and I know there’s we can really offer people - it’s just the people haven’t heard about it, which is a little bit frustrating.” (Provider Staff, Area 2)

Programme understanding – in one provider area

Participants and employers generally had a good understanding of the Midlife MOT programme. They grasped the basic concept of the programme, which aimed to address various aspects of individual's lives, including work, wealth, and wellbeing, as they approached Midlife.

Programme understanding

Participants and employers demonstrated a reasonable comprehension of the Midlife MOT programme, understanding its core objectives and aims. Some employers grasped the potential benefits of addressing work, wealth, and wellbeing aspects to support their staff in achieving retirement goals. However, there were some examples of participants being unclear about the detail of the support available/programme offer (as covered on slide 23).

“It was to help me assess what I need to do to help me prepare for pensions [...] to ensure I live a reasonably healthy lifestyle and to make sure my job enables me to live the life I want to live” (Participant, Area 1)

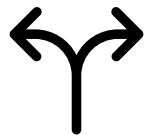
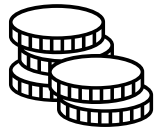
Understanding the links between the pillars

- Overall, participants had a good understanding of each of the three pillars, however, a couple of participants reflected that they understood each of the pillars separately. The separate understanding of each of the pillars could be a result of the way the sessions were designed; some providers were delivering stand-alone sessions. It is worth noting that one provider said that they highlighted the linkage in the introduction session with participants.

“Of course we always explain this at the beginning – you know, this is the Midlife MOT programme – there’s three pillars (work, wealth, wellbeing) and every pillar can have an effect on one another...we don’t want to push the participant to do things that they don’t want to do, but in the conversations they should realise how they can gain support in all areas” (Provider staff, Area 2)

3. Participant and employer outcomes - summary

Research questions: How has the Midlife MOT changed Participants' knowledge, attitudes and behaviour towards work, wealth, and wellbeing? How do different types of Employers perceive the Midlife MOT (e.g., its value and any challenges)? Has the Midlife MOT changed Employers' perceptions of the need to promote work, wealth, and wellbeing? How so?



- Outcomes were explored in terms of the learning achieved, perceived benefits, and changes made, because of the Midlife MOT, from a participant and employer perspective, in one provider area.
- It is hard to say at this stage, less than a year after launch of the programme, whether the Midlife MOT has influenced employers' perceptions of the importance of promoting work, wealth, and wellbeing given the small number of employers interviewed. However, a few employers recognised the value of fostering a holistic approach to employee well-being.
- Although a few employers felt they had an improved understanding of supporting employees with later life planning from the programme and some noted that it was a gap in their provision, some were already supporting staff on wellbeing. There were mixed views about who should be responsible for delivery in future, none mentioned employers themselves, but rather felt that it should be providers or the government. A couple of employers felt that the programme should be available to a wider pool/age range of participants.
- Most participants valued the support from the programme and spoke in general terms about re-thinking aspects of their lives (in terms of transferable skills, reviewing their pension and diet) and a small number had taken action to top up their pension or seek further financial advice.



How employers perceive the Midlife MOT – in one provider area

Some employers understood that the Midlife MOT was aimed at supporting employees in their mid-career stage, others spoke about the programme filling an existing gap, and a couple of employers thought that providers and/or the government should lead with implementation of the programme.

Improved understanding of supporting employees with later life planning

A few employers had an improved understanding of supporting employees with later life planning. It is worth noting that some employers were already supporting staff with benefits on wellbeing, but that the Midlife MOT was a great add-on to that.

Supplementing existing provision

Some employers spoke about the programme filling an existing gap within their provision, and a small employer did say that it would be something that they would consider continuing.

Responsibility for delivering the Midlife MOT in the future

The employers we spoke to were positive about the Midlife MOT programme, however there was a mixture of responses to who should be responsible for implementing the programme in the future. A smaller employer said that they were concerned with what that would entail financially, whereas other employers wanted providers to take the lead on delivery and one employer suggested that the government should be responsible for delivery of the programme.

