Supporting workers' health and access to better work

Exploring the role for government, services and employers

A report for the Commission for Healthier Working Lives

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The Health Foundation | Commission for Healthier Working Lives

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About the Commission for Healthier Working Lives

Learning and Work Institute (L&W), Institute for Employment Studies (IES) and Royal Society for Public Health (RSPH) have formed a new collaboration as the research partners for the *Commission for Healthier Working Lives*, supported by the Health Foundation.

The *Commission for Healthier Working Lives* aims to build a consensus on the action needed to address the decline in working-age health. It will create a better understanding of health trends and inequalities – and their impact on individuals, employers and the economy. The Commission will make recommendations for action to improve working-age health, and to help more people with health conditions get the support they need to access, remain or thrive in the workforce.

This report is one of a series of commissioned reports, all of which are available at www.health.org.uk/commission-for-healthier-working-lives

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Introduction

The UK has a work and health challenge

Over the last decade, ill health among the working-age population has continued to increase in the UK. In 2023, 3.9 million people in paid work reported a work-limiting health condition. This number is up by 1.5 million from a decade ago.[1]

Since 2020, ill health has also become the main reason why people are out of work.[2] According to Department for Work and Pensions (DWP) administrative data, 3.2 million people claim health-related out-of-work benefits.[3] Since the pandemic, the number of health-related claims has increased by 37% (946,000).[4] There is no single explanation for the rise in the number of people out of work due to ill health or claiming health-related benefits. Contributing factors include the health impacts of the Covid-19 pandemic and the cost of living crisis, worsening working-age health, an ageing population, the low level of benefits for jobseekers which pushes people with underlying health conditions to seek health-related benefits, changes in diagnostic and health-seeking behaviours, and growing pressure on the health-care system.[5]

Supporting disabled people and people with long-term health conditions to find good quality work is an economic and social priority. Work can positively impact people's health and overall wellbeing,[6] and increasing the employment rate would help boost the economy, improve public finances and raise household incomes.[7] However, there is still much that we don't know about why poor health has increased among working-age people, and what interventions work best in different circumstances. Not all work benefits health; job quality is important for maintaining health and well-being at work.[8] Both the Government and employers have a role to play to create healthier workplaces that protect employee's health.

The report is part of a series of research projects delivered by Learning and Work Institute, Institute for Employment Studies and Royal Society for Public Health, to inform the work of the Health Foundation's Commission for Healthier Working Lives. This report provides insights and policy considerations to support the Commission to make further proposals for policy makers, service providers, and employers.

[1] Health Foundation (2023) Analysis of the Labour Force Survey, Office for National Statistics
[2] Evans, S. Clayton, N. and Lovedeep, V. (2023) Missing Workers: Understanding trends in economic inactivity. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/missing-workers/
[3] Evans, S., Vaid, L. (2023) Understanding Benefits: Assessing how many people receive out of-work benefits. Learning and Work Institute. http://learningandwork.org.uk/resources/research-and-reports/understanding-benefits/
[4] Clayton, N. Evans, S. (2024) Get Britain Working: the Path to an 80% Employment Rate. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/get-britain-working-the-path-to-an-80-employment-rate/
[5] Lane Clark & Peacock (2023) The Great Retirement or the Great Sickness.
[6] Waddell, G. and Burton, K. (2006). Is work good for your health and well-being? Department for Work and Pensions, 1 January 2006. https://learningandwork.org.uk/resources/research-and-reports/towards-full-employment/
[7] Evans, S. (2022) Towards full employment: How the UK can increase employment by widening opportunity, Learning and Work Institute.
[8] Wilson, T., Sharma, M., and Gifford, J. (2024) Exploring the interactions between job quality, industries and health. A report for the Commission for Healthier Working Lives.

The report sets out what we know about what works to support disabled people and people with long-term health conditions, and the key policy changes required to improve the system of support. The report draws on findings from an evidence review and expert roundtables with academics, policy makers, representatives from local government, public health experts, employers' organisations, employment support providers, think tanks, and Deaf and Disabled People's Organisations.

The work and health journey

The findings and the policy implications are framed around three domains, based on the pillars for healthier working lives identified by the Commission.

Domain 1: Protecting health and wellbeing while at work

This domain covers effective interventions that protect and improve the health of the working-age population while in work. Job quality and the workplace environment can have a significant impact on the health of someone in work. Work itself can contribute to ill health, due to factors such as insecure employment, increased work demands, and harmful work environments.

Domain 2: Supporting people with work-limiting conditions to remain in work

This domain focuses on the policies and interventions that support disabled people and people with long-term health conditions remain attached to the labour market. We explore which interventions are effective at reducing the number of people leaving work due to health issues. There are a range of circumstances where people are no longer able to work. However, for most people, the primary goal should be supporting someone to remain attached to work – either in their existing role or in a new role or workplace.

Domain 3: Supporting people out of work due to ill health to find and keep sustainable employment

This domain focuses on effective employment support for people out of work due to long-term health conditions. It also explores policies and interventions designed to change employers' behaviours to make it easier for employees to access employment. We consider the needs of people who are out of work and living with a health condition, the barriers they face, and what types of support are most effective in helping people to find and stay in work.

Overarching principles

In the research, we identified key principles essential for the success of any intervention. These are set out below, as a set of considerations for policy makers, service providers or employers.

Inclusion of people with lived experience: Policies, programs, and workplace guidelines are likely to be more effective and better received if they are informed by the needs and perspectives of those affected by them.

Consider how incentives drive behaviour: Careful consideration needs to be given to how changes to policy and the introduction of new programmes interact with other parts of the system, to ensure it does not lead to unintended consequences. Finding the right balance between incentives and penalties is challenging, but a broader perspective on likely behavioural responses can help prevent outcomes that undermine the objective.

Early intervention and consistent support: Evidence consistently demonstrates that providing support at the earliest opportunity is crucial across a range of interventions. Early intervention reduces the risk that someone will stay out of work for an extended period and can help address health issues before they worsen. Investing in early intervention measures is more cost effective over time.

Coordinated and integrated support: Integrated support (e.g. between employment support services and the health care system) and coordination between key actors is important for supporting people with complex and additional needs. Part of this integration is ensuring that work is treated as a health outcome, recognising that work provides benefits that can help to improve health and wellbeing.

Personalised support: Personalised support, tailored to individual circumstances, is widely recognised as being key to achieving positive employment outcomes, particularly for people with complex needs.

Domain 1: Protecting health and wellbeing while in work

Challenges

A significant minority of the workforce face work-related risks to their health. This is linked to weak employment protection, long hours, high pressure, and a lack of autonomy.

While most employers want to do the right thing, many (particularly smaller organisations) struggle with capacity and are not taking proactive and effective steps to support employee health.

The limitations of existing employment law are compounded by weak enforcement.

What works

Interventions seeking to improve health and wellbeing through changing workplace culture and practices are more effective than interventions focused on changing employees' behaviours.

Coordinated programmes are more effective than isolated initiatives. For example, an organisation-wide health and wellbeing programme have more impact than several separate initiatives.

While there is some evidence on which employer interventions are the effective to improve workforce health and wellbeing, there is limited evidence on how public policy can influence employers to create the conditions for good work.

Policy options

Increase workers awareness of their employment rights. This could be achieved through a campaign to increase awareness of current and new rights, and avenues for redress. This could use channels that workers are most likely to engage with, such as unions, local governments, and housing associations.

Improve the enforcement of rights. This could be achieved by appropriately resourcing the new regulator, the Fair Work Agency, to investigate complaints and undertake proactive enforcement to ensure compliance.

Build the evidence base of what works to improve employer practice. This could be achieved by trialling sector-specific approaches to build the evidence base on what works to change employer behaviour and what incentives help to influence employers to apply the principles of good work.

Modelling best practice within the public sector. This could be achieved by the Government conducting a review of causes of harm in key public sectors, in particular the education sector and health workforce, and explore changes (such as job design, autonomy, and hours) to ensure these sectors support wellbeing and prevent health harming practices.

Understanding the challenge

There is growing evidence that good work contributes to better health. However, there are aspects of work that can also be harmful for employees' health. In 2023/24, 1.7 million workers suffered from work-related ill health. [9] The most common causes of work-related ill health are stress, depression or anxiety, accounting for 46% of all work-related health problems. Musculoskeletal disorders are the second most common cause of work-related ill health (32%).[10]

In another report developed to inform the Commission for Healthier Working Lives, the authors examine the job characteristics which are protective of health and those that are most harmful.[11] The four key aspects of job quality identified were:

- Job security and precarity
- Excessive and/or irregular hours
- Demands and control at work
- Relationships and support.

A significant minority of UK workers are in poor quality jobs.

Compared to similar EU countries, the UK has poorer job quality across several dimensions. UK workers face relatively weak employment protection, long hours, high pressure, and a lack of autonomy.[12]

Estimating the proportion of the working-age population in poor quality jobs is difficult, but according to Trades Union Congress (TUC) research nearly 13% of the total workforce (approximately one in eight) were in insecure jobs in 2024.[13] Other estimates suggest that one in six workers regularly work long or irregular hours, one in nine work night shifts, and one in six report having been subjected to bullying, harassment or discrimination in the UK.[14]

Work intensification and work-related stress have increased over recent decades, to a point where around half of the workforce report being regularly exhausted from work.[15]

Autonomy at work helps manage work pressures, but the intensification of work has been accompanied by declines in levels of work autonomy.[16]

Work-related ill health risks vary across sectors.

Job quality appears to be worse in transport and storage, construction, and commerce and hospitality sectors than in financial, public administration, and other services

[9] Health and Safety Executive. Work-related ill health and occupational disease in Great Britain. https://www.hse.gov.uk/statistics/causdis/index.htm
[10] Ibid.
[11] Wilson, T., Sharma, M., and Gifford, J. (2024) Exploring the interactions between job quality, industries and health. A report for the Commission for Healthier Working Lives.
[12] Ibid.
[13] This consists in a relatively broad definition, including zero-hour contracts. Source: Trades Union Congress. https://www.tuc.org.uk/news/number-people-insecure-work-reaches-record-41-million
[14] Wilson, T. Sharma, M. and Gifford, J. (2024) Exploring the interactions between job quality, industries and health. A report for the Commission for Healthier Working Lives
[15] Ibid.
[16] Ibid.

sectors across a range of factors.[17] Looking specifically at mental health, people working in health services and education face the highest risks of burnout, which affects more than two fifths of the workforce.[18] This is a major challenge, with depression and anxiety now the leading cause of sickness absence, accounting for 55% of days lost due to work-related health issues.[19]

Employers have a critical role but need more support to do better.

Employers have a key role to play in supporting workers to stay healthy at work. Since the Covid-19 pandemic, employers have been doing more to support employees' health.[20] However, employers still face significant challenges in introducing high quality and effective interventions:

- Many employers struggle to find reliable and high-quality services tailored to their needs.
- There is a lack of clarity around what can be effective, particularly in the context of rapidly changing and hybrid workplaces.
- Line managers play an important role in the effective implementation of policies, but many fail to act appropriately due to lack of understanding (linked to lack of clarity and/ or training), lack of support and workload pressures.[21]

Occupational health services can improve workplaces practices, advising employers and line managers on effective interventions and supporting employees to remain healthy. However, many employees and employers do not have access to those services (see Domain 2 for more detail on the challenges related to occupational health).

Policy landscape

In the UK, the minimum standards for some aspects of job quality are set out in legislation. Other aspects rely on softer interventions or are at an employer's discretion, such as applying best practice guidance or signing up to voluntary charters.

Legal framework

UK labour law is significantly less protective of workers' rights than that of other OECD countries.[22] Looking specifically at the aspects of job quality that matter most for health, the following laws, acts, and bills are relevant:

- The Employment Rights Act (1996) and regulations made under it, govern the

[17] Ibid.
[18] Green, F. Felstead, A. Gallie, D. and Henseke, G. (2018) Work Intensity in Britain – First Findings from the Skills and Employment Survey 2017. Centre for Learning and Life Chances in Knowledge Economies and Societies, UCL Institute of Education. https://orca.cardiff.ac.uk/id/eprint/115439
[19] HSE (2024) Work-related stress, depression or anxiety statistics in Great Britain. Health and Safety Executive. https://www.hse.gov.uk/statistics/assets/docs/stress.pdf
[20] CIPD (2023) Health and wellbeing while at work. Chartered Institute of Personnel and Development.
[21] Bajorek, Z. (2020) The Squeezed Middle: Why HR should be hugging and not squeezing line managers, Institute for Employment Studies. https://www.employment-studies.co.uk/resource/squeezed-middle-why-hr-should-be-hugging-and-not-squeezing-line-managers
[22] TUC (2024) Falling behind on labour rights Worker protections in the UK compared to the rest of the Organisation for Economic Co-operation and Development (OECD). Trade Union Congress.

main elements of the employment relationship, including pay, time off, and flexible working.

