

What support helps disabled people and people with health conditions move into sustainable work?

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Executive Summary

This paper presents evidence on what support interventions help disabled people and/or people with long-term health conditions (LTHCs) move into sustainable work and makes recommendations for national policymakers. It draws on literature including academic articles, research reports, and previous evidence reviews, as well as research evidence collected through two focus groups involving people who are economically inactive and have disabilities and/or long-term health conditions.

Analysis of the material is structured into the following main sections:

- How the employment support system works
- Employer support and engagement
- The experiences of disabled people and/or people with LTHCs.
- What effective support looks like.

The disability and employment challenge

There is a social and economic imperative to better support disabled people and/or people with LTHCs into work. The number of people who are economically inactive due to disabilities and/or LTHCs has been rising in recent years. Since the Covid-19 pandemic, long-term sickness has become the main reason for being out of work, now standing at around 2.8 million people of working-age.

Many people in this group want to work, but they face barriers to accessing the labour market and securing sustainable work that reflects their individual aspirations, skills and interests. The disability employment gap represents a waste of human talent and potential, denies individuals access to the personal benefits that good work brings, and means employers are unable to tap into a reservoir of skills at a time when many face acute skills shortages and recruitment challenges.

Issues for individuals within the current employment support system

The review highlights a number of key issues within the current employment support system which negatively impact on the ability of disabled people and/or people with LTHCs to move into sustainable work.

- Ableism is prevalent within the employment support system and the wider labour market and fundamentally hampers the effectiveness of programmes and services and the ability of people to access good work. It is the single most significant barrier that disabled people and/or people with LTHCs face.
- The system is not sufficiently orientated towards empowering disabled people and/or people with LTHCs to make and act on decisions in relation to their

employment, and to inform and influence how services are organised and delivered.

- There is a gap between the aspirations and needs of many disabled people and/or people with LTHCs and the employment support that is available. Ableism manifests in a deficit model which does not recognise and respond to the skills and aspirations of individuals, but too often seeks to channel people into low paid, low skill work.
- The majority of services are embedded within the benefit system, meaning that disabled people and/or people with LTHCs are treated primarily as benefit claimants and therefore obliged to fulfil certain requirements or some may potentially face benefit sanctions. The dual role of DWP-funded services in administering benefits and providing employment support undermines trust and means that services are delivered in a climate of anxiety.

Issues for employers within the current employment support system

The engagement of employers in the employment support system is critical for creating accessible employment opportunities for disabled people and/or people with LTHCs. However, it is clear that more needs to be done to develop this area of activity.

- Awareness among employers of key employer-facing policies designed to promote and support the employment of people, notably Access to Work, is patchy.
- Mainstream employment support is often not sufficiently focused on employer engagement, and the reach in relation to small and medium sized enterprises (SMEs) is particularly weak.
- Employers do not typically have high levels of awareness and understanding about how to support disabled people and/or people with LTHCs to enter and remain in work.

What effective support looks like

The research points to some key features of effective practice in supporting disabled people and/or people with LTHCs into work. These include:

- Programmes with good fidelity to the key principles of effective support have better outcomes than people which are inconsistently implemented.
- Integration between employment and health services is important for reaching people in target groups and supporting individuals with complex and additional needs.

- A personalised service, in which support is tailored to the needs of individuals, is widely recognised as being key to achieving positive employment outcomes.
- Having specialist employment advisers with an in-depth understanding of participants' needs and preferences is consistently associated with positive employment outcomes based on a strong relationship of trust.
- Effective service delivery is significantly supported when advisers are allocated lower caseloads.
- Models of support that include employer engagement are more effective.

Building fully inclusive employment support

The evidence set out in this paper points to the need for fundamental changes to the way in which disabled people and/or people with LTHCs are supported to find sustainable employment. This is not to dismiss the many examples of effective practice identified in this review, but it is apparent that there are significant shortcomings in the current employment support system which need to be addressed.

The paper makes the following recommendations for central government and devolved national and regional administrations, with the aim of helping to bring about the shift that is needed so that the system better reflects the needs and circumstances of the people it is intended to support.

Recommendation 1: Employment support programmes for disabled people and/or people with LTHCs should be based on long-term, multi-year funding agreements.

Recommendation 2: Mainstream employment support programmes should not be restricted to disabled people and/or people with LTHCs who are in receipt of certain benefits but should be open to all who are interested in moving into work.

Recommendation 3: DWP rules and guidance on the use of benefit sanctions should be reviewed to allow greater flexibility for JCP staff working with disabled people and/or people with LTHCs.

Recommendation 4: Commissioning of future employment support programmes in devolved administrations should be designed on the following principles:

- Provision is delivered through trusted local providers
- Services include employer-facing specialists
- Disabled people and/or people with LTHCs are involved in the design, delivery and evaluation of services.
- Programmes include a workforce capacity building strand.

Recommendation 5: Programme design should adopt a 'test and learn' approach with regard to employer engagement. This should include training for employers as well as a commitment to embedding formative evaluation into programme delivery and publishing / disseminating evaluation findings.

Introduction

The disability and employment challenge

There is a social and economic imperative to better support disabled people and/or people with long-term health conditions (LTHCs) into stable employment. The Labour Force Survey suggests that the number of people who are economically inactive due to disabilities and LTHCs has increased since 2018. Since 2020, long-term sickness has become the main reason why people are out of work,¹ with nearly 2.8 million working-age people being economically inactive due to long-term sickness.² Department for Work and Pensions (DWP) administrative data indicates that 58% of people (3.16 million) claiming out-of-work benefits do so because of ill-health or disability.³

Evidence suggests that:

- In the UK, disabled people are much less likely to be in employment than those without. Just half of disabled people are in work, compared to more than four in five non-disabled people. In 2023, the disability employment gap was around 29 percentage points.⁴
- There are large geographical differences in the proportion of people in the working age population who are economically inactive due to ill health. This ranges from 1 in 100 people in parts of Surrey to 1 in 7 in parts of Merseyside.⁵ Differences are also apparent linked to factors including age, gender, education and ethnicity, indicating that health inequality is an intersectional issue.

However, we also know that:

- Many economically inactive people want to work. This includes 600,000 people who report a disability and/or LTHC.
- Most economically inactive disabled people and/or long-term health conditions are currently not able to access Jobcentre Plus or DWP-commissioned employment support.

The reasons why more working age people are economically inactive due to ill health is a subject of current debate. Increased prevalence of conditions, changes to health-seeking behaviour or medical diagnostics and changes to DWP policy including Work

¹ Learning and Work Institute. (2023) [Missing Workers: Understanding trends in economic inactivity](#). L&W.

² Powell, A. (2024) [Economic update: Inactivity due to illness reaches record](#). UK Parliament.

³ Learning and Work Institute. (2023) [Understanding Benefits: Assessing how many people receive out-of-work benefits](#). L&W.

⁴ Ruhi, A. et al, (2023) [Employment of disabled people 2023](#). Department for Work & Pensions.

⁵ Learning and Work Institute. (2023) [Missing Workers: Understanding trends in economic inactivity](#). L&W.

Capability Assessments (WCA) are cited as potential reasons for increases in the proportions of people who are economically inactive due to ill-health.

Scope and methods

This paper presents a review of evidence on what support interventions help disabled people and/or people with LTHCs to move into sustainable work. It draws on literature including academic articles, research reports, and previous evidence reviews. Robust research articles, for example randomised controlled trials and systematic evidence reviews, have been prioritised, but evidence from process evaluations is also included to understand implementation, as well as evidence from qualitative research to capture the views of disabled people and LTHCs. This review does not cover evidence on what works to support disabled people and/or people with LTHCs to stay in work or return to work after sickness absence.

Alongside the literature review, we also conducted two focus groups with people who are economically inactive, some of whom have a disability and /or LTHC. The focus groups aimed to capture their views and experiences of employability and in-work and to concept test our recommendations for policy changes.