“I’d say it does tie into the services that we have ... so while we have some of this already – it’s a part of everything else that we do, but it’s not specific to any age, you know it could be anybody in your organisation at any level, whereas this (Midlife MOT) is specifically looking at those people that I think have tended to be ignored within our organisation.”

(Employer, Area 1)

“I suppose we’ll just have to look and see what we could continue in the same sort of mould.”

(Employer, Area 1)

“We don’t have much of a budget. The free element of this programme is particularly appealing to us”. (Employer, Area 1)

Employer outcomes



A few employers spoke positively about the programme, however, some thought that it was too early to give an update on outcomes. A couple of employers wanted to broaden the age range and expand the offer to a wider pool of participants.

Types of outcomes

- In general, when we spoke with employers in one area, they were positive about the programme and saw its potential. However, some employers felt it was too early to determine the outcomes and were also unsure about the popularity of the pillars.
- Employers who valued the programme found it was a great way to demonstrate their support for employees. One employer mentioned they could not enhance their existing programme due to the company's size but aimed to make it more accessible for employees.
- A few challenges were noted, including the Midlife MOT age range, with some employers wanting to extend the programme to a larger pool of employees by broadening the age range.

"We are currently developing a wellbeing strategy and will continue to look at ways we can improve and continue to deliver information, support and resources in these areas in an inclusive and engaging way" **(Employer Survey)**

"It would be good to extend the range of this scheme from 55 to 68 as the retirement age shifts. This is likely to become more relevant over coming years, especially as cost of living increases as well, people's circumstances at 55 could change by the time they get to retirement, so it is good to ensure the information is still relevant". **(Employer Survey)**



Later life planning before the Midlife MOT

There was a variation amongst participants when it came to the extent of later life planning, and the types of later life planning ranged from speaking to a financial advisor to opening a savings account.

Extent of later life planning before the programme

- The extent of later life planning before the programme varied amongst participants in one provider area. For some, it was doing basic financial assessments and exploring their pension pots and for others, they had done some thinking about it. Motivation played a part in this but also perceiving something as beneficial influenced decision-making.
- Some participants spoke about being at crossroads in their life and a small number of participants told us about anticipated changes in caring responsibilities and recent health scares amongst friends. In these instances, participants' own experiences had resulted in them considering or actively taking steps to address their work, wealth or wellbeing – for instance losing weight or thinking about a career change.

Types of later life planning before the programme*

- The type of later life planning seemed to heavily focus on finances, participants rarely spoke of looking after their wellbeing as a form of later life planning.
- A few participants who hadn't done any later life planning often brought humour into the answer as a deflection, because they would often follow that up with acknowledging it was something they *should* be looking in to.
- There was a mixture of responses to the question about whether participants had thought about later life planning, one person specifically said they had spoken to a financial advisor, another said they work in finance so they would already have a level of understanding.

“Only just trying to understand my pension through different websites and things like that, just to get a handle on what I’m doing (laughter) ... or not doing as is the case (laughter).”

(Participant, Area 1)

“I think the impetus to actually to sort out my pensions and try and get myself retired earlier than the state pension age ... so I was very much encouraged – and very much empowered to get myself on the right track for my later years, basically.”

(Participant, Area 1)

Participant engagement across the three pillars –in one area

Many participants actively engaged with all three pillars of the Midlife MOT programme, with some recognising the importance of addressing these areas comprehensively to navigate Midlife transitions successfully.

Engagement across *wealth*: As individuals approach midlife, they often become increasingly aware of the importance of financial planning and stability, especially in preparation for retirement and as such, the wealth pillar proved popular. Some employers also noted that this pillar was the most popular because it offered more detailed support than previously available. A few participants also welcomed extra help because for some, finance was a complex subject.