- The Health and Safety Work Act (1974) establishes the framework for managing workplace health and safety, including requiring workplaces to provide adequate welfare provisions, safe working environment, and suitable provision of relevant information.
- The Working Time Regulations (1998) set out the minimum amount of paid annual leave and limits the number of hours an employee can do to 48 hours a week, averaged over 17 weeks.
- The National Minimum Wage Act (1998) provides a statutory right to be paid a certain amount of remuneration.
- The Equality Act (2010) protects workers against discrimination in the workplace and the recruitment process, through identifying and protecting characteristics that cannot be used as a reason for any workplace decisions.

In 2024, the Labour Government introduced the Employment Rights Bill which is intended to improve rights for workers in a range of areas that are protective of health. This includes changes to dismissal rights, guarantee of minimum hours, strengthened rights to flexible working, and fairer pay including through statutory sick pay.

Enforcement

The way rights are enforced are as critical as the rights themselves. At present, some of the rights are enforced directly, for example, HM Revenue & Customs enforces the National Minimum Wage, and the Home Office regulates modern slavery through the Gangmasters and Labour Abuse Authority. Most of the enforcement activity is reactive, relying on individuals raising a claim to an employment tribunal. This means that individuals need to have a good understanding of their rights and the capacity to defend them. Workers in lower quality jobs, or more precarious work, are less likely to know their rights and entitlements and therefore less likely to enforce their rights through employment tribunals.[23]

The lack of funding has also undermined the enforcement capacity of labour rights – the budget of the Health and Safety Executive fell by a quarter over the 2010-13 period and it has largely stayed the same since 2014.[24] The number of labour inspectors in the UK is less than a third of the International Labour Organisation minimum standard benchmark.[25]

The current system of state-based enforcement is also fragmented, and the different bodies fail to work together as they should.[26] The issues with existing enforcement are acknowledged in the Economic Analysis of the Employment Rights Bill:

"The UK's enforcement system is fragmented and ineffective, such that a minority of businesses have had opportunities to exploit their workers, giving them an unlawful

[23] Judge, L., Slaughter, H., (2023) Enforce for good. Effectively enforcing labour market rights in the 2020s and beyond. Resolution Foundation. https://www.resolutionfoundation.org/publications/enforce-for-good/
[24] Ibid.
[25] Ibid.
[26] CIPD (2020) Revamping labour market enforcement. Chartered Institute of Personnel and Development. https://www.cipd.org/uk/knowledge/reports/labour-market-enforcement-uk/

edge over their compliant peers".[27]

The bill will also establish the Fair Work Agency which will bring together different enforcement functions including the enforcement of the National Minimum Wage, statutory sick pay, and enforcement of the Modern Slavery Act 2015. This new enforcement agency may provide better coordination, but it needs to be funded appropriately for this to be the case.

Guidance and support for employers

A range of organisations provide guidance for employers about their health and wellbeing responsibilities and general information on supporting people at work. Key organisations include:

- **The Health and Safety Executive** is a government agency and Britain's national regulator for workplace health and safety. It provides guidance for employers and individuals on mental health and regarding vulnerable workers, including disabled people, older workers, younger workers, gig economy, agency, and temporary workers.[28]
- **The Advisory, Conciliation and Arbitration Service (Acas)** is an independent public body that receives funding from the Government to work with employers and employees to improve workplace relationships. Acas provides advice and information on employment law, HR processes and good practice at work, including health and wellbeing at work.[29]
- **NHS Health at Work** is the network of occupational health teams focused on the health of the NHS workforce. NHS Health at Work advises Government and other bodies about occupational health in the NHS. It also supports businesses in the broader community with occupational health advice.[30]
- **The Local Government Association**, the national voice of local government, working with councils to support, promote, and improve local government. The sector support programme includes supporting employers with the health, resilience, and wellness of their workforce.[31]
- **The Council for Work & Health**, a group of 37 professional bodies delivering health, safety, and wellbeing services. The Council provides professional leadership and expertise on work and health issues by sharing good practice and connecting workers and employers to providers.[32]
- **CIPD** (Chartered Institute for Personnel and Development), the professional body for HR and people development provides information on wellbeing at work, stress in the workplace, and mental health in the workplace. [33] It carries out an

[27] UK Government (2024) Employment Rights Bill, Economic Analysis. Employment Rights Bill Economic Analysis
[28] Health and Safety Executive. Vulnerable workers. https://www.hse.gov.uk/vulnerable-workers/index.htm
[29] ACAS. Health and wellbeing. https://www.acas.org.uk/health-and-wellbeing
[30] Introducing NHS Health at Work – NHS Health at Work Network. https://www.nhshealthatwork.co.uk/index.asp
[31] Local Government Association. Wellbeing. https://www.local.gov.uk/our-support/workforce-and-hr-support/wellbeing
[32] Council for Work & Health https://www.councilforworkandhealth.org.uk/
[33] Chartered Institute for Personnel and Development https://www.cipd.org/uk/topics/wellbeing/

annual survey of health and wellbeing.[34]

- **The National Institute for Health and Care Excellence** provides mental wellbeing at work guidelines,[35] which include evidence-based recommendations for how to create the right conditions for mental wellbeing at work.

Despite the range of guidance available for employers, participants at our roundtables suggested that many employers still report that they are unaware of guidance; small employers in particular want sector-specific information. This aligns with previous research from DWP that showed low awareness of health and wellbeing information, particularly among smaller organisations.[36]

Charters and accreditations

Employment charters and accreditation schemes are becoming more prevalent as voluntary initiatives to influence employer behaviour and promote best practice in the workplace. They can offer advantages for employers in terms of reputation or meeting procurement tender requirements. Examples in the UK include Disability Confident, the Welsh Government's Healthy Working Wales, and the Institute for the Future of Work's Good Work Charter. Combined authorities play a leading role in the development and implementation of charters. Examples include the Manchester Good Employment Charter and London's Good Work Standard. [37]

What works to protect health and wellbeing while in work

Workplace interventions to protect health and wellbeing while at work are far ranging, from prescriptive interventions setting out minimum standards, to interventions that encourage positive behaviours such as staying active. In this section, we consider the evidence for the effectiveness of these different approaches.

Workplace interventions

Workplace interventions can be broadly categorised into two groups:

- **Organisational-level interventions** (also called *primary interventions*) – these interventions seek to improve health and wellbeing through workplace culture and practices. Examples include job redesign interventions,[38] or interventions to change processes to reduce workload or foster better team support.
- **Individual-level interventions** (also called *secondary interventions*) – these interventions aim at changing employees' behaviours, attitudes and improving their health management skills. Examples include psychological training (e.g.

[34] CIPD (2023) Health and wellbeing while at work. Chartered Institute of Personnel and Development. https://www.cipd.org/uk/knowledge/reports/health-well-being-work/
[35] NICE (2022) Mental wellbeing at work. National Institute for Health and Care Excellence. https://www.nice.org.uk/guidance/ng212
[36] Young, V. and Bhaumik, C (2011) Health and well-being at work: a survey of employers. Department for Work and Pensions. https://www.gov.uk/government/publications/health-and-well-being-at-work-rr750
[37] House of Commons (2024) Disabled people in employment. Research briefing. https://commonslibrary.parliament.uk/research-briefings/cbp-7540/
[38] Job redesign consists in redesigning or restructuring work through tasks and responsibilities reallocation for example to ensure the job meet the needs of the employees.

mindfulness and wellbeing apps) or technical training (e.g. workload/time management training).

Individual-level interventions

The evidence base for the effectiveness of individual-level interventions within the workplace remains weak. A review of workplace mental health interventions found limited evidence of the effectiveness of interventions such as contemplative interventions (e.g. mindfulness), resilience training and cognitive behavioural therapy (CBT). These interventions could still be beneficial for individuals, but their effectiveness on health and wellbeing within the workplace is limited.[39]

Online support was found to have some positive impacts, with one systematic review and meta-analysis finding that digital delivery of occupational mental health support can have small but positive impacts on psychological wellbeing and work effectiveness.[40]

Combined organisational-level interventions

Interventions aimed at improving job quality and changing wider workplace culture have more impact on health and wellbeing at work than those focused solely on individuals.[41] A rapid evidence review conducted by Public Health England found that organisational interventions, such as changing aspects of workplace process and culture to improve workers' autonomy, are effective in reducing worker burnout and stress. The review highlights that combining individual and organisational-level interventions may prove even more effective than relying on one intervention.[42] Another study found that job redesign interventions introduced alongside worker training and a system wide approach have a positive impact on employee well-being.[43]

Implementation factors

The effectiveness of any intervention depends on its implementation, including buy-in from senior leaders, and the support and training provided to line managers. Two pilot studies have highlighted the critical factors for effective implementation:

- Recent Timewise pilots for flexible work for frontline staff showed that increasing flexibility in frontline and site-based roles improved health and wellbeing, work-life balance, and raised levels of job satisfaction. There was also evidence of reduced sickness absence, increased organisational loyalty, and improved performance. Senior leadership commitment, team devolvement and ownership, and individual autonomy were all key in shifting culture and achieving these

[39] Hesketh, R., Strang, L., Pollitt, A. and Wilkinson, B. (2020) What do we know about the effectiveness of workplace mental health interventions? Kings College London Policy Institute, April 2020
[40] Carolan, S., Harris, P.R. and Cavanagh, K. (2017). Improving Employee Well-Being and Effectiveness: Systematic Review and Meta-Analysis of Web-Based Psychological Interventions Delivered in the Workplace. *Journal of Medical Internet Research* 19(7), p.e271.
[41] Fleming, W.J. (2024). Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom. *Industrial Relations Journal, 55,* 162-182.
[42] Public Health England (2016) Interventions to prevent burnout in high risks individuals: evidence review.
[43] Daniels, K., Gedikli, C., Watson, D., Semkina, A., & Vaughn, O. (2017). Job design, employment practices and well-being: a systematic review of intervention studies. *Ergonomics*, *60*(9), 1177–1196. https://doi.org/10.1080/00140139.2017.1303085

benefits.[44]

- In 2019/20, the Institute for Employment Studies conducted a pilot intervention to improve employee wellbeing through job design.[45] The pilot took an iterative co-production approach with quarterly review meetings, 'introduction to job design' events, and line managers taking a more person-centred approach to job design. The pilot resulted in significant improvements in sickness absence and overall wellbeing scores.

Timewise Pilot – Flexible working for all[46]

The Timewise pilot on flexible work for frontline staff demonstrates that flexible working is feasible to implement, even for frontline construction workers, and it can improve wellbeing without compromising budget or timescales.

Between June 2020 and February 2021, Timewise ran pilots to test whether the wellbeing of those working on construction sites could be improved through changing the hours and times of working, as well as considering home-based working, without budgets or deadlines being affected.

The pilots took place in a range of sites, projects, and locations among teams employing between 14 and 120 workers. Timewise developed a system for location-based roles which need to cover a long working day – the 'shift-life balance' model. They tested different types of flexible working across the different sites including:

- A team-based approach to flexible working – a consultative method of setting shifts that takes workers' personal preferences into account. This is similar to work Timewise has conducted with nurses in the NHS.
- A flexi-day approach – workers could accumulate additional hours in exchange for one day off each month.
- Earlier starts and finishes – two different approaches were trialled, both revolving around earlier start and finish times.
- Output based – the foreperson works with a planner to develop a more detailed version of the schedule of work, broken down into weekly and daily objectives. Working hours are set based on the outputs to be achieved each day.
- Staggered – the foreperson alternates start times between the teams each week, so that all workers get the pattern they want every other week. In addition to this, workers are given a choice of break times.