Disabled people and/or people with long-term health conditions

The term disabled people and/or people with LTHCs is used in this paper because it recognises the causal link between disability, health and employment and acknowledges that individuals may be living with one or more disability and long-term health condition.

Disabled people and/or people with LTHCs are not a homogenous group. Individuals may face a range of additional barriers that prevent them accessing employment linked to their wider needs and circumstances. The support that each person needs will depend not only on the specific disability and/or LTHC, but also other factors such as social support, networks, housing, and access to transport and outdoor spaces.

Health and disability status also intersect with other characteristics such as age, ethnicity, and gender. For example, we know that employment support programmes are less likely to be effective for older workers ⁶ and that people from some ethnic groups are more likely to experience poorer health.⁷

Good work

Employment support has sometimes been characterised as encouraging unemployed people to take up 'any job', even where that might be low paid or insecure. Indeed, the DWP mantra has been 'ABC - Any work, Better work, Career' with criticism that the

⁶ Parsons, D. and Walsh, K. (2019) [Employment support for over 50s: Rapid evidence review](#). Centre for Ageing Better, London.

⁷Census (2021) [Ethnic group differences in health, employment, education and housing shown in England and Wales' Census 2021](#). Office for National Statistics.

system has overly focused on the former at the expense of the latter. In recent years there has been growing, wider focus on the importance of supporting people into 'good work.' Good work can be defined by reference to a range of factors including terms of employment; pay and benefits; health, safety and psychosocial wellbeing; job design and the nature of work; social support and cohesion; work-life balance; and voice and representation.⁸

While good work is a concept which applies to all, it is clear that the detail of what good work looks like in practice will vary across groups and individuals. For people who experience particular challenges in accessing stable employment, including disabled people and/or people with LTHCs, good work will need to recognise and directly address the barriers they face.

Learning and Work Institute (L&W) were commissioned by Health Equals to work towards policy change in the focus area of employment, income and health. This includes three research papers which summarise the evidence and make policy recommendations on three key areas.

- Paper one considers how best to support disabled people and people with health conditions to find sustainable employment.
- Paper two focuses on how local government can work with employers to support their residents to have healthier working lives.
- Paper three sets out considerations for employers and individuals for healthy home and hybrid working.

⁸ Carnegie UK Trust and RSA (2018) [Measuring Good Work](#). Carnegie UK Trust.

Ableism and employment

The impact of ableism

Ableism is the discrimination of and social prejudice against disabled people based on socially constructed ideas of normalcy, intelligence and productivity. The pervasiveness of ableist bias and discrimination is noteworthy for this review because it runs through every aspect of how disabled people and/or people with LTHCs can be supported into sustainable employment.

Research from Leeds University into active labour market programmes (ALMPs) describes how ableist norms associate the 'ideal job seeker' and 'ideal worker' with certain abilities and behaviours which maintains disability inequality and pushes job seekers with disabilities further from the labour market.⁹ Ableism creates structural bias in relation to employment whereby people must fit the demands of the system. When they do not do so, the individual rather than the system is perceived to be failing. Ableism manifests itself in a range of ways in the employment system. For instance:

- Mainstream employment support services default to a deficit model, where the person accessing support is deemed to be the problem. They perpetuate low aspirations for disabled people and/or people with LTHCs, leading to low skill and low pay opportunities being offered.
- Workplace practices such as inflexible working arrangements and cultures of no-sick leave reinforce an environment in which disabled people and/or people with LTHCs are fearful of asking for reasonable adjustments.
- Disabled people and/or people with LTHCs themselves internalise ableism, leading to limiting self-beliefs and the perception that they need to conform to damaging working arrangements.

The prevalence of ableism within the employment system can be seen as the biggest barrier faced by disabled people and/or people with LTHCs in finding sustainable employment.

Fairness, inclusion and access to employment

We suggest building an employment system for disabled people and/or people with LTHCs that is predicated on the principles of fairness and full inclusion, rather than one that is fundamentally ableist. The following table draws on evidence from the wider literature on social justice¹⁰ and uses the concept of an equality continuum to outline

⁹ Scholz, F. and Ingold, J. (2021) Activating the 'ideal jobseeker': Experiences of individuals with mental health conditions on the UK Work Programme. *Human Relations*.

¹⁰ Bonnycastle, C.R. (2011) Social justice along a continuum: A relational illustrative model. *Social Service Review*.

key characteristics of employment support systems and labour markets at different levels, from inequality through equality and equity to full inclusion.

		Belief		
Ableism – that the person with a disability and/or health condition is inferior based on socially constructed notions of ability and productivity. Person is the 'problem' and needs to be fixed. Person who cannot be 'fixed' or meet the socially constructed standards are the problem, and because of their 'failure' should be sanctioned.			Anti-ableism – Person is valued and respected for what they contribute as well as require. Person has rights and entitlements to lead a healthy, fulfilling life. Society, with its socially constructed norms, is seen as the problem, and society needs to change (not the person). People are visible and included and are valued as contributors to fixing societies problems and challenges.	
		Behaviours		
Equality continuum in employment support services				
Inequality	Equality	Equity	Full inclusion	
The system sets the rules and expectations to which people must comply. Failure to meet these requirements results in exclusion from the system and in sanctions. This increases fear and anxiety and pushes people further from the labour market. Commissioning of work support services rewards high targets and low costs that perpetuates disadvantage.	Equality of access Everybody has access to the same job seeking support regardless of need. Large scale commissioning creates generic programmes offering standardised support packages. Same rules apply to all.	Equality of outcomes People get the support according to their needs to have hope of the same outcomes as others. Specific, personalised support built around the needs of the individualised. Flexibilities and reasonable adjustments are made to suit the individual's situation to help them overcome barriers to gaining work.	People are included in the co-design and delivery of services so that they are more inclusive for everyone. Flexibilities and reasonable adjustments become normal working practice for all rather than entitlements to be requested. People are seen as having personal agency to change things, be independent and to help others. They are included, visible and belong in the system.	
Equality continuum in the labour market				
Inequality	Equality	Equity	Full inclusion	
Employment support and work is organised around ableist notions of what makes an ideal worker. People are excluded from the labour market because they do not fit the ideal	Some people access employment when they are successful in utilising the generic support available to all. Recruitment practices remove barriers to gaining work.	More people are supported into work through personalised support to secure work and sustain work due to workplace flexibilities and adjustments	Even more people in employment because services are collaboratively designed and better able to support people. Workplaces are more inclusive for all when flexibilities and adjustments are normalised.	

How the employment support system works

Overview of current provision

Support for unemployed disabled people and/or people with LTHC in England and Wales is typically delivered through one of three routes:

- Jobcentre Plus (JCP) provision. This includes the administration of benefits and Work Coach support to help people find work or gain new skills for a job. Employment support covers areas such as work preparation, job application, interview coaching and confidence building. Support for individuals is complemented by employer-facing support with recruitment delivered by Employer Advisers. JCP also plays an important role in partnership working on contracted services, often acting as a key route to identifying and referring individuals for further targeted support.
- Nationally contracted services taking referrals from JCP to support people who are further from work or who want to progress in work. Eligibility is typically based on defined characteristics or needs. Examples of this type of provision include the Work and Health Programme and the Restart Scheme for long-term unemployed people
- Locally or regionally contracted services targeting people from specific groups in a particular area. Funding for these services will often come from local government, colleges, charities, and philanthropic interests.
- Alongside these services, the last UK government introduced new interventions based on closer integration between employment support and health services, with the specific aim of supporting disabled people and/or people with LTHCs to enter or remain in work.
- Individual Placement and Support (IPS) aims to help 100,000 people with severe mental illness to find and keep jobs over the next five years. Delivered through NHS England, it is accessed via referrals from community mental health teams.
- The Universal Support programme in England and Wales, to provide a package of measures to help people into work who face complex barriers to employment and thereby reduce levels of economic inactivity. The programme's principal target group is disabled people and/or people with LTHCs. The first phase of delivery included two strands: The Work and Health Programme Pioneer Support; and Individual Placement and Support in Primary Care (IPSPC). Planned further roll out of Universal Support is based on the 'place and train' employment model in which participants receive a job from the outset and train while they are in work, rather than having to train before being able to start employment
- From October 2024, WorkWell will be trialled in fifteen pilot areas across England to help support people who are at risk of falling into long-term unemployment due

to sickness or disability, through a joined-up approach to local work and health support. It aims to support around 59,000 people over two years

Employment support is a devolved policy in Scotland and Northern Ireland.