“...it’s also kind of spurred me on to have a really good look at my pension to make sure I can retire when I want to and it has come right at a right point because I can make additional contributions now”

(Participant, Area 1)

Engagement across *wellbeing*: The wellbeing pillar seemed to be popular for several reasons. Some individuals approaching midlife were conscious of their health and wellbeing, making this aspect of the programme particularly relevant and appealing. For others, interest was due to a recent health scare, others spoke about a friend/family member suffering from ill health, which prompted them to take an interest in their health. Moreover, the focus on wellbeing resonated with employers as they recognised the importance of supporting their employees’ holistic health, not just their career and financial goals.

“I’ve definitely taken away learning and putting into practice healthy eating and exercise ... and yeah, just, I guess just feeling more sort of anchored – in some parts – of midlife really – an understanding of what I now need to do.”

(Participant, Area 1)

Engagement across *work*: Participants spoke about the work pillar helping them with soft skills such as confidence, CVs and building self-efficacy. This pillar was popular for those wanting to reassess their career goals, ambitions, and trajectories. The work pillar seemed to address practical concerns such as work-life balance and career pathways, which can be pertinent issues for individuals navigating midlife transitions. However, for a few employers there seemed to be some reluctance to promote the work pillar because it might encourage employees to leave their job.

“Yeah, that stuff was really useful actually for me, I did a CV one, I did a LinkedIn one, and another one looking at transferable skills. That was really valuable for me actually.”

(Participant, Area1)

Participants' reflections about the content – in one provider area

There were mixed responses from participants about the sessions, however, generally participants' reflections on the Midlife MOT sessions were positive.

There were mixed reflections from participants about the content of the Midlife MOT in one provider area. Some spoke of requiring more onward support. Others said they felt they needed more specific support with pensions because the subject matter, for some, can be quite confusing, but on the whole participants highlighted the sessions having a positive impact.

A few participants expressed appreciation for the opportunity to assess their career goals, financial plans, and overall well-being in a structured and supportive environment. They often described gaining valuable insights into areas such as retirement planning, which for some, they now feel better equipped to address because of their participation.

Additionally, some participants noted the benefits of receiving guidance and resources tailored to their individual needs, helping them to make informed decisions and take proactive steps towards their midlife and retirement goals. Overall, participant reflections seem to emphasise the programme's effectiveness in empowering them to navigate the challenges and opportunities of midlife transitions with confidence and clarity, but more consideration needs to be taken on further and improved support and guidance during and after the programme from the provider and their coaches, particularly with follow-ups (see next slide for more information).

"I guess the finance thing was the only thing I felt was missing – that's probably what I would have liked a little bit more support on." (Participant, Area 1)

"Planning for my pension is probably the area that I needed the most support with.– ... I mean, it was great to have a call and they understood where I was at." (Participant, Area 1)

Programme improvements – suggestions from participants

Several participants reported on a need for further and improved support and guidance during and after the programme from the provider and their coaches, particularly with follow-ups.

Several participants in one area noted the lack of follow-up help they received from providers.

- One participant also expressed a disappointment in their relationship with their coach as they described the coach as ‘utterly disinterested’ in helping them to access further help from the partner organisation after the organisation had agreed to ‘get in touch’ with the participant and failed to do so.
- One employer reported on the lack of support from the financial provider in particular, reporting that they had experienced issues with the provider promising help and not delivering this, leaving participants feeling let down. One participant reported that the financial support felt more of a ‘sales opportunity’ than helpful advice.

Several participants reported that they would have liked further support, in particular with specific pillars where they felt they most needed help.

- Participants reported that they would have found the programme more beneficial had they been able to take time to assess their needs and requirements from the programme and then discuss this further in a more tailored way with their coaches or in group settings.
- One participant noted that check-ins after the programme had finished may also be beneficial for them.

“If I was designing this course, I would get a survey done on work, wealth and wellbeing [...] one box asking, ‘do you require further assistance?’. I would schedule appointments almost automatically [based on their answers], pensions [...] physical health, mental health, one-to-one chats [...] I would set up groups [...] ‘what are the challenges that you are facing [in Midlife]?’ [...] that would be a much more comprehensive MOT.”

(Participant, Area 1)



Participant outcomes – in one provider area

The wellbeing pillar resonated with a few participants and offered practical support relating to health and wellbeing. The work pillar provided some participants with conversations around career planning and skills development. The wealth pillar for some participants was the impetus to take control of their financial security.