What worked well

- Communication and planning – Some teams found that they could introduce a more flexible pattern simply by using a few basic tactics such as putting their location in calendars, ensuring contact details were provided, and maintaining contact through

[44] Timewise (2021) Making Construction a great place to work. Can flexible working help? Timewise. https://timewise.co.uk/article/making-construction-a-great-place-to-work-can-flexible-working-help/
[45] Wilson, S. and Carter, A. (2022). Wellbeing through job design. A case study of implementation in RASI (Resettlement, Asylum Support and Integration). Institute for Employment Studies: Brighton. https://www.employment-studies.co.uk/system/files/resources/files/Wellbeing%20Through%20Job%20Design%20586_0.pdf.
[46] Timewise (2021) Making Construction a great place to work. Can flexible working help? https://timewise.co.uk/wp-content/uploads/2021/06/TW-Making-construction-a-great-place-to-work-report.pdf

technology.

- Building team ownership – It was not always possible for everyone to have their preferred working pattern all the time. One firm overcame this by alternating the start times between the teams each week so that all workers got the pattern they wanted every other week. Regular team discussions were held to check that work activities were being delivered effectively while meeting the workers' preferences, and workers were supported to devise an informal plan to cover for each other as required.
- Creating a supportive culture – One firm changed from a top-down approach to a more consultative method of setting shifts that took workers' personal preferences into account. This was balanced alongside the need to deliver client and business outputs, work within the site's operating hours, and meet contractor commitments.

Outcomes achieved

- Overwork decreased – participants agreeing that they regularly work beyond their contracted hours decreased from 51% to 34%.
- Wellbeing increased – many workers reported improvements to their family life and sense of wellbeing. Participants who felt their working hours gave them enough time to look after their own health and wellbeing rose from 48% to 84%.
- Guilt decreased – at the start of the project, 47% of all participants felt guilty if they started later or finished earlier than others onsite. This portion decreased to 33%.
- Trust in colleagues working remotely increased – respondents agreeing with the following phrase: "if someone works from home, I am not sure they are working as hard as they would be on site" decreased from 48% to 33%.

All the firms involved reported no negative impact on budgets or timeframes. Some data suggests adjustments to working patterns could drive savings on labour costs due to enhanced productivity.

When considering how to ensure better quality work that protects rather than undermines employees' health, organisational strategic, cultural and day-to-day commitment is critical, as highlighted by the Taylor review:

"The best way to achieve better work is not national regulation but responsible corporate governance, good management and strong employment relations within the organisation, which is why it is important that companies are seen to take good work seriously and are open about their practices and that all workers are able to be engaged and heard." [47]

This raises the question of how to encourage employers to adopt responsible corporate governance, effective management, and strong employment relations within their businesses. The following section explores policies and interventions that effectively encourage employers to do more of what works and less of what doesn't.

Changing employer behaviour to align with best practice

When employers are committed to promoting and protecting health and wellbeing, it

[47] Taylor M (2017) Good work: the Taylor review of modern working practices. https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices

leads to better outcomes. However, the evidence is limited on *how* to change employer behaviour. Employers and experts often report that businesses need more practical and tailored guidance on how to improve job design and recruitment practices. Further work is needed to understand the most effective ways to encourage employers to support workers to stay healthy and safe at work.

Workplace representation

There is some international evidence that employee voice – whether direct or indirect via representation – can be an important mechanism for maintaining workplace health standards and tailoring interventions.[48] This includes examples of work councils in the Netherlands and Germany that give workers powers to approve or veto changes to their working conditions. A propensity score matching study found that the existence of workplace representation, whether through a recognised trade union or non-union employee forums, has a positive impact on employees' health, particularly mental health.[49]

Financial Incentives

Financial incentives – or disincentives – can be used to encourage employers to protect health. Government incentives can bring about positive changes to workplace health. For example, healthy workplace grants are available for employers in Australia to promote health and wellbeing in the workplace.[50] Evidence from qualitative research suggests that small and medium-sized enterprises are more likely to take proactive actions to protect workers' health if they receive financial support and advice to do.[51] However, there is also a deadweight loss risk with financial incentives, with employers using the financial support to provide services they would have provided, even without the government support. Further research on the effectiveness of financial incentives and penalties is needed.

Charters and accreditations

Charters and accreditations, encompassing a wide range of employee health and wellbeing issues, are increasingly being used as a tool to influence employer behaviour but there is limited evidence on their impact (see Domain 3 for more details on Disability Confident scheme for example).[52] Evidence to date focuses on the experience of employers. The evaluation of the Greater Manchester Good Employment Charter evaluation suggests that the majority of organisations are committed to strengthening their existing practice.[53] Several other mayoral combined authorities

[48] Litsardopoulos N, Gifford J, Sharma M, Allen A, Bajorek Z, Wilson T (2025) Work and health: international comparisons with the UK. A report for the Commission for Healthier Working Lives. https://www.employment-studies.co.uk/resource/work-and-health-international-comparisons-uk

[49] Wels, J. (2019) The role of labour unions in explaining workers mental and physical health in Great Britain. A longitudinal approach. https://doi.org/10.1016/j.socscimed.2020.112796

[50] Litsardopoulos N, Gifford J, Sharma M, Allen A, Bajorek Z, Wilson T (2025) Work and health: international comparisons with the UK. A report for the Commission for Healthier Working Lives. https://www.employment-studies.co.uk/resource/work-and-health-international-comparisons-uk

[51] Department for Work and Pensions (2023) Incentivising SME uptake of health and wellbeing support schemes. Department for Work and Pensions. Research report No 1024. https://www.gov.uk/government/publications/incentivising-sme-uptake-of-health-and-wellbeing-support-schemes/incentivising-sme-uptake-of-health-and-wellbeing-support-schemes

[52] Dickinson, Peter (2022) *Review of Employment Charters in the English Mayoral Combined Authorities.* ReWAGE. https://wrap.warwick.ac.uk/id/eprint/179630/

[53] Manchester Metropolitan University (2022) Evaluation of the Greater Manchester Good Employment Charter: Phase 2: Final Report

have established charters, but their impacts have not consistently been evaluated.

Positive procurement

Procurement has the potential to be a lever for change. The Social Value Act in 2013 requires commissioners of public services to consider how to secure wider social, economic, and environmental benefits. However, while more local and combined authorities are using positive procurement, evidence on its effectiveness is limited. Political commitment, leadership, and resources are critical for successful implementation.[54] There are no impact evaluations available on the effects of social or positive procurement. Further research is needed on whether positive procurement practices have an impact on worker wellbeing and whether they can be used to incentivise employment of people with health conditions.

People Skills – a UK pilot programme providing HR support and advice[55]

People Skills was a UK pilot programme which ran in 2015 and 2016 in Hackney (London), Stoke-on-Trent, and Glasgow. It provided bespoke Human Resources (HR) business support for small and medium-sized enterprises through local partners, such as the local council or chamber of commerce. The initiative was developed and funded by the JPMorgan Chase Foundation.

While it was designed to test locally based interventions providing direct support for employers to better use the skills of their employees, it demonstrates the demand for bespoke HR support among small and medium-sized enterprises.

People Skills offered support through both CIPD's *HR Inform* service and a dedicated HR consultant. *HR Inform* is an online subscription self-service HR system.

What worked well

People Skills was considered by all involved to be an effective operating model, with the following features seen as being its key strengths:

- The model of independent consultant delivery – contracting with a number of independent specialist HR consultants brought a variety of skills and experience to meet the needs of different sectors.
- The use of existing local partner relationship – this was particularly important in engaging enterprises with the service.
- The type and quality of support provided – the provision of bespoke and flexible service was highly regarded.

Outcomes achieved

- A large take-up of the service exceeding expectations. However, many of the businesses who engaged with the service were primarily those who had existing

[54] Dickinson, P., Erickson, E. and Sarter, E.K., (2023) The role and impact of employment charters and procurement by subnational authorities to achieve good work standards. Institute for Employment Research. https://wrap.warwick.ac.uk/id/eprint/179631/

[55] CIPD (2017) People Skills. Building ambition and capability in small UK firms. https://www.cipd.org/globalassets/media/zzz-misc---to-check/hr-capability-small-firms_2017_tcm18-27313.pdf

relationships with their local partners.

- People Skills contributed to an improved self-rating among owner-managers on a range of measures of workplace relationships, labour productivity, and financial performance (although there was no change to business attitudes regarding investment in people management)
- Progress in improving the co-ordination of local partnerships was mixed, depending on locality.

Overall, the outcomes of the service were mixed. The interventions provided were also more basic than intended. For example, many focused on contract management or legal advice. The limited impacts of the programme were attributed to the fact that it ran for less than two years. More time is needed to establish more transformational interventions and affect the way enterprises approach people management.

Policy options to protect health and wellbeing at work

Good work can be protective and supportive of health and wellbeing, while poor quality work can be harmful. Good relationships and support and autonomy at work are key factors in making work protective of our health; while insecurity, hours pressures, excessive demands, low control and damaging relationships can be profoundly harmful. Some of these factors can be enforced through regulation, whereas others are reliant on employer practice and workplace policies.

Improve the understanding and enforcement of employee rights

The Government committed to further protections for workers within the Employment Rights Bill (2024). The amendments aim to improve a number of areas that contribute to job quality, particularly job security and precarity, and excessive and irregular hours.

There is evidence of significant non-compliance in the UK labour market and strengthening rights will not lead to better outcomes unless these rights are also enforced. Similarly for workers to benefit from these new rights, they must know about them and be empowered to ask for them to be implemented. The introduction of a new single enforcement regulator is welcome. However, for the Fair Work Agency to function effectively it needs to be appropriately funded and resourced to address the scale of non-compliance and ensure upcoming amendments to legislation result in changes to employer behaviour.

Approaches to **improve the enforcement of rights** could include:

- Increasing workers awareness of new and existing employment rights, as well as where to go if they have concerns or want to make a complaint, so that individuals are more likely to enforce their rights. This could use channels workers are most likely to engage with such as unions, local government, housing associations, charities, and civil and religious organisations.
- Ensure the new Fair Work Agency is adequately resourced so that the regulator can respond to reactive complaints and undertake more proactive enforcement. This could include increasing the number of inspectors, the proportion of

proactive inspections (for example, compliance visits) and extending licensing schemes to new sectors.

Trial a sector-specific approach to workplace health and wellbeing

Despite instances of good practice and trials indicating positive outcomes, the evidence base is underdeveloped in relation to effectiveness of existing workplace interventions focused on health and wellbeing. We also need to better understand how the general principles of good quality work can be applied in particular settings, for example in different industries, in the public and private sector, across occupations and firms of different sizes. Businesses want sector-specific guidance rather than generic employer support and are more likely to be receptive to advice from other businesses and sector organisations.

The Government aims to role model best practice, yet parts of the public sector workforce report some of the worst rates of work-related ill health. A similar sector-specific approach could be taken to help improve public sector workforce health outcomes, particularly in sectors with high job strain like education, health, and social care.

To **build more evidence on effective interventions**, approaches could include:

- Setting up sector-specific initiatives to trial and evaluate workplace health approaches, focused on identifying what works for employers of different sizes and for people with different health conditions. In addition to understanding what is effective, this work could also build the evidence base for what incentives help to influence employers to apply the principles of good work.
- The Government could undertake a review of causes of harm in key public sectors, in particular the education sector and health workforce, and explore changes (e.g. job design, autonomy and hours) to ensure these sectors are protective of health and support of wellbeing.

Domain 2: Supporting people with work-limiting conditions to remain in work

Challenges

In 2022, 2.6% of UK working hours were lost due to sickness or injury among people aged 16 or over. This is an increase of 0.7 percentage points from the pre-pandemic 2019 level. The financial impacts of presenteeism on businesses is between 1.8 and 3 times higher than sickness absence.

People with health conditions are more likely to leave the workforce and find it much harder to return to work than people without health conditions.

What works

Early interventions within the first six weeks of sickness absence, involving multiple partners (e.g. employers and occupational health professionals) were found to be effective for a range of health conditions.

Gradual return to work, employee involvement in decision-making and ergonomic adjustments are all associated with reduced sickness absence, particularly for workers with musculoskeletal conditions.

However, there is limited evidence on other types of interventions, such as line manager training or peer support.

Policy options

Facilitate early interventions for workers at risk of long work absence. This could be achieved through reviewing and improving the use of Fit Notes to help employees return to work.

Increase the integration of health and work services. This could be achieved through the co-location of services, such as occupational health professionals alongside general practitioners. Integration will also help facilitate early interventions to reduce sickness absence and prevent job losses.