Support for unemployed people in Northern Ireland is delivered through the Jobs and Benefits Office with support for disabled people and/or people with LTHCs delivered through the Health and Work Support Branch and Work Psychology Services.

Support in Scotland has been delivered through Fair Start Scotland, an employment service targeted at people facing barriers to work. New referrals ceased at the end of March 2024, although support continues to be delivered to people who are already on the programme. From April 2024 employment support for disabled people and/or people with LTHCs is being provided through the No One Left Behind approach to local employability support.¹¹

Limitations of the current system

Evidence highlights a range of systemic issues linked to funding, design and delivery which impede the effectiveness of current employment support services in helping disabled people and/or people with LTHCs into sustainable work.

- The majority of support to date has been provided in a way that is inconsistent and fragmented.
- The scale of provision does not match the scale of the challenge. For example, the number of people who are economically inactive due to disabilities and/or LTHCs greatly outweighs the number of people for whom programmes such as Universal Support are being designed to help. In general, the availability of support has been impacted by reductions in funding for employment support since 2010, combined with the transition between European Social Fund investment and its replacement in the UK Shared Prosperity Fund, as well as uncertainty over its future after March 2025.¹²
- Funding for services is too often short-term, meaning that interventions do not have time to bed down, build partnerships and engage with individuals and employers to iteratively improve over time. Focus group participants had experience of this and suggested that longer-running services are particularly important for disabled people or people with LTHCs who might need to dip in and out of provision over a long period of time in order to manage their health and wellbeing.
- The way services have been commissioned can encourage (overly) ambitious targets within a context of cost pressures that drives providers to seek cost-

¹¹ Employability in Scotland (2023) [No One Left Behind](#). Employability in Scotland.

¹² Wilson, T. et al. (2022) Working for the Future: Launch report for the Commission on the Future of Employment Support.

efficiencies through low-cost, standardised services that are less tailored to individual needs.¹³

- Services and local eco-systems of support are severely under-resourced.¹⁴ This means that the intersectional inequalities created by location, geography, as well as factors such as race, language, gender, are less likely to be addressed.
- The majority of current DWP services see people primarily as benefits claimants and therefore obliged to fulfil certain requirements. For some, failure to comply or to meet expectations is met with the threat of benefit sanctions. This duality of purpose disempowers people, creates anxiety, pushes people further from the labour market and weakens trust in the system making it even harder for people to engage.¹⁵ Focus group participants confirmed that a one-size-fits-all approach, mandated activities and the threat of sanctions had discouraged some of them engaging with DWP funded services.

Specialist models of support

There is clear evidence that disabled people and/or people with LTHCs need specialist provision to effectively address the barriers that they face to gaining sustainable employment. An evaluation of DWP's Restart Scheme found, that while it was generally effective, it was less likely to be able to provide effective support to people with physical health conditions or more severe mental health conditions.¹⁶

In the UK, specialist support is primarily delivered through a traditional model of vocational rehabilitation (TVR) where people are trained and then placed, or through the supported employment (SE) model where people are placed into work and then supported. Supported employment is becoming the dominant model in the UK, with evidence suggesting it is more cost effective.¹⁷

Traditional models of vocational rehabilitation (TVR)

These typically involve a period of training followed by transition to work through the open employment market. The Work and Health Programme in England and Wales is an example of this type of provision.

¹³ Carter, E. et al, (2023) [Plan for Jobs and employment support: Government Outcomes Lab response to the call for evidence](#). Government Outcome Lab.

¹⁴ Pollard, T. and Tjoa, P. (2020) [This Isn't Working: Reimagining Employment Support for People Facing Complex Disadvantage](#). New Local: London.

¹⁵ Pollard, T. and Tjoa, P. (2020) [This Isn't Working: Reimagining Employment Support for People Facing Complex Disadvantage](#). New Local: London.

¹⁶ Learning and Work Institute, and Ipsos (2024) [The Evaluation of the Restart Scheme](#). Department for Work & Pensions.

¹⁷ Learning and Work Institute. (2019) Evidence review: Employment support for people with disabilities and health conditions. L&W: London.

Work and Health programme

The Work and Health programme (WHP) has been the main delivery mechanism for TVR for people with health conditions in England and Wales. It was launched in 2017 and is due to close to referrals in Autumn 2024. The programme is contracted to specialist providers on a regional basis and aims to help people find permanent work. It is available on a voluntary basis for people who are disabled, long-term unemployed or those in the Early Access group; and on a mandatory basis for Jobseeker's Allowance or Universal Credit claimants who have reached 24 months of unemployment.

Referrals to the programme are made by JCP Work Coaches and participants are allocated a dedicated key worker for up to 15 months to focus on them and their needs - allowing time for deeper understanding of complex customer needs and building trust.

Types of support provided vary and can be tailored by the key worker to meet individual needs. Examples of support include:

- help with skills and job-related tasks
- help with health issues
- financial support for training or practical items
- in-work support
- referrals to specialist partners (although it was noted that there were challenges relating to a lack of available resources and long waiting lists for mental health services).

A DWP commissioned evaluation suggested that participants in the WHP were more satisfied than those receiving business as usual JCP support; however, only voluntary participants experienced improved employment outcomes.¹⁸

Supported employment interventions (SE)

Supported employment interventions are based on the principle that disabled people and/or people with LTHCs should be helped to find competitive employment as soon as possible, rather than after they have undergone treatment (in the form of clinical or

¹⁸ Kantar Public. (2023) [Work and Health Programme evaluation: Synthesis report](#). Department for Work and Pensions: London.

other support) or completed a training programme. Supported Internships and the Individual Placement and Support (IPS) model are established examples of SE.¹⁹

Individual Placement Support (IPS)

The Individual Placement Support (IPS) model is a SE intervention initially designed to support people with severe and enduring mental health conditions to enter and sustain work, and over time has been expanded and tested further to engage with wider target groups, typically people with mental health, physical health, or neurodiverse conditions.

IPS models must adhere to eight principles to be truly considered IPS and to ensure efficacy (some adaptation of these can be considered an IPS-lite model e.g. variation in the duration of support or job search activities):

- focused on competitive employment outcomes.
- open to anyone within the target group who wants to work (regardless of diagnosis or benefits status).
- Move rapidly to job search (within four weeks of starting on programme), even if a participant has been off work for years.
- tries to find jobs consistent with people's preferences.
- brings employment specialists into clinical teams – so that employment becomes a core part of mental health treatment and recovery.
- has employer engagement based on an individual's work preferences.
- has ongoing, individualised support for the person and their employer – helping people to sustain their jobs at difficult times; and
- includes benefits counselling, so no one is made worse off by participating.²⁰

It should be noted that several of these key principles, such as a person-centred approach, individualised support, and employer engagement are reflected in the wider examples of what works. However, in isolation these cannot be considered as IPS.

The IPS model has been found to be effective in increasing employment rates for individuals with a range of health conditions.²¹ This includes:

¹⁹ Learning and Work Institute. (2019) Evidence review: Employment support for people with disabilities and health conditions. L&W: London.

²⁰ www.ipsgrow.org.uk/about/what-is-ips/8-principles-of-ips/

²¹ Learning and Work Institute. (2019). Evidence review: Employment support for people with disabilities and health conditions.]