Although many participants discussed changes they planned to make rather than actions already taken, a few reported changes made to their diet and increased exercise, one participant had set up a savings account, and another had set up a meeting about their will and increased their pension contribution.

Wellbeing pillar outcomes: Some participants reported improved awareness and understanding of their overall health status, including physical, mental, and emotional well-being. Through workshops and further signposting, some said that they gained insights into areas needing attention and received guidance on adopting healthier lifestyle practices. One participant spoke about ill health being the trigger for change, another spoke of taking steps to improve their physical health and wellbeing because of taking part in the programme.

Work pillar outcomes: A few participants reported increased clarity and confidence in their career goals and aspirations, and they spoke positively of the work sessions such as CV writing, and job role upskilling. One participant talked about using these skills to move forward with their career pathway.

Wealth pillar outcomes: Several participants reported heightened awareness of their current financial situation and future retirement needs. The programme facilitated access to resources and support networks such as third-party organisations, enabling participants to address specific financial concerns or questions. Some participants were more engaged than others with the wealth pillar, a lot was dependent on that individual and what they viewed as valuable, this would drive behaviour and influence goal-oriented actions. See the case studies slides for further examples of the outcomes achieved.

“I will definitely be moving on from my job to a different employer (laughs) because there are employers out there who actually give a monkey’s ... so yeah ... it’s definitely progressing myself in my career”.
(Participant, Area 1)

“It gave me the push I needed, it’s all linked, me wanting to retire early will depend on how much I have coming in, if I stay on the salary, I won’t be able to retire or if I come to be 60, make some other changes to make me happier, maybe I could drop to 3 days a week and take a deferred pension”. **(Participant, Area 1)**

Participant outcomes case study 1: Participant A from area 1, topped up her pension and sought further support as this was not provided via the programme.

Later life planning context

- Participant A was already thinking about needing to review her finances, partly because her husband was due to retire relatively soon.
- She was receptive to the aims of the programme and reflective about how she would manage in future (perhaps from awareness of social care costs in her wider family and not having occupational benefits with her employer).
- Health issues, going through the perimenopause, and serious illness among friends had prompted Participant A to focus on her own wellbeing.
- Some family and financial responsibilities were expected to reduce with children at university and likely to be in employment within 5 years, but she was aware that she may need to provide care for elderly relatives and felt in the short-term it was important to focus on herself and what she needed.

Role of the Midlife MOT

- Participant A valued the opportunity to reflect on what *she* wanted and would benefit her in future. Although already active in terms of her wellbeing, the Midlife MOT reinforced the idea that it was OK to put herself first, particularly in terms of her wellbeing.
- The structure of the programme, i.e. having regular appointments was useful to avoid procrastinating, providing readily accessible and reliable sources of information.
- Although she had made changes; topping up her pension and exploring information on Power of Attorney – there were noticeable gaps from the session (e.g. clarity about next steps, where to seek further joint financial advice, and having a summary of the discussion). Despite this, Participant A used the momentum to arrange a session with a local pensions' adviser.

“I think I was starting to think it anyway, but the Midlife MOT has given me a timeline to get things done ... having appointments every month, six weeks, whatever they were, and having check-in tasks in-between those appointments – rather than it just being something in the diary that kept being pushed forwards and forwards, I actually had some timelines to work to.” (Female, Area 1)

Participant outcome case study 2: Participant B from area 1, achieved greater confidence in her career pathway, but still needed significant further pension support

Later life planning context

- Participant B was approaching a 'life changing period of her life' – which is why the programme appealed to her– she was unsure about what to do next and what the future holds for her financially.
- She had previously sought support regarding her pension, but this had reached a 'dead-end'. She also struggled with diet and physical exercise and achieving a balance between work life and wellbeing and wanted to work on this.
- Participant B was career driven, making several transitions over the years, recognising the need for transferable skills, while balancing work and family life. She was in the process of undertaking some continuous professional development (CPD) and the Midlife MOT online training formed part of this professional development.