Improve access to high-quality and cost-effective occupational health services. This could be achieved with supporting the development occupation health workforce and removing barriers for employers, particularly small ones, to access high quality services.

Trial approaches to incentivise more employer-led measures to the management sickness absences. This could be achieved through a programme of trials to demonstrate the effectiveness of interventions focused on employer practice, such as line manager training, phased returns to work, individualised return to work plans, and financial incentives for employers.

Improve statutory sick pay to better maintain attachment to work. This could be achieved through increasing the income replacement of statutory sick pay, and making it more flexible to enable people to receive statutory sick pay alongside wages while they are making a phased return to work.

Understanding the challenge

In the UK, 3.9 million people in work report living with a health condition that limits the amount of work or type of jobs they can do,[56] an increase of 1.5 million over the past decade. A range of physical and mental health conditions can affect people during their working lives, including musculoskeletal disorders (e.g. back pain and arthritis), chronic conditions like diabetes, and mental health problems (e.g. anxiety and depression). Many individuals have multiple or fluctuating health conditions, which can make it difficult to maintain regular work. The healthcare sector and the retail and wholesale sectors have the highest numbers of workers with work-limiting health conditions.

This domain focuses on the interventions aimed at preventing health-related job loss, reducing sickness absence, and improving wellbeing at work. When someone develops health conditions that limit their ability to work, or if an existing health condition become 'work-limiting', four potential outcomes may occur:

- The person stays in their current job without absences from work and their role remains the same or is adapted (permanently or temporarily) to adjust for their health conditions.
- The person takes time off work before returning to their job, which may remain the same or be adjusted for their health conditions.
- The person transitions to a new job, either in the same or different organisation, which better accommodates their health condition.
- The person leaves paid employment.

People with health conditions are more likely to leave the workforce.

While most people return to work after a period of sickness absence, nearly 300,000 workers leave the workforce each year due to health conditions. People with health conditions are more likely to leave the workforce: over 10% exit paid work, compared with only 3% of people without any long-term health conditions.[57] Once people have left employment, they face significant challenges in returning to work, with less than 4% of people with work-limiting health conditions moving from economic inactivity back to employment. This rate is nearly three times lower than for people without health conditions.[58] Health-related job loss can negatively impact people's finances, self-esteem, and health. It can also have wider negative impacts for workers' families and wider society.

It is important to understand how people transition from employment to incapacity benefits to develop effective support.[59] Research conducted in 2013 revealed that 45% of people in receipt of incapacity benefits had a period of sickness absence prior to leaving work, while 19% of people moved directly from employment to claiming

[56] Throughout the report this will be referred to as 'work-limiting health conditions'.
[57] Commission for Healthier Working Lives (2024) Towards a healthier workforce. Interim report of the Commission for healthier working-lives. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce
[58] Ibid.
[59] Department for Work and Pensions (2015) Understanding the Journeys from Work to Employment and Support Allowance (ESA). https://assets.publishing.service.gov.uk/media/5a7f61d0e5274a2e8ab4bd7d/rr902-understanding-journeys-from-work-to-esa.pdf

benefits without sickness absence. Those who moved directly were more likely to be on casual contracts, new to their job or part-time workers. They were also less likely to have discussed their condition with their line manager.

Sickness absence and presenteeism have risen in the UK

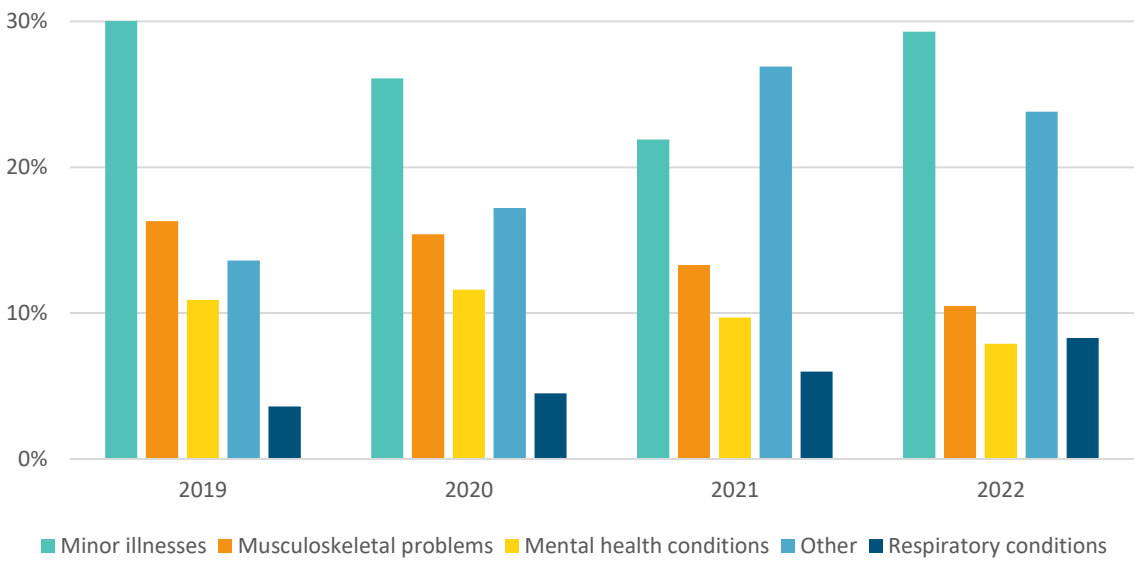
Sickness absence has led to a substantial loss of workdays[60] and has been rising in the UK since 2020. In 2022, 2.6% of UK working hours were lost because of sickness or injury for people aged 16 or over, an increase of 0.7 percentage points from pre-pandemic 2019 level.[61]

This rise may be driven by the Covid-19 pandemic and the impacts of long-term Covid-19.

Figure **1** shows that while 14% of the occurrences was caused by 'Other' health conditions in 2019, this proportion almost doubled in 2021 to reach 27%. Covid-19 was included in the 'Other' category.

Figure 1: The top five reasons for sickness absence

Percentage of occurrences of sickness absence, by top five reasons in 2022, UK, 2019 to 2022



Source: Labour Force Survey from the Office for National Statistics.

The length of sickness absence is generally determined by the type of health condition, but it is increasingly recognised that other factors such as workplace culture and policies also have an impact.[62] Minor illnesses are the main cause for short-term absence in the UK, but the main causes of sickness absence for more than four weeks are mental ill health, conditions such as cancer or strokes, and musculoskeletal

[60] In 2022, 186 million work days were lost to sickness or injury. Office for National Statistics (2022) Sickness absence in the UK labour market: 2022. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022

[61] Ibid.

[62] Kinman, G., Clements, A. J., & Maher, K. (2024). "Chapter 8: Managing sickness absence behaviours in the post-pandemic workplace". Wellbeing at Work in a Turbulent Era. Cheltenham, UK: Edward Elgar Publishing. https://doi.org/10.4337/9781035300549.00012.

conditions.[63] Sickness absence increases the likelihood of workforce exit by 112%. The probability of leaving employment also rises with the length of sickness absence, particularly for absences of more than six months. [64]

The rise of work-limiting health conditions presents another challenge for businesses: presenteeism. Workers in the UK take relatively few sick days compared to European nations, and presenteeism (where workers work while sick) is a significant problem as it lowers productivity and prevents employees from recovering fully following sickness. Estimating the impacts of presenteeism is difficult, but it is understood that the financial impacts of presenteeism on businesses is between 1.8 and 3 times higher than sickness absence.[65]

Many employers and employees lack access to good quality occupational health services.

Occupational health service coverage in the UK is less extensive than many European countries. Only 45% of workers in Great Britain have access to occupational health services, with a significant gap in provision between large (89%) and small organisations (27%).[66] This compares to near universal coverage in Germany, Denmark, and the Netherlands where provision is mandatory.[67] The way the market is designed offers little incentive for occupational health providers to target small employers, while there have been concerns about a shortage of occupational health professionals.[68]

Furthermore, employers have reported that the advice received from occupational health services was often too generic and failed to address the context of their workplace. Other employers, particularly small and medium-sized employers, highlighted challenges in finding high-quality and affordable services.[69] An Occupational Health Taskforce was launched by the Government in February 2024 to develop innovative models of occupational health,[70] but its findings have not yet been

[63] Chartered Institute of Personnel and Development. (2023). Health and wellbeing at work 2023. https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/8436-health-and-wellbeing-report-2023.pdf

[64]O'Halloran, J. Thomas, C. (2024) Healthy Industry, Prosperous Economy. IPPR Discussion Paper. Institute for Public Policy and Research. https://www.ippr.org/articles/healthy-industry-prosperous-economy

[65] Moss, B. (2023) How to measure and manage presenteeism. People Management. https://www.peoplemanagement.co.uk/article/1873398/measure-manage-presenteeism#:~:text=Presenteeism%20is%20said%20to%20cost,times%20the%20cost%20of%20absence.

[66] Department for Work and Pensions (2023) Consultation outcome. Occupational Health: Working Better. Department for Work and pensions. https://www.gov.uk/government/consultations/occupational-health-working-better/occupational-health-working-better

[67] Atay, A. Florisson, R. Williams, G.D. Martin, A. and Leka, S. (2024) Stemming the tide: Healthier jobs to tackle economic inactivity. The Work Foundation at Lancaster University. https://www.lancaster.ac.uk/work-foundation/publications/stemming-the-tide

[68] During the experts roundtable, experts raised the lack of incentives for occupational health providers to target small employers.

[69] Commission for Healthier Working Lives (2024) Employer roundtables on workforce health and wellbeing. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce

[70] Department for Work and Pensions. (2024) New Occupational Health Taskforce to tackle in-work sickness and drive down inactivity. GOV.UK. https://www.gov.uk/government/news/new-occupational-health-taskforce-to-tackle-in-work-sickness-and-drive-down-inactivity

reported.

Work is not seen as a health outcome for many health professionals.

Despite efforts from the Government and wider recognition of the benefits of work for health, work is not generally a key focus within healthcare consultations. This is primarily because healthcare professionals do not have the time, knowledge, and resources to address this question. Some healthcare professionals also perceive that engaging with patients about work could potentially undermine the trusted relationships they need to develop to support them with their health.

"Traditionally, GPs have seen themselves as, if you like, the protector of the employee who is not able to go to work because of [health conditions]. That work might be exacerbating it or might have created a particular issue. It's not always like that obviously it's much more complex than that." Roundtable participant

Policy landscape

Legal framework

In the UK, there is no single law that covers managing sick leave, sick pay and returning to work, but several laws are relevant. These include the Equality Act (2010), the Employment Rights Act (1996), the Statutory Sick Pay General Regulations (1982), and the Health and Safety at Work Act (1974). The Equality Act 2010 defines and prohibits three types of disability discrimination in employment and recruitment: direct discrimination, indirect discrimination, and discrimination arising from disability. The act also says employers must make reasonable adjustments to ensure that disabled employees are not disadvantaged compared to non-disabled ones.

Statutory sick pay

Statutory sick pay is the basic minimum standard payment employers are required to pay employees when off sick. The paid rate is currently £116.75 per week for a total of 28 weeks.[71] The new Employment Rights Bill aims to strengthen workers' rights by removing the lower earnings limit and the three-day waiting period. However, this is unlikely to address all the issues related to sick pay.

In 2023, a Work and Pensions Select Committee's inquiry found that:

- The current statutory sick pay system undermines employers' ability to offer phased returns to work for employers due to a lack of flexibility, as employees cannot receive statutory sick pay alongside wages if they are making a phased return to work.
- It also relies on employees raising issues with HM Revenue & Customs' Statutory Payment Dispute Team, which is then responsible for enforcement. However, many employees lack knowledge about their rights to sick pay, particularly those in insecure roles, such as the hospitality sector.[72]

[71] Brione, P. Powell, A. (2024) Statutory sick pay. Research Briefing. House of Commons Library. https://researchbriefings.files.parliament.uk/documents/CBP-9435/CBP-9435.pdf
[72] In 2017, TUC carried out an online survey of insecure workers. https://www.tuc.org.uk/sites/default/files/TUCresponsetoTaylorreviewenforcement.pdf

- The current statutory sick pay level is too low, failing to provide adequate financial support for recovery from illness and injury.[73] The low rate could also result in individuals leaving the workforce, as they may turn toward incapacity benefits for financial reasons.[74]
- Statutory sick pay doesn't apply to self-employed people, so they don't have access to any income replacement when off sick.