- **People with severe mental health conditions** (schizophrenia or schizoaffective disorder). Studies have found that IPS participants are twice as likely to find competitive employment,²² and three times more likely to find any employment as those receiving traditional vocational rehabilitation services.²³
- **People with lower-level mental health conditions** (such as anxiety, depression and Post Traumatic Stress Disorder). One study found that those in IPS conditions were 1.6 times more likely to have found any competitive employment during the intervention compared to those in controlled TVR conditions.²⁴ Those in IPS conditions were 1.8 times more likely to be competitively employed at the end of the trial.
- **People with learning disabilities and neurodiverse conditions** (including autism). One UK trial using IPS for individuals with autistic spectrum disorder found that while costs are higher for this group (£18 per week more), IPS yields a higher number of weeks in employment compared to standard care (an average of 136 weeks compared to 102 for standard care)²⁵
- **People with physical health conditions.** One RCT looked at spinal cord injuries with veterans in the United States using IPS principles to place participants into competitive employment. Compared to 'treatment as usual' control groups the IPS participants were 2.5 times more likely than the TVR group to obtain competitive employment.

Supported placements and internships have also been found to be effective in supporting people with learning disabilities and neurodiverse conditions to enter employment. These provide structured support including a work placement. Project Search in the United States provided nine-month supported internships for people with autism in their transition from education to employment. This led to more individuals gaining competitive employment, better retention, higher wages, and fewer

²² 21 RCTs across 30 sites in 21 countries (33% in the United States). Metcalfe, JD (2017) Economic, Labor, and Regulatory Moderators of the Effect of Individual Placement and Support Among People with Severe Mental Illness: A Systematic Review and Meta-analysis,

²³ Frederick, D. E. and Vanderweele, T. J. (2019) Supported employment: meta-analysis and review of randomised controlled trials of individual placement and support. PLOS ONE.

²⁴ Frederick, D. E. and Vanderweele, T. J. (2019) Supported employment: meta-analysis and review of randomised controlled trials of individual placement and support. PLOS ONE.

²⁵ Mavranetzouli, I. et al, (2014) The cost-effectiveness of supported employment for adults with autism in the United Kingdom. Autism.

intervention hours needed to secure employment compared to standard employment programmes.²⁶

Some focus group participants agreed that supported employment placements and internships can work well for disabled people and/or people with LTHCs. They called for more access to these kinds of opportunities:

'It would be good to have more internship programmes available for disabled people...if it's in partnership with a company who wants to employ a disabled intern and a company that fully supports disabled people alongside it, then you know that you're going to get this support.' *Focus group participant.*

Referral mechanisms

There are several types of referral routes through which disabled people and/or people with LTHCs may come to engage with support:

- 'Top-down' referral: A JCP Work Coach assesses and identifies need and eligibility for additional support and refers an individual to a suitable programme.
- 'Bottom-up' referral: A local support worker or advocate refers an individual to a programme that they believe will benefit them and for which they are eligible.
- 'Self-referral': An individual finds out about support through a method such as advertising or word-of-mouth and refers themselves to a programme where eligibility and needs can be assessed.

For some people, a referral to a specific programme is a requirement or 'condition' of receiving benefits (for example, the Work and Health Programme is mandatory if the claimant reaches 24 months long-term unemployment and is not already participating in the programme). For others, referral is voluntary, or semi-voluntary. For example, in Central London Forward's Working Capital programme, a first appointment is mandated by JCP, and after this engagement is voluntary.

Conditionality of support is a contested subject. Studies suggest that, while it may increase the motivation of some to initially engage with a programme, it can also lead to individuals exiting the system entirely,²⁷ and may have a negative impact on people's life satisfaction.²⁸ Evidence indicates that conditionality is inappropriate for people with mental health conditions as it is largely ineffective in moving them into, or

²⁶ Wehman P, Schall C, McDonough J, Sima A, Brooke A, Ham W, Whittenburg H, Brooke V, Avellone L, Riehle E. Competitive Employment for Transition-Aged Youth with Significant Impact from Autism: A Multi-site Randomized Clinical Trial

²⁷ Evans, D. M. and Griggs, M. J. (2010), Sanctions within Conditional Benefit Systems: A Review of Evidence.

²⁸ Thornton, I & Iacoella, F. Conditionality and contentment: Universal Credit and UK welfare benefit recipients' life satisfaction.

closer to, paid work. In many cases it can also trigger negative health outcomes that make future employment less likely.²⁹

The recent evaluation of the Work and Health programme found that 1 in 4 (26%) voluntary participants reported having been employed at any point since referral, compared with fewer than 1 in 6 (17%) mandatory participants. Voluntary participants also reported working longer hours, with more employed full time (11% compared with 7%) or 16 to 30 hours a week (9% compared with 5%). Focus group participants agreed that it is paramount that attendance on programme activities is voluntary for disabled people and/or people with LTHCs, who might need to drop in and out in order to prioritise their health and wellbeing:

'When you mention you want to start employment, they immediately put you in a work-related support group. The problem is it is compulsory. Someone can be very sick but still wanting to get into work, but they might not be able to attend. They [JCP] should have non-compulsory support,' Focus group participant

Local and community partners are often identified as the preferred referral route onto employment support programmes due to their deeper understanding of the needs of disabled people and/or people with LTHCs and the closer relationships of trust which they are perceived to have with participant groups. However, JCP has a significant role to play in identifying and referring participants, both within government programmes and as a partner in wider partnership work.³⁰ As such, strengthening of referral routes between JCP and local support services is often a key element in designing an effective programme for people in the benefits system.

Some evidence suggests 'soft conditionality' through the involvement of JCP may help to increase levels of early engagement, as highlighted in the following case studies.

²⁹ Dwyer, Peter. Work, welfare, and wellbeing: The impacts of welfare conditionality on people with mental health impairments in the UK. 5

³⁰ Learning and Work Institute. (2019). Evidence review: Employment support for people with disabilities and health conditions.

Solent Jobs Programme

The Solent Jobs programme aimed to provide employment related support to at least 1,200 long-term workless disabled adults and people with health conditions across the Solent Local Enterprise Partnership area.

The programme wanted to increase the number of Employment Support Allowance (ESA) claimants being referred as they were a key target group due to having disability or health conditions that affect how much they can work. Successful methods included introducing mandatory interviews for this group, limiting referrals to ESA only and involving health partners and Work Programme providers.

Research findings showed that engagement was further enabled by:

- positive relationships with the referral organisation
- familial support and being aware of the unique elements of the programme, and
- the voluntary nature of the full programme.

The most common suggestion to increase engagement further was to advertise the programme more widely to encourage more 'bottom-up' and 'self-referrals'.³¹

Communities for Work and Communities for Work Plus (CfW and CfW+)

Research for the Welsh Government highlighted the importance of JCP involvement in referrals as part of its evaluation of Communities for Work and Communities for Work Plus (CfW and CfW+), where there was a greater reliance for referrals from JCP than was initially expected.

Programme staff found that, as the complexity of a potential participants' barriers increased, their motivation to engage with voluntary programmes like CfW and CfW+ tended to decline (potentially exacerbated by dispositional barriers, such as a belief they would be no better off financially in work).

Participants referred by JCP were likely to be required to be actively seeking work, and therefore more likely to also be open to, or interested in seeking support finding work from projects like CfW and CfW+, than those not engaged with JCP (although arguably this may mean they were not reaching people who are not engaged with JCP).