Role of the Midlife MOT

- Although Participant B engaged with all three pillars, she appeared to gain most value from the 'work' pillar, which may reflect her career focus.
- The programme gave her greater confidence to consider taking some 'risks' with freelance work, to reflect on previous coaching advice and it provided her with a greater understanding of what she needed to do next, although she had not yet made tangible changes.
- She put in practice learning from sessions on healthy eating and exercise, helping with her day-to-day behaviours.
- But on pensions, where she needed most support, she was left feeling confused and less confident, at the end of the session – because it assumed a certain level of knowledge, lacked sufficient explanation and follow-up. This could have been rectified by the provider 'checking-in' about the finance session, to consolidate information and clarify next steps.

“There should have been a module that was more about, ‘right, we’ll show you how you go on gov.uk and do XY and Z how you can work it out’ ... and more help with the figures and what your pension is telling you ... because I’ve got all the information, but I’ve got so many pensions I haven’t got a clue what that means. I almost just wish I could get it all together and just give it to someone and say, ‘look, tell me what I’ve got, tell me what I need to do’.” (Female, Area 1).

Participant outcomes case study 3: Participant C from area 1, received reassurance about his retirement /financial plans but described an unmet need for mental health support

Later life planning context

- Participant C was particularly interested in maintaining financial and job stability as he was on a temporary contract, which he expected to be extended. He had children in private school on bursaries and was paying for school fees, which he described as driving his decisions.
- He was interested in the Midlife MOT, in part because of the uncertainty he felt from previous experience of unemployment, which had come as a shock.
- Participant C was already thinking more about his pension and had paid into a public sector pension scheme for some time. From a wellbeing perspective, he was physically active, prompted by in part by an unexpected health issue.

Role of the Midlife MOT

- Participant C was intrigued by the concept of a Midlife MOT and wanted an assessment of key areas of his life and where to improve. But like some others, he thought that the initial assessment would provide information about what to do next.
- He attended a finance session, to understand if he could maximise savings and check retirement plans, but as he was 'pretty good with finances' there was nothing the organisation could suggest.
- Interestingly, although he did not engage with the wellbeing pillars because it wasn't felt to be needed, he also mentioned that mental health support was missing and would have been valuable for men in his age group.
- The aspect of the Midlife MOT that he valued most, was talking to others of a similar age about challenges in their lives (this was in a focus group, set up by the provider to gain feedback rather than as part of the programme).

"...Courses that don't really fit into my life ...the wellbeing point I guess I could have spoken to someone, you know your mental health, was that an option? I would have spoken to someone [...] 49 year old men, being the number one group for suicide in the country, people at this age it is the number one statistic you think mental health would be the number one priority [...] forget the running, the pension, 'how are you doing?' that for me would be the number one, talking to a mental health professional."

(Male, Area 1).



Conclusion

The purpose of this research was to explore the early implementation of the Private Sector Midlife MOT pilot and how employers and participants have engaged with the initiative. Although we aimed to explore differences between providers, employers and participants, this has been limited, due to the low numbers taking part in the programme.

Delivery

- During this relatively early stage of delivery, there were only a few reflections from providers or employers about the reasons for low take-up pointing to communication/marketing strategies and the delivery model. Some provider staff mentioned that employers may not be sufficiently informed about the Midlife MOT and its benefits, and a reliance on employers to promote the programme can also impact on their recruitment efforts. Some also highlighted that the age restrictions can impact on the eligible population. Unfortunately, it was not possible to speak to employers and participants who chose not to take part in the programme; however, this would have provided valuable additional information about their awareness and interest in the programme and reasons for lack of involvement.
- The providers delivered the Midlife MOT largely as designed; delivering a wide range of content across the three pillars, and using different methods e.g. group workshops, 1-1 and online learning. They were proactive about making changes to delivery (e.g. new sessions/times, content) based on participant needs, to improve attendance and engagement. There was, however, relatively limited tailoring of the content or linking across the pillars.
- The length of a participant's Midlife MOT journey varied according to the provider's design (from 6 weeks to approximately 3 months) and depending also on how participants engaged with the different sessions, which was based on their interest and motivation. Factors that may have influenced engagement included: pre-existing knowledge, understanding of the programme offer, effective signposting, participant availability, suitability of session times and IT skills/access.
- Feedback from participants in one provider area suggests that some aspects of delivery were not as effective as they could be, e.g. experience of the 1-1 appointments, initial and final assessments was mixed, for some participants. There was a reliance on sign-posting to additional support, rather than formal goal setting, and some were unsure of their next steps; several also described a lack of follow-up help.