The UK has less generous sick pay compared to similar economies.[75] Some countries have also transferred responsibility for paying sickness benefits from the state to employers with the intention of encouraging reductions in sickness absence.

Fit Notes

Fit Notes replaced the sick note in 2010 to provide more comprehensive advice on returning to work and to facilitate the discussion between general practitioners, patients and employers about managing health conditions in relation to work.[76] The 'maybe fit for work' category introduced in the Fit Note was meant to encourage health professionals, employers, and employees to consider potential adjustments to facilitate employees return to work. However, as recognised by a consultation launched under the previous government, this process has not worked as intended.[77]

A 2018 systematic literature review reported there was no conclusive evidence from experimental or quasi-experimental evaluation that introducing Fit Notes reduced sickness absence.[78] The proportion of Fit Notes indicating that patients were 'maybe fit for work' varied significantly depending on the population studied, with estimates ranging from 3.2% to 32%. Among patients who were 'maybe fit for work', a large majority receive advice on work adjustments.[79] However, 27% of employers found the advice unhelpful due to lack of clarity and specificity and/or lack of full understanding of the job or industry among health professionals.[80] Health professionals also report they lack the time, resources, and expertise to make effective workplace adjustments recommendations that would facilitate an employee return to work.[81]

[73] Work and Pensions Committee (2024) Statutory Sick Pay. Fourth Report of Session 2. House of Commons. https://committees.parliament.uk/publications/44084/documents/218444/default/
[74] Commission for Healthier Working Lives (2024) Towards a healthier workforce. Interim report of the Commission for healthier working-lives. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce
[75] Litsardopoulos N, Gifford J, Sharma M, Allen A, Bajorek Z, Wilson T (2025) Work and health: international comparisons with the UK. A report for the Commission for Healthier Working Lives. Institute for Employment Studies. https://www.employment-studies.co.uk/resource/work-and-health-international-comparisons-uk
[76] Black, C. (2008) Working for a healthier tomorrow. GOV.UK. https://www.gov.uk/government/publications/working-for-a-healthier-tomorrow-work-and-health-in-britain
[77] Department for Work and Pensions and Department of Health and Social Care (2024) Fite Note: Call for evidence. GOV.UK https://www.gov.uk/government/calls-for-evidence/fit-note-reform-call-for-evidence/fit-note-reform-call-for-evidence
[78] Dorrington, S. Roberts, E. Mykletun, A. Hatch, S. Madan, I. Hotopf, M. (2018) Systematic review of fit note use for workers in the UK. Occupational and Environmental Medicine. 75(7), 530-539. https://doi.org/10.1136/oemed-2017-104730
[79] Ibid.
[80] Department for Work and Pensions (2023) Employer Survey 2022. Research Report no 1042. https://www.gov.uk/government/publications/department-for-work-and-pensions-employer-survey-2022/department-for-work-and-pensions-employer-survey-2022-research-report
[81] Royal College of General Practitioners (2024) Fit Note reform must prioritise health of patient. Response to Call for Evidence. RCGP. https://www.rcgp.org.uk/getmedia/e64a9774-ca55-4a50-909f-cb3ce5ac5f40/Fit-Note-Reform-call-evidence.pdf

Since 2022, more healthcare professionals are allowed to certify Fit Notes such as nurses or pharmacists. This change aims to reduce burden on general practitioners and to improve the overall process for employees and employers.[82]

Financial incentives

The Government also provides grants to employees to support them to start or stay in work through the Access to Work scheme in Great Britain. This scheme provides practical and financial support, such as: communication support for interviews, special aids and equipment, adaptations to premises and vehicles, help with travel costs, support workers and mental health support. The Access to Work Mental Health Support Service provides support to manage mental health at work, such as a tailored plan to help someone get or stay in a job, or one-to-one sessions with a mental health professional.[83] Employers may be expected to pay some of the cost of the activities that are implemented under Access to Work.

In 2022/23, 50,000 individuals were supported through the scheme.[84] Access to Work is also viewed positively by applicants and employers.[85] However, it faces significant challenges:

- Only 26% of employers are aware of the Access to Work scheme.
- Waiting list times are very long,[86] the average waiting time in May 2024 was 44 days with some applicants waiting several months for a decision. [87]
- There is also a significant backlog, with nearly 40,000 unresolved cases in May 2024.[88]
- The scheme focusses on the reimbursement of direct costs whereas employers also face other costs to introduce effective workplace adjustments, such as training time, on the job assistance, and awareness raising measures for managers and employees.

DWP started a series of Adjustment Passport trials in summer 2021. These passports provide information on a disabled person's working requirements and the workplace support and adjustments that they require. The passport can then be shared with employers, with the aim of reducing the time it takes to obtain an Access to Work award. Other types of adjustment passport were also piloted in 2023, including one to

[82] DWP (2023) Guidance: Getting the most out of the fit note: guidance for employers and line managers. Retrieved from: https://www.gov.uk/government/publications/fit-note-guidance-for-employers-and-line-managers/getting-the-most-out-of-the-fit-note-guidance-for-employers-and-line-managers
[83] House of Commons (2024) Disabled people in employment. Research briefing. https://commonslibrary.parliament.uk/research-briefings/cbp-7540/
[84] Department for Work and Pensions (2023) Official Statistics. Access to Work Statistics. April 2007 to March 2023. GOV.UK. https://www.gov.uk/government/statistics/access-to-work-statistics-april-2007-to-march-2023/access-to-work-statistics-april-2007-to-march-2023#more-information-about-these-statistics
[85] Adams, L. Tindle, A. Downing, C. Morrice, N. Domingos, M. (2018) Access to Work: Qualitative research with applicants, employers and delivery staff. DWP research report no. 967. GOV.UK. https://www.gov.uk/government/publications/access-to-work-research-review
[86] Pring, J. (2022) Access to Work in crisis as figures show 'massive' waiting-list. Disability News. https://www.disabilitynewsservice.com/access-to-work-in-crisis-as-figures-show-massive-waiting-list/
[87] Uk Parliament. Access to Work Assessments. Volume 750: Debated on Monday 13 May 2024. https://hansard.parliament.uk/debates/GetDebateAsText/04F7F0B5-107A-4BE9-BDA0-44BC40C660F4
[88] Commission for Healthier Working Lives (2024) Towards a healthier workforce. Interim report of the Commission for healthier working-lives. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce

support disabled graduates to transition into work. [89]

Guidance and best practice

DWP has published guidance on employing disabled people and people with health conditions. This states that the costs of making reasonable adjustments to accommodate disabled employees are often low, and the benefits of retaining an experienced, skilled employee who has acquired an impairment are usually greater than recruiting and training new staff.[90] Acas also provides guidance for employers on good practice in managing returns to work after an absence, including:

- having return to work meetings
- considering whether a phased return is more appropriate than returning to previous hours and work patterns straight away.[91]

However, our roundtables suggested that many employers, particularly smaller employers were unaware of Acas guidance. It was also mentioned that Acas had limited guidance on supporting people with physical health conditions, compared to mental health.

Scotland and Wales offer more extensive support for employers. In Scotland, the Healthy Working Lives service provides advice and support to employers on all aspects of work-related health promotion and ill health prevention, return to work, and workplace safety.[92] Healthy Working Wales provides a similar service to employers in Wales.[93] Feedback from our roundtable suggested the service is working well in Wales, with key considerations being the need for a one stop service and the need to segment by employer type.

In-work support programmes

Government-funded programmes have typically been less focused on preventing people leaving the workforce than on support for people who are out of work.

The recently introduced WorkWell pilots include a focus on supporting people in work struggling with health barriers or on sickness absence and at risk of falling out of work. The pilots build on evidence from Health-led Trials, an Individual Placement and Support programme which included both in-work and out-of-work support, as well as a three-year pilot of an early intervention programme, WorkingWell, in Greater Manchester Combined Authority.[94] Through the WorkWell programme, Work and Health coaches provide:

- an initial assessment of barriers to employment
- return to work or thrive-in-work plans tailored to participant's needs

[89] House of Commons (2024) Disabled people in employment. Research briefing. https://commonslibrary.parliament.uk/research-briefings/cbp-7540/
[90] Ibid.
[91] ACAS. Returning to Work after absence. https://www.acas.org.uk/returning-to-work-after-absence
[92] Health and Safety Executive. Healthy Working Lives. https://www.hse.gov.uk/scotland/schwl.htm
[93] Public Health Wales. Healthy Working Wales. https://phw.nhs.wales/services-and-teams/healthy-working-wales/
[94] Scullion, L. Wilson, I. (2022) Working Well Early Help: Final Annual Report 2022. https://doi.org/10.7190/cresr.2022.6213791987

- employer liaison (if the participant consents, coaches liaise with employers to share the work plans and provide advice on supporting the employee)
- advice on workplace adjustments
- ongoing work and health support.[95]

This programme started in October 2024 and is being piloted in 15 areas.[96]

The Welsh Government deliver an in-work support service that provides rapid access to psychological, occupational and physiotherapy to employees alongside free advice and guidance for small and medium-sized enterprises.[97]

What works to support people with work-limiting conditions to remain in work?

While we know that early and health-led interventions reduce the likelihood of exiting the labour market and reduce sickness absence along with presenteeism, there is less clarity on how to design and deliver these interventions. This section focuses on vocational rehabilitation interventions that help people with health problems remain in work and not interventions solely focused on medical management of conditions.[98]

Occupational health services

Occupational health services can support people with health conditions to stay in work through preventing sickness absence and supporting them throughout their absence and when returning to work. These services are effective for various health conditions, including for people with musculoskeletal conditions[99] and common mental health conditions, such as anxiety and depression.[100]

Countries have established different occupational health models, including:

- In-house services
- Bespoke private provision

[95] Department for Work and Pensions and Department of Health and Social Care (2024) WorkWell prospectus: guidance for Local System Partnerships. GOV.UK. https://www.gov.uk/government/publications/workwell/workwell-prospectus-guidance-for-local-system-partnerships

[96] Department for Work and Pensions (2024) New £64 million plan to help people stay in work. GOV.UK. https://www.gov.uk/government/news/new-64-million-plan-to-help-people-stay-in-work

[97] Learning and Work Institute (2023) Evaluation of In-Work Support Service. Final Report. Welsh Government, GSR report number 25/2023. https://www.gov.wales/sites/default/files/statistics-and-research/2023-03/evaluation-of-in-work-support-service-final-report.pdf

[98] Waddell, G. Burton, K. and Kendall, N. (2008) Vocational Rehabilitation What works, for whom, and when? https://assets.publishing.service.gov.uk/media/5a7ccd8bed915d6b29fa8c2b/hwwb-vocational-rehabilitation.pdf

[99] Vilsteren, M. Oostrom, S. Vet, H. Franche, R. Boot, C. Anema, J. (2015) Workplace interventions to prevent work disability in workers on sick leave. The Cochrane database of systematic reviews, 10, CD006955 . https://doi.org/10.1002/14651858.CD006955.pub3.

[100] Axén, I. Brämberg, E. Vaez, M. Lundin, A. Bergström, G. (2020). Interventions for common mental disorders in the occupational health service: a systematic review with a narrative synthesis. International Archives of Occupational and Environmental Health, 93, 823 - 838. https://doi.org/10.1007/s00420-020-01535-4.

- Group models with yearly employer contributions
- Social security models provided by the state
- Community-based health centres.[101]

While it is not definitively clear which model is most effective,[102] evidence supports the overall effectiveness of occupational health services in supporting people with health conditions to remain in work.

Fit for Work[103]

In the UK, the Fit for Work service was launched in 2015 and ran until 2018.[104] The aim of the service was to provide assessment and advice for workers in the early stages of sickness absence or ill health.

The service was funded by the Government and was delivered in England and Wales by Health Management Limited and in Scotland via an agency agreement with the Scottish Government.

Fit for Work provided an occupational health assessment and general health and work advice to employees, employers and health professions to help workers stay in or return to work. The service was particularly targeted at supporting small and medium-sized enterprises in recognition that those employers often have fewer resources to support their workers. Alongside occupational health support, Fit for Work could also provide a personalised return to work plan.