The evaluation found that a combination of community bases and links, and 'soft conditionality' from JCP, can help engage those who are motivated or open to be motivated; it also emphasises that more effort is needed in future programmes to reach and engage economically inactive groups, and disabled people.³²

Research into the effectiveness of Work Coach provision found that the range of available referral routes may be potentially confusing for staff. Measures that help to address this include:

- Assigning one Work Coach within a local service to be the single point of contact for each of the national employment support programmes being delivered. The named individual is then able to help promote the provision, answer queries and share success stories among JCP colleagues.
- The regular co-location of provider staff in JCP offices to promote and share information on their programmes among Work Coaches and customers and facilitate warm handovers.³³

Role of DWP

Research suggests that there is a lack of trust in the DWP and JCP, particularly among disabled people and/or people with LTHCs.³⁴ The dual role of JCP Work Coaches to sanction as well as to support has been identified as limiting the effectiveness of the support they can offer. JCP and DWP advisers may not be able to create a relationship that empowers the individual and builds their confidence in a responsive way as effectively as local specialists.³⁵

Evidence from focus group participants supports this view. They highly valued a trusted and supportive work coach or case worker who tailors support to meet their needs. They argued that the role of the JCP work coach to give sanctions undermines any trust or autonomy:

'I do think advisors sanction too many people for all the wrong reasons. They don't listen and you can't challenge them...you need to trust your advisor' Focus group participant

'[When I was on JSA], you had no choice in a lot of things, as you would get sanctioned if you say no to anything.' Focus group participant

Some said they were put off engaging with DWP due to their one-size-fits-all approach and explained that they would rather engage with a service that understands and meets their individual needs:

³¹ Learning and Work Institute. (2019). Solent Jobs Programme Evaluation. L&W: London

³² Holtom, D. et al. (2023). Evaluation of Communities for Work and Communities for Work Plus: Stage 1 (process evaluation and theory of change).]

³³ IPSOS & the Institute for Employment Studies. (2023). Work Coach Provision of Employment Support a Work Coach-focused interim report from the research project 'Cross-Cutting Evaluation of Plan for Jobs'.

³⁴ Glover, B. Pathways from Poverty: The future of the DWP. Demos.

³⁵ Pollard, T. & Tjoa, P. (2020). This Isn't Working: Reimagining Employment Support for People Facing Complex Disadvantage.

'I wouldn't go to the Job Centre to seek support, I would rather go to a charity that specialises in people with specific disabilities, to have a personalised flexible approach.' Focus group participant

Others commented that they had felt looked down on, unsupported and intimidated by their work coach.

Focus group participants had mixed views on sanctions. Most said that the system should be more flexible, especially for disabled people and/or people with LTHCs who might be disproportionately affected if payments stopped. Suggestions for lessening the incidence of sanctioning included a requirement for decisions to be double checked before any action is taken and introducing a three-strike rule.

Participants also suggested it should be possible to contact JCP to reschedule appointments. This is important for disabled people and/or people with LTHCs who have to prioritise their health and wellbeing and may experience fluctuating and unpredictable symptoms.

'There should be an option for the person to inform the staff and notify them of the situation and ask to reschedule. People shouldn't be penalised for not prioritising a Job Centre appointment.' Focus group participant

However, some participants argued that sanctions can incentivise people to move into work. One participant who had direct experience of being sanctioned explained the negative impacts this had had on them but overall felt it motivates people to secure work:

'I experienced sanctions a while ago. Because of my mobility, I couldn't get to an appointment with the worker, and it was a demeaning process because I had my money stopped for 5 weeks...I think it does help encourage people to get into work' Focus group participant

Another participant with a mental health condition said a sanction would motivate them to find work:

'I do believe with what I suffer with personally in terms of my mental health and condition, a sanction would encourage me if I'm not getting money because I'm not meeting the criteria I'm supposed to.' Focus group participant

The current employment support system is complex, particularly for disabled people and/or people with LHTCs. It has features that make it difficult for people to move into work ('barriers') and features that positively impact on people's ability to secure good work: ('enablers').

Barriers
DWP's dual role in providing employment support and administering benefits undermines trust in the system
Fear and anxiety over loss of benefits leads to people opting out of job search support despite wanting to work.
Large, nationally contracted, generic services
High caseloads, low costs incentivise working with 'easier' clients over those with more complex needs.
Lack of consistent funding for smaller, specialised services causing a lack of continuity
Challenges to partnership working and collaboration
Top- down mandatory referral and compliance requirements
Enablers
Specialist and localised providers
Connected and collaborative services, including partnerships with community services and employers
Lower caseloads
Trust between adviser and client creating a working relationship
Trust in the adviser's professionalism to take a flexible approach
Named support worker as a contact point of contact
Personalised services with wraparound support
In work support including training and support for the employer

Employer support and engagement

Evidence on the effectiveness of employer-facing interventions is limited, with most studies focusing on support for individuals rather than work with employers.³⁶ There is mixed evidence on the effectiveness of campaigns and subsidies that are focused on employers. A recent systematic review found anti-discrimination legislation had no impact, while the impact of quotas and subsidies were mixed. However, part time sick leave and support with return to work had a positive impact suggesting the importance of support to stay in or return to work.³⁷

Grant funding

One mechanism for providing support to help disabled people and/or people with LTHCs into sustainable employment via employers is the government's Access to Work (AtW) scheme. AtW provides grants to cover additional costs which may arise from employing someone who has a disability and/or LTHC, such as specialist equipment and assistive software, support workers, travel costs, vehicle adaptions, and physical changes to the workplace.

A cost benefit analysis of AtW estimated that its overall benefits to society outweighed its costs by a factor of more than three to one.³⁸ Qualitative studies indicate that AtW mainly supports the continued employment of disabled people already in a job at the time of applying for assistance, suggesting that AtW has a limited effect on the re-employment rate of disabled people.³⁹ Ongoing concerns are also apparent regarding low levels of employer awareness around AtW and issues around speed of response. One focus group participant who is disabled agreed that information about AtW should be more accessible to employers as they had come across employers who did not know about the scheme.

Incentivising employers

The Disability Confident scheme provides guidance to employers on how to attract, recruit and retain disabled people, with a special focus on inclusive communication. A DWP evaluation of the scheme suggested that employers who had joined the scheme felt it had a positive impact on their organisation.⁴⁰ However, there is limited evidence

³⁶ Sayce, L et al, (2017). Opportunity for all: essays on transforming employment for disabled people and those with health conditions.

³⁷ Derbyshire, D.W., Jeanes, E., Morasae, E.K., Reh, S. and Rogers, M., 2024. Employer-focused interventions targeting disability employment: A systematic review.

³⁸ <https://www.rnib.org.uk/professionals/health-social-care-education-professionals/knowledge-and-research-hub/reports-and-insight/access-to-work-cost-benefit-analysis/>

³⁹ Clayton et al., 2011, Assembling the evidence jigsaw: insights from a systematic review of UK studies of individual-focused return to work initiatives for disabled and long-term ill people, *Public Health*, 111:170

⁴⁰ <https://www.gov.uk/government/publications/disability-confident-survey-of-participating-employers-may-2022/disability-confident-scheme-findings-from-a-survey-of-participating-employers#introduction>

of the wider impact of this and other schemes and charters targeting employers in supporting sustainable job outcomes or retention for disabled people.

Employment support programmes

Some employment support programmes aim to go beyond providing support for individuals and also explicitly seek to engage with employers and change their behaviour with regard to the recruitment and support of disabled people and/or people with LTHCs. Evidence suggests that this is challenging, particularly when it comes to engaging with Small and Medium-sized Enterprises (SMEs). One issue identified by the evaluation of Health-led Trials was that employers who engaged with the programme were often those who already practised more inclusive behaviours.⁴¹

Changing employer behaviour through employment support programmes

The Healthy Working Wales: In-Work Support Service was a Welsh Government and European Social Fund funded programme that ran until December 2022.

As well as providing support to individual employees, the service also provided support for small and medium-sized enterprises to promote workplace wellbeing. This included bespoke advice, guidance and support, webinars and training sessions, support to develop and implement well-being policies and the development of a well-being champions network.

The evaluation found some evidence of positive outcomes including:

- Improved knowledge and awareness among the workforce of well-being issues.
- A higher profile for well-being within the organisation.
- Strengthened existing well-being activities.
- Culture change, with a greater focus on the impact of work on well-being and more support for individual well-being, including support for working practices which promote better work-life balance. ⁴²

Financial subsidies and quotas

Evidence on whether providing wage subsidies for disabled people helps them move into work are mixed. One trial in Sweden suggested a positive impact but other studies

⁴¹ Elmore, J., Gloster, R., Clayton, N., Newton, B. (2023) Health-led Employment Trials: Theory based evaluation. Work and Health Unit, London.