- This may also reflect a mismatch between what the programme offered and participants' expectations/understanding of what was available. A few participants described a lack of support from the financial provider in this area, although others had a positive experience.

Employer and participant engagement – in one provider area

- The research found that engagement facilitators included employers' interest in demonstrating commitment to employee well-being, to expand the support for their employees, while participants were motivated by assessing their career goals, health, and finances, a small number had done some previous, mostly financial, later life planning.
- Some employers actively encouraged participation in the programme, however, time was a barrier for some participants to attend sessions; and some employers expected that extra learning should be done in employees own time.

Outcomes – in one provider area

- Outcomes were explored in terms of the learning achieved, perceived benefits, and changes made, because of the Midlife MOT, for employers and participants.
- The impact of the programme on changing employers' views on promoting work, wealth, and well-being remains unclear both due to the early stage of implementation and the small sample. However, some employers valued a holistic approach to employee well-being, and for a few, they felt it had improved their understanding of later-life planning support, noting it filled a gap, while others already had well-being measures in place. Opinions varied on who should deliver the programme in the future, with preferences for providers or the government.
- Most participants found the support useful, in some cases reassessing their lives; reporting general outcomes, e.g. greater understanding of their health and awareness of their financial situation and retirement needs and a few talked of increased confidence in their career goals. A small number took specific actions like topping up pensions or seeking financial advice.
- Given the low take-up of this programme, areas to explore in future may include: how to ensure the providers are reaching those most in-need of later life planning support, demonstrating the clear financial value of the programme for employers; understanding from a behavioural perspective, why some individuals choose to engage in later life planning and other don't; in addition to longitudinal research to examine any long-term changes for participants on the three pillars of work, wealth and wellbeing.



Annex

Previous evidence and support for Midlife

Information and support – a range of public services have been previously designed to support people during Midlife, however these have typically centred around one area of support:

- **Midlife career reviews** – this pilot (which concluded in 2015) involved the National Careers Service and delivery partners, and covered employment, training, financial planning and health issues. It focussed on those out of work, facing redundancy, or wanting to adapt to a new way of working. (NIACE, 2015)
- **NHS Health Check** – A free health check for people who are aged between 40 and 74 which aims to lower individuals' risk of getting conditions such as heart disease, stroke and kidney disease.
- **The Money and Pension Service** (previously The Pension Advisory Service) – this was established in 2019 and is aimed at helping people to improve their financial wellbeing, helping people to access money and pension guidance and debt advice.
- **Pension Wise** – A service provided by MoneyHelper, offers free pension advice and guidance for those over 50.

Employer support – research by the Centre for Ageing Better & Calouste Gulbenkian Foundation (2018)

- This research explored how large employers were supporting employees in their Midlife through to retirement. It found that there were three main areas that employers were actively supporting in: finances, health & wellbeing and to a lesser extent, careers and working life. There were few examples of holistic support, and it was suggested that a holistic initial assessment followed by sign-posting and referrals to specialists would have been beneficial to help there be equal, non-biased support for all three strands.