Pilot evaluations shows that the service was found to facilitate better communication between employee and employers and providing advice for return to work options (such as a phased return, changes to hours or work pattern) or to relieve workplace pressures that cause or exacerbate a health condition.[105]

A process evaluation shows some aspects of Fit for Work worked well. For example, employers and employees felt the service has helped to open channels of communication between them. However, other aspects of the service were not seen as positively. For example, employers felt the recommendations provided by the service were not tailored enough to the context of their workplace. Furthermore, one of the aims of Fit for Work was to expand the access to occupational health services, particularly for employees who did not have existing access. However, in many cases, the service was used to complement existing occupational health provisions.

Following very low referrals, it was announced that the Fit for Work assessment service would come to an end in England and Wales on 31 March 2018 and 31

[101] Litsardopoulos N, Gifford J, Sharma M, Allen A, Bajorek Z, Wilson T (2025) Work and health: international comparisons with the UK. A report for the Commission for Healthier Working Lives. Institute for Employment Studies. https://www.employment-studies.co.uk/resource/work-and-health-international-comparisons-uk

[102] Ibid.

[103] Gloster R, Marvell R, Huxley C (2018) Fit for Work: Final report of a process evaluation. DWP Research Report 959. https://assets.publishing.service.gov.uk/media/5b23ca4940f0b634b73dbf5b/fit-for-work-final-report-of-a-process-evaluation.pdf

[104] Department for Work and Pensions (2014) Health and Work Service supplier announced. GOV.UK. Health and Work Service supplier announced - GOV.UK

[105] Hillage, J. et al. (2012) Research Report: *Evaluation of the Fit for Work Service pilots: first year report.* Department for Work and Pensions. Evaluation of the Fit for Work Service pilots: first year report.

May 2018 in Scotland but that employers, employees, and GPs would continue to have access to the same Fit for Work helpline, website and web chat, which offered general health and work advice as well as support on sickness absence.

Work as a health outcome

If work is considered as a 'clinical outcome' and if people are given access to early treatment, their likelihood of returning earlier to work is enhanced.[106] Raising the profile of work as a health outcome was one of the key priorities in the previous Government's 10-year strategy to improve the employment outcomes of disabled people and people with long-term health conditions.[107] This culminated in the launch of the Work as a Health Outcome Programme funded by the Joint Work and Health Unit.[108]

Different approaches have been tested to encourage health care professionals to discuss work with patients, including:

- Providing access to resources – Offering telephone or online resources on occupational medicine and shared access to occupational health support within primary care has been found effective in encouraging clinicians to discuss the work outcomes with patients.[109]
- Providing training on work outcomes to general practitioners – There is mixed evidence that this approach can lead to reduced sickness absence. A pre-post survey study found that providing training on work outcomes was effective in encourage clinicians to discuss work capability consider.[110] However, a Randomised Controlled Trial involving 32 Dutch general practices found no evidence that the training improved patients' return to work self-efficacy.[111]

Managing conditions at work and workplace accommodations

The costs of making reasonable adjustments to accommodate disabled employees are often low, and the benefits of retaining an experienced existing staff member are usually greater than recruiting and training new staff.[112] However, it was noted during the roundtables that too few employers were providing reasonable adjustments to

[106] Beavan, S. (2018) Improving health and employment outcomes through joint working. Institute for Employment Studies. https://www.employment-studies.co.uk/resource/improving-health-and-employment-outcomes-through-joint-working
[107] Government (2017) Improving Lives: The Future of Work, Health and Disability. https://www.gov.uk/government/publications/improving-lives-the-future-of-work-health-and-disability
[108] Public Health England (2020) Work as a Health Outcome: a qualitative assessment of the influence of the Health and Work Champions pilot programme and the clinical consensus statement. Evaluation report.https://assets.publishing.service.gov.uk/media/5f75e90ae90e0709d081b6f8/PHE__HWMC_Evaluation__2_.pdf
[109] Learning and Work (2019) Evidence review: Employment support for people with disabilities and health conditions. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/evidence-review-employment-support-for-people-with-disabilities-and-health-conditions/
[110] Cohen, D., Khan, S., & Marfell, N. (2016) Fit for work? Evaluation of a workshop for rheumatology teams. Occupational medicine (Oxford, England), *66*(4), 296–299. https://doi.org/10.1093/occmed/kqv208
[111] De Kock CA, Lucassen PLBJ, Bor H, Knottnerus JA, Buijs PC, Steenbeek R, Lagro-Janssen ALM (2018) Training GPs to improve their management of work-related problems: results of a cluster randomized controlled trial. European Journal of General Practice. 24(1). 258-265. https://doi.org/10.1080/13814788.2018.1517153
[112] House of Commons (2024) Disabled people in employment. Research briefing. https://commonslibrary.parliament.uk/research-briefings/cbp-7540/

disabled workers. The evidence on what works for workplace adjustments is sparse and limited, but we know that early contact and supervisor training are effective in reducing sickness absence.[113]

The implementation of these interventions significantly impact their effectiveness. For example, workplace counselling such as Employment Assistance Programmes (EAP)[114] can have positive impacts for people with mental health conditions, but their effectiveness is highly dependent on how they are implemented and communicated to staff.[115]

The effectiveness of interventions depends on the type of disability, impairment or illness.[116] For example, vocational rehabilitation interventions which support people with health conditions to maintain work, are effective for people with physical disability and impairment.[117] However, the effectiveness of this model for people with mental health conditions is dependent on the workplace culture and employer practices. Interventions are unlikely to be successful if the wider organisational causes of stress are not addressed.[118]

Return to work interventions

Many interventions aim to facilitate the return to work after a sickness absence. In 2012, a systematic literature review found that two characteristics were strongly associated with better outcomes in terms of both return to work and health:

- **Early intervention,** especially within the first six weeks, was associated with a reduction in repeated sickness absence.
- **Multidisciplinary teams**, involving a range of healthcare professionals, occupational health professionals, employers, and employees were found to be more effective in facilitating discussion on how work could be adapted.[119]

Multidisciplinary interventions have proven to be effective in facilitating the return to work for people with physical health conditions and in the majority of the studies of people with mental health conditions.[120]

Phased return to work (or graded return to work), a process where the employee returns to work on reduced hours before returning to full-time, has also been found to

[113] Nicholson PJ. (2022) Occupational health: the value proposition. London. Society of Occupational Medicine. https://www.som.org.uk/sites/som.org.uk/files/Occupational_Health_The_Value_Proposition_March_2022.pdf
[114] There are alternative programmes to EAP but these have not been as thoroughly evaluated
[115] Bajorek, Z., and Bevan, S. (2020) Demonstrating the effectiveness of workplace counselling. Reviewing the evidence for wellbeing and cost effectiveness outcomes. Institute for Employment Studies. https://www.employment-studies.co.uk/system/files/resources/files/553.pdf
[116] Ibid
[117] Waddell, G., Burton, K. and Kendall, N. (2008) Vocational Rehabilitation What works, for whom, and when? https://assets.publishing.service.gov.uk/media/5a7ccd8bed915d6b29fa8c2b/hwwb-vocational-rehabilitation.pdf
[118] Nicholson PJ. (2022) Occupational health: the value proposition. London. Society of Occupational Medicine.https://www.som.org.uk/sites/som.org.uk/files/Occupational_Health_The_Value_Proposition_March_2022.pdf
[119] Hoefsmit, N., Houkes, I. & Nijhuis, F.J.N. (2012) Intervention characteristics that facilitate Return to Work after sickness absence: A systematic literature review. Journal of Occupational Rehabilitation.22, 462-477. https://link.springer.com/article/10.1007/s10926-012-9359-z#citeas
[120] Ibid.

facilitate returns to work. In 2024, a systematic literature review found that the availability of part-time sick leave or graded return to work are both consistently associated with improved work participation for disabled people.[121] Employees in the UK who benefitted from phased returns to work also perceive the positive impacts, with 70% saying a phased return to work has helped them return to work quicker than with full-time return to work.[122] However, other studies provide more nuanced findings. One study found that part-time sick leave for employees with mental health conditions was not associated with a reduced length of sickness absence. However, the authors noted that part-time sick leave could still facilitate early return to work for people if introduced in combination with person-centred interventions.[123]

Return to work coordination programmes (or case management or collaborative care) are programmes provided by employers or insurers to facilitate an employee return to work. These could be 'in-house' or commissioned, and involves a coordinator who is responsible for supporting the employee back to work. These programmes often include:

- an assessment of the barriers to return to work
- an individualised plan to eliminate barriers and return workers to employment.

They vary in intensity and duration and are often expensive to put in place. Evidence on the effectiveness of such programmes are mixed and limited.[124] A 2017 systematic review which included 14 studies from nine countries and 12,568 workers, focused on musculoskeletal problems and mental health conditions found that there were no benefits for return to work coordination programmes on return to work outcomes.[125] The authors conclude that better quality evidence is needed as it is likely to influence the results of systematic reviews.[126]

[121] Derbyshire DW, Jeanes E, Khedmati Morasae E, Reh S, Rogers M. (2024) Employer-focused interventions targeting disability employment: A systematic review. Social Science and Medicine, 347. https://doi.org/10.1016/j.socscimed.2024.116742

[122] Jacobs, G. McHugh, S. Shaw, A. Anand, T. (2023) Phase 2: Sickness absence and return to work. Quantitative and qualitative research. Research report no: 1022. Department for Work and Pensions. https://assets.publishing.service.gov.uk/media/64108286d3bf7f02f6e38078/employee-research-phase-2-sickness-absence-and-return-to-work-quantitative-qualitative.pdf

[123] Høgelund, J. Holm, A. (2011) The Effect of Part-Time Sick Leave for Employees with Mental Disorders. Journal of Mental Health Policy and Economics. 30(4). 157-170. https://research.regionh.dk/en/publications/the-effect-of-part-time-sick-leave-for-employees-with-mental-diso

[124] Kausto, J. Oksanen, T. Koskinen, A. et al (2021). 'Return to Work' Coordinator Model and Work Participation of Employees: A Natural Intervention Study in Finland. Journal of Occupational Rehabilitation. 31 (4), 831–839. https://doi.org/10.1007/s10926-021-09970-x

[125] Vogel, N. Schandelmaier, V N et al., (2017) Return-to-work coordination programmes for improving return to work in workers on sick leave (Review) Cochrane Database of Systematic Reviews. 30(3). https://doi.org/10.1002/14651858.CD011618.pub2

[126] Ibid.

Northern Ireland: Condition Management Programme[127]

The Condition Management Programme is a joint programme delivered across Northern Ireland. It is uniquely placed in Northern Ireland as the only work-focused, short-term intervention programme which has health professionals supporting individuals to achieve their vocational goals, including sustaining employment, returning to work or entering employment. The service is multidisciplinary involving occupational therapists, physiotherapists, mental health nurses, social workers, cognitive behavioural therapists, and administrators based within each of the five trusts in Northern Ireland. The multidisciplinary approach ensures that the clients are treated using a biopsychosocial framework and receive individualised support.

It is a voluntary programme which is available for people who are struggling to stay in work, have recently left, or are receiving benefits and struggling to find work due to a health condition.

The programme supports and advises clients on managing a range of physical and mental health conditions. It aims to help people to better understand their condition, improve day to day functioning, increase confidence, and improve prospects of returning to work or staying in work. Specifically, it offers:

- advice, education and support on dealing with stress, anxiety, low mood and depression
- coping with pain and fatigue
- relaxation techniques
- communicating with confidence
- developing a healthier lifestyle
- exploring potential options that will help people progress towards employment or make a successful return to work.

What works well

- Holding monthly meetings with Team Leaders and running regular training sessions with new staff strengthens relationships with work coaches from local Jobs and Benefits Offices.
- Quarterly monitoring meetings with the Jobs and Benefits Office Managers and the Condition Management Programme Coordinator help to maintain communication and ensure the programme stays on track.
- Publishing flyers and sharing anonymised “good news” stories regarding recent client outcomes throughout all referral pathways help to publicise the service.
- Frequent meetings with other health professionals within the trusts help to establish and maintain professional connections and networks within the

[127] Royal Society for Public Health (n.a) Case Study: The Condition Management Programme, Northern Ireland. https://www.nidirect.gov.uk/articles/condition-management-programme; https://www.rsph.org.uk/static/d65e0af5-8c9b-4264-b8778d5c1cc7d498/The-Condition-Management-Programme-Northern-Ireland.pdf

relevant Trust area.