⁴² Learning and Work Institute (2023) Learning and Work Institute (2023) Evaluation of Welsh Government in work support service Welsh Government. Cardiff.

suggest a risk that subsidies can encourage people into low skilled work. Financial subsidies have not been trialled significantly in the UK; a small-scale experiment by DWP in 2012 did not find clear evidence and suggested that further testing was needed. There is also mixed evidence on whether setting employers' quotas for the number of disabled people they employ has a positive impact, with a need for further evaluation.⁴³

Training and awareness raising activities

Focus group participants said that more training for employers on how to support disabled people and/or people with LTHCs find and stay in work was essential. They felt strongly that increasing employer knowledge and raising awareness was a key driver in changing perceptions of disabilities and health conditions in the workplace. They said training would lead to employers providing more the right support and making their practices more inclusive.

'If everyone in work or people high up in the workplace, were expected to do a mental health course, the same way people do a first aid course...having that bit of knowledge helps you become more sympathetic once you understand something.' Focus group participant.

⁴³ Derbyshire, D.W., Jeanes, E., Morasae, E.K., Reh, S. and Rogers, M., 2024. Employer-focused interventions targeting disability employment: A systematic review.

The experiences of disabled people and/or people with LTHCs

'Behind every label of 'complex needs and barriers to work' is an individual with aspirations, ambitions, and challenges to overcome.'⁴⁴

So far, this paper has concentrated on how the system aims to support disabled people and/or people with LTHCs into sustainable employment. This section shifts the focus to the perspectives of disabled people and /or people with LTHCs themselves and provides insights from their experiences of engaging with the labour market and employment support services.

Wanting to work

Many disabled people and/or people with LTHCs who are economically inactive want to work. Labour Force Survey data suggests that this applies to around 600,000 people. A service user survey conducted by Mencap found that people want to work not only to earn money, but also to have independence, to be able to make choices in life and to feel socially included.⁴⁵ Meanwhile, focus group participants explained how keen they are to find a job to which they can apply their skills and experience.

Ableism

Research carried out by L&W with disabled people and /or people with LTHCs shows how ableism can be present in education, training and employment, disadvantaging people and reinforcing stereotypes of disability.⁴⁶ Participants described how employment support services and employers often focused on what they could not do and paid little attention to what they could do and their skills and attributes. Some research respondents were highly educated and skilled and yet were often offered low skilled jobs and low skilled training. They felt they were burdened by stereotypes of disabled people and wanted the system to take a more personalised, asset-based approach to supporting them into employment.

The evidence also showed how ableism can be internalised. Respondents said they felt unable to compete in employment, and sometimes put pressure on themselves to fit the image of a healthy and therefore a 'more valuable' employee.

A survey of disabled people found that 79% of respondents believed that disabled people find it harder to build and nurture inner confidence and resilience, which may

⁴⁴ Pollard, T. & Tjoa, P. (2020). This Isn't Working: Reimagining Employment Support for People Facing Complex Disadvantage.]

⁴⁵ Employment - what we think | Mencap

⁴⁶ Learning and Work Institute (2023). CLF Integration Hub. Employment and skills journey mapping and user needs analysis.

impact on their ability to progress at work. These challenges were linked to their experiences in the workplace, where only 31% had a sense of belonging at work, 37% of feeling valued and 39% had support to get things done.⁴⁷

All the focus group participants who had a health condition or disability had also experienced ableism within recruitment processes, workplace practices and employer behaviour. Experiences include:

- Not wanting to discuss their disability on application forms in the hope it would improve their chances of securing employment.
- Inaccessible application processes for example one participant who is blind was asked to take a picture of their face to verify their ID online as part of a job application.
- Being turned away from work because of a health condition or disability.
- Repeated past experiences of inflexible working arrangements and lack of necessary adjustments or support resulting in decreased confidence in their abilities and feeling it would be impossible to find a suitable job in the future. This led some to say they would only apply for voluntary positions as they offer the flexibilities they need:

'I know already that even if I find flexible work, it's actually impossible for them to make all the arrangements and all their adaptations for me ...there's no way an employer would accept me.' Focus group participant

Based on these experiences, focus group participants suggested some practical steps that should be taken to support more disabled people and people with LTHCs find and stay in work:

- Job application and interview support and how to discuss a health condition or disability.
- A letter from JCP to provide credible evidence of a disability or health condition, especially for invisible health conditions and disabilities.
- Referrals from employers to health services to support employees' health and wellbeing.

Empowering people in the system

Research tells us that disabled people and/or people with LTHCs want to be empowered within the employment support system. They want help to make

⁴⁷ A day with explanation- the future of disability inclusion? Sodexo Disability Report_2020.pdf (base-uk.org)¹

informed decisions and choices, as well as opportunities to inform and influence how services are organised and operate.

Improving awareness and information

Fundamental to achieving change is the need for people to have better access to information, to foster greater awareness and understanding of the support that is available and how to access it. A poll conducted by Sense showed that 50% of job seekers with complex disabilities were not aware of Access to Work and 46% were not aware of their right to request reasonable adjustments. Respondents agreed that 'Providing knowledge of support available is empowering in itself'.⁴⁸ The research also found that a quarter (26%) of people with complex disabilities believe that access to assistive technology would support them to work.

Evidence also tells us that people want help to better manage their own health and wellbeing. This is particularly important for people with fluctuating conditions and recently acquired disabilities. Putting health and wellbeing at the centre of the government's plan to support the employment of disabled people and/or people with LTHCs is one of the key recommendations of Mencap's service user survey.⁴⁹

Building social capital

Social capital refers to the value of social networks. Building social capital around disabled people and/or people with LTHCs is an important aspect of creating an inclusive employment support system. Research conducted by the Campaign to End Loneliness showed that disabled people and /or LTHCs are more likely to feel substantially lonely (25%) compared to adults with no disability (6%). Research by Sense in 2021 showed that (61%) of disabled people were chronically lonely, and that this was even higher (70%) for young disabled people.⁵⁰

This lack of effective social networks has a negative impact on people's ability to find work. Research suggests that between 30% and 70% of jobs are found with the help of social capital, and that having one additional friend in employment increased the probability of moving into employment by 15%. The research also highlights the interconnection between social connection, geography, deprivation and employment, suggesting that social networks have greater impact than geographic deprivation on people's chances of finding work.⁵¹

Co-production in service design and delivery

Disabled people and/or people with LTHCs want to be included, visible and represented in how services to support them into work are designed and delivered.

⁴⁸ Research on the employment support available to people with complex disabilities – Sense.

⁴⁹ Employment - what we think | Mencap.

⁵⁰ Thwaites, E., How can we combat loneliness and social isolation among disabled people? Campaign to End Loneliness.

⁵¹ Phillips, A. (2022). Working Together: The Case for Universal Employment Support.

Participants in research carried out by L&W almost unanimously stated that co-production of services with disabled people and/or people with LTHCs created better informed, more integrated and more inclusive services. Involvement can include a range of roles such as mentoring, mystery shopping training and consultancy, advocacy work, frontline employment support roles, and leadership and management of employment and training provision.

Other research carried out on re-imaging employment support stressed that improving services to support people into work should involve collaboration with people with lived experiences of disability and/or LTHCs. The report calls for community participation in strategy development, as well as in the design and delivery of services. It suggests that the idea of communities working together to build systems of holistic and integrated support contrasts starkly with the current centrally driven approach. A collaborative approach would help to ensure that services are more inclusive, lead to equitable outcomes and possibly to a more socially just system.⁵²

Focus group participants strongly agreed that services should be designed with and not for disabled people and people with LTHCs. They said that by involving people with lived experience, services would better meet the needs of the people they aim to serve:

'Disabled people and people with health conditions should definitely be involved in how they should design future employment support. It's a very top-down approach instead of bottom up. Why should someone else tell you what it's like to struggle, if they've never struggled.' *Focus group participant*

The role of line managers

Many focus group participants highlighted the key role a supportive line manager plays in helping disabled people and/or people with LTHCs and disabled people move into and stay in work. Important factors include a line manager who takes the time to understand their condition, advocates on their behalf, ensures adjustments and flexibilities are made to meet their needs and communicates regularly to ensure they feel supported and able to work:

'I have a chronic condition, it affects me all day, every day and there's no cure for it. So, having a good manager that understood that and understood how it impacts me and why I need these things. Fighting for those things for me and just knowing about it and understanding the condition really helped.' *Focus group participant*

⁵² Pollard, T. & Tjoa, P. (2020). This Isn't Working: Reimagining Employment Support for People Facing Complex Disadvantage.