Previous Midlife pilots - three further pilots have been evaluated and they found:

- There is no 'one size fits all' for delivery – information / guidance needs to be bespoke (Centre for Ageing Better, 2019).
- Providers should be prepared for varying degrees of engagement: acknowledging that many people find it hard to think about their future life, any offer needs to be realistic in terms of how receptive different groups might be (Centre for Ageing Better, 2018).
- The Midlife MOT is a process, not a one-off event – practical outputs, signposting and follow ups are required to engage and benefit participants. Support should also be tailored to meet the changing needs of individuals as they age (Centre for Ageing Better, 2019).
- Employers should take active steps to embed diversity and inclusion within their Midlife support, in the knowledge that certain people face more barriers to planning and preparing for later life (Centre for Ageing Better, 2019).

Fieldwork details

Research strand	Number of interviews	Mode	Length	Participant characteristics	Topics covered:
Observations	7	Virtual via MS teams	30 minutes-2 hours.	Three providers. Sessions covered the three pillars, including workshops on pensions, healthy eating, mindfulness, stress management and work (e.g. LinkedIn).	<ul style="list-style-type: none"> Attendees; workshop structure, engagement and delivery.
Provider interviews	25 staff 9 interviews 5 joint interviews 3 focus groups	Online, via MS teams	1 hour-1 hour 15 minutes	Three providers. Job roles included: Managers and operational colleagues (coaches, trainers, advisers) involved work/wealth and wellbeing sessions, and employer engagement.	<ul style="list-style-type: none"> Background and role Recruitment and sign-up Experiences of the Midlife MOT Employer provision – where relevant Feedback Outcomes and improvements
Employer interviews	6	Online via MS teams/ phone	1 hour	Includes those involved in one provider's scheme only. <ul style="list-style-type: none"> 4 large (250+); 1 small (10-49 employees) and 1 micro (1-9 employees). 	
Employer survey	7 responses	Online via MS forms	5-10 minutes	24 employers were invited to complete the survey	

Fieldwork details

Research strand	Number of interviews	Mode	Length	Participant characteristics	Topics covered
Participant interviews (includes 4 'timeline' interviews)	14	Phone 'Timeline' interviews were conducted online via MS teams	1 hour	<p>Participants (aged 45-55) from 11 different employers in one contract package area only.</p> <ul style="list-style-type: none"> • Female: 9 • Male: 5 • Most worked for large employers (8) some for medium employers (5) and one for a micro employer. • Those interviewed worked in a variety of roles, particularly administrative and secretarial; and managers, directors and senior officials. A small number worked in other professional, and skilled trade occupations. 	<ul style="list-style-type: none"> • Background; job role, involvement in the programme. • Later life planning, before attending. • Sign-up process and expectations. • Delivery of the Midlife MOT, content covered, support received, feedback. • Engagement with the Midlife MOT. • Next steps, outcomes and improvements. <p>Timeline interviews covered:</p> <ul style="list-style-type: none"> • Career background • 5–10-year plans and expected changes • Views on the Midlife MOT, learning, changes made and further support.

Further information on the 'timeline' participant interviews

- Four participant interviews were conducted using a 'timeline approach'. The aim of using this method was to elicit more in-depth and participant led information than would be covered in a typical interview, to understand how participants are thinking about their future, what factors are paramount in their minds which may influence their future work plans, and what role the Midlife MOT has played, if any, in changing participant's attitudes and behaviours.
- Participants were asked to complete the brief timeline a few days in advance of the interview, which was then a discussion based on what was included in a participant's timeline.
- Before proceeding with the timeline approach, we consulted researchers who had used similar elicitation methods to determine whether it was appropriate for this project, to seek guidance about logistics, including how to adapt the approach for online use, and to gather comments on the draft topic guide.
- For these interviews, we targeted participants based on the number of sessions attended, to understand whether and how the programme impacts on participants' future plans, which was felt to be more likely, the greater their involvement in the programme.
- We conducted internal pilots to trial use of the topic guide and timeline template. Following this, we introduced several changes, including providing an example 'mock' timeline for participants, so that they could understand what level of detail to include. We added headings on the three pillars (work, wellbeing and wealth) to the timeline template to ensure that these topics were covered and added several prompts to the topic guide, to be used flexibly, to aid the interviewer to guide the discussion.
- The Ethics Advice Panel were also consulted about how to ensure participant and researcher wellbeing.



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