Outcomes achieved

- 40% of those who access the service are able to remain in, return to or enter work, and of the 25% who continue to access benefits, 7% of those start actively seeking employment, with increased confidence about their ability to work while living with their health condition.
- 100% of participants report being very satisfied or satisfied with the provision.
- 100% of participants agree or strongly agree that their self-confidence has increased through participating in the programme.
- 90% of participants report an improvement across all employability indicators: work readiness, health and wellbeing, decision-making and problem-solving, social interaction and communication, engagement, and self-efficacy.

Integration of health and employment services

The integration of health and employment services can better support the occupational needs of patients and ensure that work is treated as a health outcome. General practitioners focus primarily on treating conditions and symptoms with little capacity to engage in discussions about work capability.[128]

While occupational health professionals are better placed to support patients with return to work, research from 2018 found that few general practitioners have access to reliable or accessible occupational health services.[129] The Fit for Work service (see description of the service above) was aimed at providing healthcare professionals with direct access to occupational health services, with the possibility to refer patients directly to these services. However, the number of referrals from general practitioners to the service was particularly low compared with the numbers of referrals from employers. This was attributed to the general lack of awareness of the service among general practitioners and the lack of integration within the existing system.[130]

One approach to integrating services is through co-location, which means that a wider range of services are provided, there is more collaboration between healthcare professionals and other advisors, and it can help to overcome the capacity or capability constraints of general practitioners. A pilot from 2006 co-located employment advisors from Jobcentre Plus in general practitioner surgeries, connecting patients with the range of services and support available through Jobcentre Plus and other

[128] Tindle, A., Adams, L., Kearney, I.,Hazel, Z., Stroud, S. (2020). Understanding the provision of occupational health and work-related musculoskeletal services. DWP/DHSC research report no. 985. GOV.UK. https://www.gov.uk/government/publications/understanding-the-provision-of-occupational-health-and-work-related-musculoskeletal-services

[129] Bevan, S. (2018). Improving Health & Employment Outcomes through Joint Working. Institute for Employment Studies. On behalf of the Wales Centre for Public Policy. https://www.employment-studies.co.uk/resource/improving-health-and-employment-outcomes-through-joint-working

[130] Gloster R, Marvell R, Huxley C (2018) Fit for Work: Final report of a process evaluation. DWP Research Report 959. https://assets.publishing.service.gov.uk/media/5b23ca4940f0b634b73dbf5b/fit-for-work-final-report-of-a-process-evaluation.pdf

organisations.[131] One in ten participants found the meetings with the employment advisor helpful. The principal policy aims of providing support to statutory sick pay and incapacity benefit recipients and fostering closer links between health practitioners and Jobcentre Plus, were met.[132] Co-location provides a basis for joint working, but this needs to be coupled with adequate resources, facilities, and organisational development. More details on co-location are included in Domain 3.

Policy options to facilitate return to work and prevent health-related job loss

Improve the integration of services to support people with work-limiting conditions to remain in work

There are significant communication gaps between healthcare professionals, employers, and employees regarding return to work. Healthcare professionals and line managers often lack the training and resources to effectively advise employees on managing health conditions at work. Healthcare professionals often do not treat work as a health outcome. Occupational health professionals can be a bridge between the employer and healthcare providers, ensuring that work remains a priority.

If work is considered as a health outcome and people receive early treatment, their chances of returning to work sooner are improved. However, many healthcare professionals do not engage in conversations about work, beyond issuing Fit Notes as required, largely due to time and resource constraints. Fit Notes could be used more effectively, with more emphasis on the work outcomes to support workers to remain in work.

Approaches to **improve the integration of services to support people to remain in work** could include**:**

- Review and improve the use of Fit Notes to better support employees, and their employers, with advice and recommendations on a phased approach to return to work.
- Further integration of health and occupational services through co-location. There are a range of options, but this could involve the co-location of occupational health professionals in general practitioner surgeries to strengthen the relationship between occupational health and healthcare sector and help to overcome current issues with general practitioners having limited time.

Improve access to high quality, cost-effective occupational health services

Many employers and employees struggle to identify and access high-quality and affordable occupational health services. Furthermore, the shortage of occupational health professionals has been highlighted as a risk due to the slowdown in the uptake

[131] Sainsbury, R. Nice, K. Nevill, C et al. (3 more authors) (2008) The Pathways Advisory Service: Placing employment advisers in GP surgeries. Research Report. Department for Work and Pensions Research Report, No. 494. Corporate Document Services. Leeds.
[132] Ibid.

of occupational health courses – more than three quarters of the current workforce is aged 50 or above. This will pose a significant challenge in the coming years if the increased demand for occupational health services is accompanied by a reduction in the number of professionals.[133]

Approaches to **improve access to high quality, cost-effective occupational health services** could include:

- Ensuring there are a sufficient number of occupational health practitioners to supply quality and affordable occupational health support at the right levels. This could involve the Government and the occupational health sector working together on a workforce strategy to address workforce shortage and ensure the quality of services and service providers.
- Increasing small and medium-sized enterprises uptake of occupational health services. Options could include financial incentives, mandatory provision of occupational health services in certain circumstances (e.g. if someone is on long-term sick leave) or expanding NHS provision.

Test approaches to increase employer-led measures to support people with work-limiting health conditions and the management of sickness absence

Employers need help to improve the way they manage return to work and sickness absence: three in ten employers report they lack measures to manage return to work after sickness absence.[134]

We know what elements support better return to work outcomes; early intervention (within the first six weeks of sickness absence), multidisciplinary teams to advise on workplace accommodations and a phased return to work. However, there is still inconsistent provision of this support by employers. We need to know more about what works best to incentivise employers to offer this type of support to people with work-limiting conditions and to manage sickness absence.

Further work is needed to test approaches to improving employer support for people with work-limiting health conditions, with a particular focus on managing sickness absence and return to work. Similar to recently announced trailblazers' trials to test interventions to tackle economic inactivity, the Government could set up trials to demonstrate the effectiveness and benefit of employer-led measures, and set out the business case. Employers and sector groups should be involved to ensure the trials are tailored to individual sectors, and to ensure buy in from employers to implement the recommended approaches.

[133] Department for Work and Pensions (2023) Consultation outcome. Occupational Health: Working Better. Department for Work and Pensions. https://www.gov.uk/government/consultations/occupational-health-working-better/occupational-health-working-better#chapter-three-developing-the-work-and-health-workforce-capacity-including-the-expert-oh-workforce-to-build-a-sustainable-model-to-meet-future-demand

[134] Department for Work and Pensions (2021) Consultation outcome. Government's response: Health is everyone's business. Department for Work and Pensions. https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss/outcome/government-response-health-is-everyones-business#chapter-2-helping-employers-improve-support-for-employees-during-sickness-absence-and-return-to-work

Approaches to **trial measures to incentivise more employer-led support for people with work-limiting health conditions and manage sickness absence** could include:

- Options to incentivise the provision of line manager training on how to support employees with work-limiting health conditions with a focus on managing sickness absence and return to work.
- Options to incentivise the use of individualised return to work plans for workers that are at risk of extended periods of absence from work. This could include exploring how best to involve healthcare professionals, occupational health professionals, employers and employees in the development of plans.
- Assess options to provide financial support to ensure employers can make adjustments, especially for small and medium-sized enterprises. This could be done through the existing Access to Work scheme, though this would require additional work to raise awareness of the existence of the scheme and clear the current backlog.

Improving statutory sick pay to better maintain attachment to work

Employees should take sick leave when they are ill to promote faster recovery and limit the impacts of presenteeism on business productivity. Many employees do not receive adequate financial support when they become ill. A higher rate of statutory sick pay would provide employees with greater financial security when ill and also provide a stronger financial incentive for employers to invest in proactive approaches to prevent or reduce long-term sickness absence. Furthermore, the inflexibility of the current system, which doesn't allow statutory sick pay to continue during a phased return to work, means workers are not incentivised to quickly return to work following sickness absence, even in cases where they could be in work with appropriate adjustments and support (such as reduced hours or duties).

The recent changes included in the Employment Rights Bill to ensure all workers irrespective of their salary are entitled to statutory sick pay from day one of their sickness absence are welcomed.

The approach to **improving statutory sick pay** could include:

- Make it more flexible to accommodate for phased return to work, by enabling an employee to receive a combination of some statutory sick pay and usual wages as they made a phased return to work
- Increase the amount of income replacement to reach a level in line with other similar European countries and index it to inflation.

Domain 3: Supporting people out of work due to ill health to find sustainable employment

Challenges

In Great Britain, 3.2 million working-age people are in receipt of incapacity benefits. Since 2020, long-term sickness has become the main reason people report for being economically inactive.

Economically inactive people with a health condition are less likely to move into employment compared to those without a health condition. Fewer than 4% of people with work-limiting health conditions move from economic inactivity to employment each year, compared to nearly 10% without any work-limiting conditions.

Many people who are out of work due to ill health do not engage with the employment support system. This is due to a range of factors, including little or no contact from DWP or Jobcentre Plus, lack of trust in the system, difficulty in navigating the system, and the way the system has been designed.

What works

Supported employment programmes are more effective than traditional vocational employment programmes. Individual Placement and Support programmes are particularly effective in supporting people with a range of health conditions into sustainable employment.

Less is known about how to create more job opportunities for disabled people and people with long-term health conditions. Anti-discrimination legislation and accreditation schemes in place in the UK have had a limited impact on the employment of disabled people. Changes to the Disability Confident scheme and the introduction of mandatory disability reporting could yield positive outcomes for disabled people, though the scale of the effect is hard to determine.

Policy options

Building trust and engagement through the welfare system. This could be achieved through reforming the benefit system to better support people with health conditions to enter and remain in work, through reviewing and reforming sanctions and conditionality, ensuring Work Coaches encourage people with health conditions to engage with work, and reviewing the Work Capability Assessment.

Increase access to proven employment support models for people who are receiving incapacity benefits. This could be achieved by expanding access to employment support and enabling people who are receiving incapacity benefits to experiment with work without penalty.

Work with employers to create more work opportunities for people with long-term health conditions. This could be achieved by improving the Disability Confident Scheme to encourage inclusive workplace practices among employers and by reviewing employment opportunities within the public sector.

Understanding the challenge

In Great Britain, 3.2 million working-age people are in receipt of incapacity benefits.[135] In addition to this, 2.8 million people reported their main reason for being economically inactive is long-term sickness or disability in 2023.[136]

Economically inactive people with a health condition face additional challenges to find sustainable employment. Fewer than 4% of people with work-limiting health conditions move from economic inactivity to employment each year, compared to nearly 10% without any work-limiting conditions.[137]

This domain focuses on people who are out of work with health conditions. This includes people in receipt of incapacity benefits, including the health component of the Universal Credit or the Employment and Support Allowance (ESA), but also people not in receipt of any benefits. In addition, there are many disabled people and people with long-term health conditions in receipt of Universal Credit in work-related activity groups.[138]

Welfare system benefits for disabled people and people with health conditions.

In the UK, there are two main types of health-related benefits:

Disability benefits cover the additional costs of living associated with a disability irrespective of working status. Personal Independence Payment (PIP) was introduced in 2013 to replace the Disability Living Allowance (DLA).

Incapacity benefits provide income replacement to people who are unable to work due to health conditions. ESA was introduced in 2008 to replace Incapacity Benefit and could be claimed on a means-tested and contributory basis. ESA was accompanied by the introduction of the Work Capability Assessment to place people in either the work-related activity group (WRAG) or support group (SG) depending on their ability to work. WRAG claimants were required to engage in work-related activity – a change from previous benefit where claimants did not face any conditionality. ESA was replaced by Universal Credit (UC) in 2016 but continues as a legacy benefit. UC is similar to ESA in terms of the assessment regime and conditionality, with DWP assessing whether claimants have to look for work, have 'limited capability for work' (LCW) or have 'limited capability for work-related activity (LCWA). The cut to awards for new claims in 2017 means that ESA and UC claimants in the less severe incapacity group (ESA WRAG and UC LCW) receive the same amount as unemployment-related claimants but have different work-search requirements.