What effective support looks like

There is a relatively good evidence base on what effective employment support for disabled people and/or people with LTHCs looks like, although there is less evidence for some groups of people such as those with physical disabilities. IES's recent research on supporting 'good work' in active labour market policies in the UK, US and Australia outlined some overarching and common themes in the key elements that enabled people to move into sustainable employment. These included:

- Locally responsive or sector-focussed support and advice and greater alignment between employment and skills support.
- Services with a 'dual customer' focus on both employer and employee, including support with recruitment, job brokerage, access to skills and training and support with wider workplace practice.
- Advisers offering on-going support to employees to sustain work, deal with workplace challenges and progress in work.
- Stronger local partnerships between business, community services, tailored training and employment support.
- Recognising noteworthy practice in effective engagement with employers such as the Good Employment Charter in Manchester and the Good Work Standard in London.⁵³

This section summarises key features of effective practice highlighted by our review.

⁵³ Wilson, T. & Mason, D. Supporting 'good work' in active labour market policies. Rapid review of what has worked in the United Kingdom, United States and Australia. Institute of Employment Studies March 2024

Fidelity to a model

Programmes with good fidelity to the key principles of effective support have better employment outcomes than programmes with poor fidelity. Where existing evidence is strong for a particular support model, as it is for IPS, ensuring that any programme holds true to these elements is important to enable outcomes to be achieved and evaluations to further evidence effectiveness in particular local contexts. Where IPS has been delivered to a high level of fidelity, the model lends itself to scalable and transferable interventions which can be audited, compared and evaluated.

Integration with health care systems

Lessons from IPS delivery and trials show that integration between employment and health services is an important way to support people with additional and complex needs. In particular, health and employment integration can promote a culture shift in clinicians who can better support the occupational needs of their patients. A 2018 systematic review found that overall successful interventions for individuals with mental health conditions are multidisciplinary, with patient centred and engaged teams comprising health care workers and employment specialists who communicate

The importance of fidelity to a model: Health-led Employment Trials

Individual Placement and Support (IPS) stands out as one of the most effective models of employment support from the available evidence. The Health-led Employment Trials (HLTs) were one of the most recent attempts to replicate these successes. Led by the Government's Work and Health Unit, the HLTs tested the IPS model in Sheffield City Region (SCR) and the West Midlands Combined Authority (WMCA).

The evaluation showed a positive impact on employment and health outcomes. But these impacts were more mixed than some of the most effective IPS programmes. In SCR, participants experienced improved health and well-being but not improved employment outcomes, while the converse was true in WMCA. This was because the model was not implemented in a way that fully adheres to IPS principles.

In Sheffield there was better join up with the health system but higher caseloads meant that employment specialists had less time to spend with participants and there was less focus on employer engagement compared to the West Midlands. Across the trials, there were shortcomings in employer engagement, discussions of workplace adjustments, job development and integration with health professionals compared to the evidenced IPS model.⁵⁴

⁵⁴ Elmore, J., Gloster, R., Clayton, N., Newton, B. (2023) Health-led Employment Trials: Theory based evaluation. Work and Health Unit, London.

regularly. Integrating clinical and employment services achieves significantly higher competitive employment rates compared with controls.

Further along the integration scale, co-location allows for better understanding of partners' roles, responsibilities and skills across disciplines which better enables the service-user's needs to be met. Again, evidence is emergent, with interventions being developed in the context of ongoing partnership-working and integration between local authority services and DWP services (such as Jobcentre Plus). The evaluation of Health-led Trials demonstrated the challenges of co-location particularly within the limited time frame of a trial and suggested more limited integration such as employment advisers working part time from healthcare provider premises could also add value.⁵⁵

Integrated support is increasing its prevalence within the provision of support in England. Pilots of Individual Placement and Support in Primary Care⁵⁶ and a further exploration of integrated health and employment support through fifteen WorkWell pilots⁵⁷ are anticipated to provide further evidence on how to deliver integrated support, and its effectiveness.

Personalisation

Numerous studies focus on the importance of a personalised service in achieving positive employment outcomes. In a number of national evaluations, a key driver of quality was the ability for advisers to tailor support to each individual, offer support to find the right job rather than any job, offer wrap-around support as needed, and vary the nature and intensity of support according to participants' needs, aspirations and the impacts of their individual impairments. IPS models were often viewed positively by participants as they felt this was tailored to them. Research into IPS shows that participants achieve greater numbers of days in work (job tenure) where advisers have the flexibility to consider participants' occupational preferences and find tailored employment that meets these needs.

A flexible, person-centred ethos was seen as a key strength of the Welsh Government's CfW and CfW+ programmes, which enabled advisers and/or mentors, to provide practical support to strengthen people's capabilities, such as help with job searching and applications, access to training, work placements and/or volunteering, referral to partners, and financial support.⁵⁸

⁵⁵ Elmore, J., Gloster, R., Clayton, N., Newton, B. (2023) Health-led Employment Trials: Theory based evaluation. Work and Health Unit, London.

⁵⁶ <https://www.gov.uk/government/publications/individual-placement-and-support-in-primary-care-initiative/letter-individual-placement-and-support-in-primary-care-ipspc-initiative>

⁵⁷ <https://www.gov.uk/government/news/new-64-million-plan-to-help-people-stay-in-work>

⁵⁸ Holtom, D. et al. (2023). Evaluation of Communities for Work and Communities for Work Plus: Stage 1 (process evaluation and theory of change).

Flexible, tailored and individualised support was a key thread in the focus group conversations. Participants said that any work coach or adviser should create a trusting relationship by understanding the individual's complete set of circumstances and having open and honest communication.

Building Better Opportunities

The Building Better Opportunities (BBO) programme was funded by The National Lottery Community Fund and aimed to support people to move towards work.

BBO programmes were delivered at the local level in partnership with Local Enterprise Partnerships (LEPs) to ensure they were designed to meet the needs of local areas. Collaboration between projects and wider partners helped to increase access to wider specialist support, for staff training and to deliver support for participants.

One project, Motiv8, identified a high number of people entering the project with low-level mental health issues. In response, the project introduced wellbeing navigators and offered a range of interventions focused on health and wellbeing. The package of interventions ran for 8 to 12 weeks and was delivered by a specialist partner, alongside wider employment-focused activities delivered by the keyworkers. Other participants received specialist mental health support such as Cognitive Behavioural Therapy (CBT).⁵⁹

As we identify above, disabled people and/or people with LTHC's can face multiple barriers in accessing support. Wide ranging and joined up support is therefore a fundamental element of successful programmes. This includes IPS which embeds support including access to information about benefits, support with issues such as debt and housing, referrals to training providers, and links with clinical services.

Employment and skills hubs provide an additional way to offer wrap around support. Research undertaken by L&W for Central London Forward (CLF)⁶⁰ mapped the needs, barriers and interactions of disabled people and/or people with LTHCs with the employment and skills system in central London. CLF has established a Central London Integration Hub to support the integration of the employment and skills system by coordinating support across the sub-region. The Hub specifically has a

⁵⁹ Ecorys. (2022). Building Better Opportunities Evaluation: Focused support for groups furthest from the labour market.

⁶⁰ Learning and Work Institute (2023). CLF Integration Hub. Employment and skills journey mapping and user needs analysis.

focus on disabled people and LTHCs as they are more likely to face multiple barriers when accessing support.

Online and hybrid delivery of support also potentially offer greater personalisation and flexibility. While delivery models continue to adjust in the post-pandemic environment, with evaluations of delivery still emerging, there is some indication that some of the digital approaches to delivering support which were developed during the pandemic have been positive. For example, the evaluation of the BBO programme, which provided investment in local projects supporting participants to progress towards the labour market, highlights how remote working and enhancing digital inclusion had been vital and have continued to be popular, as had hybrid models of support. In this instance additional support for enhancing digital skills for participants had remained a priority to prevent exclusion, as well as supporting other basic skills.⁶¹

Specialist employment advisers

Having dedicated advisers with an in-depth understanding of the participant's needs and preferences is consistently associated with positive outcomes. The evaluation of Health-led Trials found that having consistent support from a specialist advisor who understood their needs was strongly associated with positive outcomes for participants.

The development of trust between the participant and their adviser, as well as the provider organisation or programme itself, is a key factor in adviser-participant relationships. This trusting relationship is described by Ravn and Bredgaard as a 'working partnership' or 'working alliance' as in psychotherapy, which has been shown to be a crucial element in positive clinical outcomes. Similarly, having skilled advisers who could develop a good relationship with their participant was found to be an independent predictor of positive employment outcomes in the EQQLISE trial, a European-wide trial of IPS.⁶²

Lower caseloads

Effective service delivery is significantly supported when advisers are allocated lower caseloads. A number of studies have found that reducing coach caseloads improves employment outcomes, by offering genuinely personalised job search support and flexible appointment schedules that allows for fluctuations in conditions and for

⁶¹ Ecorys. (2022). Building Better Opportunities Evaluation: Focused support for groups furthest from the labour market. Ecorys: Birmingham.

⁶² UCL (2014) Increasing employment opportunities and retention for people with a long-term health condition or disability: local action on health inequalities.

medical appointments. This suggests that giving advisers more time may enable them to build stronger relationships, which in turn lead to better employment outcomes.^{63 64}

For the Work and Health Programme, having the time to maximise understanding of potentially complex, multi-faceted participant needs and implement appropriate responses was seen to be one of the keys to success.⁶⁵ There were similar findings from the evaluation of Health-led Trials where having larger caseloads meant that advisers were less able to provide holistic support tailored to participant need.

Employer engagement

Models of support that have employer engagement are more effective but there are low levels of research on *how* to do this effectively. More research is needed on how best to engage and develop relationships with employers, as well as understand employers' decision-making processes. This needs to include consideration of how to engage different kinds of employers as engagement will vary significantly depending on factors such as size and the sector.

Individual programmes often emphasise the importance of employer engagement or 'job brokerage', where specialist employer engagement officers work with local employers to understand their needs and 'match' participants based on their skills and interests; however, there is limited research on how to do this effectively.⁶⁶ Strong links with local employers were one of the most important success factors in the Solent Jobs programme, as this led to a range of opportunities for participants. The programme had a dedicated business engagement manager who was familiar with the local labour market and could build trusting relationships with employers. They used case studies and good news stories to promote the programme, as well as word of mouth between employers.⁶⁷

Some commentators believe employer engagement is most effective when managed by specialist local providers with enhanced knowledge of and relationships with their participants and local employers. Ideally this would involve creating a direct connection between an individual and an employer who may have a suitable vacancy for them, helping to negotiate and tailor a role based on individual needs, and offering tailored in-work support for the individual and their employer.⁶⁸

⁶³ Ravn and Bredgaard. Impact of Working Alliances. 2021.

⁶⁴ Scholz, F and Ingold, J orcid.org/0000-0001-8088-8262 (2021) Activating the 'ideal jobseeker': Experiences of individuals with mental health conditions on the UK Work Programme.

⁶⁵ Kantar Public. (2023). Work and Health Programme evaluation: synthesis report.

⁶⁶ Ingold, J. and Valizade, D. (2016) Employer engagement in active labour market policies in the UK and Denmark: a survey of employers.

⁶⁷ Learning and Work Institute. (2019). Solent Jobs Programme Evaluation. L&W: London

⁶⁸ Pollard, T. & Tjoa, P. (2020). This Isn't Working: Reimagining Employment Support for People Facing Complex Disadvantage. New Local: London. www.newlocal.org.uk/publications/this-isnt-working [accessed 19/12/2023]

Building fully inclusive employment support

The evidence set out in this paper points to the need for fundamental changes to the way in which disabled people and/or people with LTHCs are supported to find sustainable employment. This is not to dismiss the many examples of effective practice which the review identified. However, significant shortcomings remain in the employment support system, reflecting an underlying ableist bias and hampering the ability of services to consistently and effectively engage, empower and support disabled people and/or people with LTHCs. Progress towards a fully inclusive system is depicted in the equality continuum on p.13, which moves from inequality through equality and equity to full inclusion. The following recommendations are intended to help bring about the shift that is needed so that the system better reflects the needs and circumstances of the people it is intended to support.

Recommendations for UK government and devolved national and regional administrations

Recommendation 1: Employment support programmes for disabled people and/or people with LTHCs should be based on long-term, multi-year funding agreements.

Employment support is a policy area that has been damaged by short-termism and by multiple programmes that have not been sustained. This has resulted in fragmentation, inconsistency, sub-optimal delivery in short timescales, and a lack of robust evaluation to enable lessons to be learned and good practice embedded. Disabled people and/or people with LTHCs need certainty and continuity of sustained support over the long-term, to reflect the ongoing nature of the challenges that they face in securing stable work. Central government, devolved national governments, and devolved regional administrations should base all future employment support programmes on multi-year funding agreements.

Recommendation 2: Mainstream employment support programmes should not be restricted to people who are in receipt of certain benefits but should be open to all who are interested in moving into work.

Many economically inactive people who are not receiving out-of-work benefits want to work but cannot access the support they need due to programme eligibility criteria. Widening access to support to more groups of people would require tailored outreach and engagement into local communities, with diverse entry points into the system via communities of interest and geography and using both digital and offline methods.

Recommendation 3: DWP rules and guidance on the use of benefit sanctions should be reviewed to allow greater flexibility for JCP staff working with disabled people and/or people with LTHCs.

Sanctions rigidly applied do not reflect the realities of people's lives and their need to prioritise health and wellbeing. They undermine efforts to engage and support disabled people and/or people with LTHCs by creating a system based on fear and anxiety rather than understanding and trust. To inform reform of the benefits and sanctions system, research should be carried out to better understand the role of conditionality and the impact of sanctions on different groups, as well as what can be learned from international experience. DWP should also publish data on people moving between Universal Credit conditionality groups.

Recommendation 4: Commissioning of future employment support programmes in devolved administrations should reflect the following principles:

- Provision is delivered with and through providers who are trusted within the target communities and understand local needs and circumstances. This is critical for reaching, engaging and supporting people effectively.
- Services include employer-facing specialists who have the skills and knowledge to engage and support employers to develop sustainable employment opportunities in good work for disabled people and/or people with LTHCs.
- Disabled people and people with LTHCs are involved in the design, delivery and evaluation of services.
- Programmes include a workforce capacity building strand to ensure that managers and practitioners in delivery partner organisations are recruited and trained in sufficient numbers and with the right skills, knowledge and attributes to deliver support effectively to both disabled people and/or people with LTHCs and to employers.

Recommendation 5: Programme design should adopt a 'test and learn' approach with regard to employer engagement, including a commitment to embedding formative evaluation into programme delivery and publishing / disseminating evaluation findings.

There is a lack of good research evidence on effective employer engagement, including reaching and engaging employers in different sectors and in particular in working with SMEs. Employer engagement and support are specialist services, and we need a better understanding of effective approaches to underpin high quality, consistent practice. Key aspects of this practice include engaging with SMEs; advocating for the employment of disabled people and/or people with LTHCs; providing practical support and guidance around inclusive recruitment and employment (e.g. job carving, flexible working, Access to Work); and training line managers to better support disabled people and/or people with LTHCs.