[135] Commission for Healthier Working Lives (2024) Towards a healthier workforce. Interim report of the Commission for healthier working-lives. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce

[136] Ibid

[137] Ibid

[138] The Restart Scheme is designed for participants in Universal Credit work-related activity groups, however, more than half (54%) of Restart participants had physical or mental health conditions lasting or expected to last 12 months or more (including intermittent conditions or illnesses). Of these, 85% said their condition(s) reduced their ability to carry out day-to-day activities, accounting for 46% of all participants. https://learningandwork.org.uk/resources/research-and-reports/evaluation-of-the-restart-scheme/

Many disabled people who are out of work are not eligible for employment support

In England and Wales, DWP delivers most employment support through Jobcentre Plus and contracted programmes. However, millions of people are not eligible, as they are not claiming work-related benefits.[139] Recent government programmes have provided tailored support to some disabled people who are out of work, such as the Work and Health programme and programmes delivered as part of the UK Shared Prosperity Fund. However, estimates show that only one in ten disabled people out of work received employment support in 2022.[140]

Low trust in employment support provided through Jobcentres

People, particularly those with health conditions or disabilities, have reported significant distrust towards Jobcentre Plus and DWP.[141] The dual role of Jobcentre Work Coaches, who are at the same time benefits administrators and employer advisors, has damaged the relationship between claimants and Work Coaches.[142] Sanctions and conditionality have also created situations where people fear they will lose their benefits if they engaged in a transparent and direct ways with their Work Coaches.[143] Punitive sanctions also contribute to the rise of anxiety and depression, which make employment outcomes harder to achieve.[144] In contrast, research shows that trust and personalised support are the key to create positive engagement which led to good employment outcomes.[145]

The design of the welfare system prevents people from seeking employment or engaging with work

The interactions between employment support and the benefits system need further consideration to ensure that people are incentivised to move into paid work while maintaining a safety net if issues arise.

The Institute for Fiscal Studies showed that claimants receiving ESA face a cliff edge in their entitlement if they take up more than 16 hours a week of paid work or are paid more than approximately £9,500 a year. Those claimants are at risk of losing £8,000 a year if they take up additional work. People receiving the health component of the UC also face losing £4,990 a year if DWP reassess their work capability status after they

[139] Phillips, A. (2022) Working Together. Demos. https://demos.co.uk/wp-content/uploads/2023/02/Working-Together.pdf
[140] Evans, S. (2024). Towards full employment. Learning and Work Institute. Towards full employment - Learning and Work Institute
[141] Glover, B. (2019) Pathways from Poverty: The future of the DWP. Demos. https://demos.co.uk/research/the-future-of-the-dwp/
[142] Pollard, T. & Tjoa, P. (2020). This Isn't Working: Reimagining Employment Support for People Facing Complex Disadvantage. New Local. https://www.newlocal.org.uk/publications/this-isnt-working/
[143] Ibid
[144] Williams, E. (2020) Punitive welfare reform and claimant mental health: The impact of benefit sanctions on anxiety and depression. Social Policy Administration. 55(1). https://doi.org/10.1111/spol.12628
[145] Pollard, T. (2024) Terms of engagement: Rethinking conditionality to support more people into better jobs. New Economics Foundation. https://neweconomics.org/uploads/files/NEF_TERMS-OF-ENGAGEMENT-FINAL.pdf

have taken up work.[146]

The rate of benefits for people out of work is very low for all benefits by international and historic standards. Recent analysis shows that five out of six low-income households on UC are currently not able to afford essentials, such as food or electricity.[147] However, incapacity benefits are paid at a higher rate than job seeker benefits. Figure 2 shows the relative generosity of health-related benefits (more severe incapacity, with and without Severe Disability Premium) compared to the lower rate of benefits with job search requirements (unemployment and less severe incapacity) over time.

In 2024-25, a person aged 25 or over with no dependent could receive £4,601 a year if they receive the standard UC / ESA rate while this increases to £9,595 per year if they are granted the health component. The differences in awards create an incentive for people with health conditions to seek assessment for the health-related benefit to access relatively higher financial support and security, particularly at a time when the price of essentials is rising with the cost-of-living crisis. This is further compounded by the fact that health-related benefits are generally not conditional on job search, whereas sanctions are imposed on other benefit recipients if they do not do enough to meet work search conditions.

Employment support is not widely available for people on UC health or ESA SG, and the design of the benefits system can lead some people with health conditions to feel they are at risk of losing their benefits (through re-assessment) if they express an interest in employment support.[148]

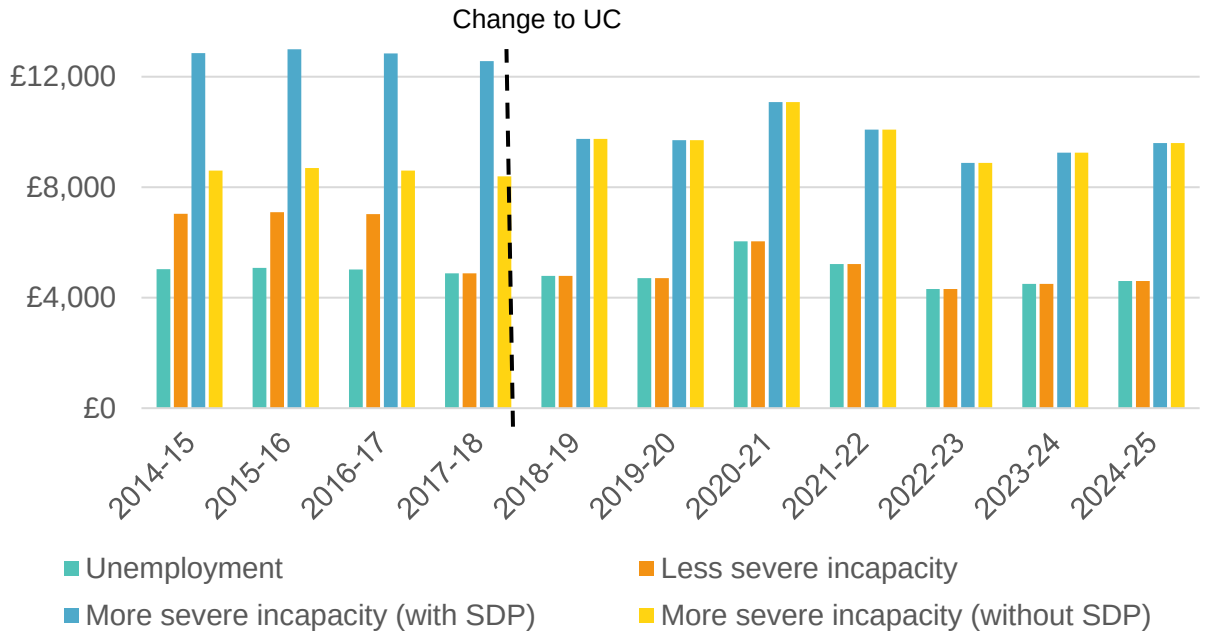
[146] Latimer, E. (2024). Three challenges for getting people on incapacity benefits into work [Comment] Institute for Fiscal Studies. https://ifs.org.uk/articles/three-challenges-getting-people-incapacity-benefits-work

[147] Trussell Trust and Joseph Rowntree Foundation (2024) Guarantee our essential. Reforming Universal Credit to ensure we can all afford the essentials in hard times. Joseph Rowntree Foundation. https://www.jrf.org.uk/social-security/guarantee-our-essentials-reforming-universal-credit-to-ensure-we-can-all-afford-the

[148] Commission for Healthier Working Lives (2024) Towards a healthier workforce. Interim report of the Commission for healthier working-lives. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce

Figure 2: The relative generosity of means-tested benefits over time

Annual rate (£) (real 2024-25 prices) for single new claimant, aged 25 or over, with no dependent.



Source: Office For Budget Responsibility, Welfare trends report October 2024. Chapter 3, Chart 3.7.

Note: This time series includes ESA benefits and UC. From 2018-19, there are only two levels of benefits: the lower rate includes everyone on UC who is fit for work or has some capability for work, and people on ESA with less severe incapacity. The higher rate includes everyone on UC and ESA who has been assessed as having limited capacity to work or engage in work-related activities.

Employment support is not offered early enough

Early intervention is a key part of helping people get into, or back to, work. The longer someone is out of work, the harder it becomes for them to return. It is easier, more affordable and results in better outcomes for individuals, if support is made available as soon as possible once someone is out of work due to a health issue.

Incapacity benefits are received following a Work Capability Assessment. Although the assessment is designed to provide a response within three months, there are often delays in the process.[149] As a result, people are often out of work for a considerable period before the decision is made. For people deemed 'capable for work', this means they could wait more than three months before receiving employment support. The long wait also creates uncertainty which can be harmful for claimants. The House of Commons Committee report highlights the significant strain and potential psychological distress caused by this process.[150]

[149] Ibid.

[150] 142. Work and Pensions Committee (2023) Health assessments for benefits. Fifth Report of Session 2022–23. UK Parliament. https://publications.parliament.uk/pa/cm5803/cmselect/cmworpen/128/report.html#heading-7

Highly centralised employment support and fragmented local interventions

Most employment support is either delivered by DWP through Jobcentres or through nationally commissioned employment support programmes.[151] This means that the approach to employment support in the UK is highly centralised. This undermines the capacity for these programmes to be adapted to meet local population needs.[152] Local areas can also be better positioned to deliver integrated employment support and design support which is personalised and co-designed with service users.

Where the Government has devolved employment programmes, this has often been done in a prescriptive way, limiting the flexibility required in delivery models to address the needs of the local population.[153]

Short-termism has hindered the successful delivery of employment support programmes.[154] This has resulted in fragmentation, inconsistency, sub-optimal delivery in short timescales, and a lack of opportunity to embed good practice and improve delivery from lessons learned. Rounds of resource-intensive competitive bidding for essential provision makes planning around local priorities more difficult.

Policy landscape

Policies and interventions aimed at supporting disabled people and people with long-term health conditions to find sustainable employment include:

- Interventions focused on supporting people into work through different mechanisms, such as contracted employment support programmes and Jobcentres in England and Wales.
- Interventions aimed at changing employers' behaviours to remove barriers to employment.

Who delivers employment support across each nation?

Employment support in England and Wales has typically been delivered through one of three routes:

- Jobcentre Plus provision includes the administration of benefits and Work Coach support to help people find work. Employment support covers areas such as work preparation, job application, interview coaching, and confidence

[151] Phillips, A. (2022) Working Together. Demos. https://demos.co.uk/wp-content/uploads/2023/02/Working-Together.pdf
[152] Campbell, B., Patel, R., Roberts, C. P., & commission on the future of employment support. (2022). Call for evidence: summary of responses. In commission on the future of employment support. https://www.employment-studies.co.uk/system/files/resources/files/Summary_Future_Employment_report.pdf
[153] Central London Forward. (n.d.). Devolution of employment support. In Central London Forward Response to Work and Pensions Select Committee Call for Evidence. https://centrallondonforward.gov.uk/wp-content/uploads/2024/05/Devolution-of-Employment-Support-Work-and-Pensions-Select-Committee-Call-for-Evidence-v2.pdf
[154] Commission for Healthier Working Lives (2024) Towards a healthier workforce. Interim report of the Commission for healthier working-lives. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce

building. Support for individuals is complemented by employer-facing support with recruitment delivered by Employer Advisors. Jobcentres also work in partnership with contracted services to identify and refer individuals for further targeted support.

- Nationally contracted services, such as the Work and Health Programme and Restart, have also provided employment support. Eligibility is typically based on defined characteristics or needs.
- Locally or regionally contracted services provide support for people from specific groups in a particular area. Funding for these services will often come from local government, colleges, charities, and philanthropic interests.

The Get Britain Working White Paper announced Connect to Work, a voluntary supported employment programme for people with health conditions, and the further expansion of Individual Placement and Support (IPS) for people with severe mental illness.

Employment support is partially devolved Scotland and devolved in Northern Ireland. The Get Britain Working White Paper recommits to devolving non-Jobcentre Plus employment support funding to Wales.

- Support for unemployed people in Northern Ireland is delivered through the Jobs and Benefits Office with support for people with health conditions 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 people with long-term health conditions is provided through the No One Left Behind approach to local employability support.

What are the current policies and interventions to change employers' behaviours?

Disability Confident Scheme

In the UK, the Government has introduced equality certifications to encourage employers to do more to promote equality, diversity and inclusion in the workplace. In 2016, the Disability Confident scheme was introduced to improve both the employment outcomes of disabled people and their experiences while at work. It is the UK's most widely adopted equality certification, with nearly 20,000 employers certified in 2022.[155] The Disability Confident scheme has three levels and is a self-assessment accreditation, but for employers to become Disability Confident Leader (Level 3) their Level 3 self-assessment must be validated by a DWP-registered external organisation.

The scheme's reach is limited by its lack of awareness among employers.[156]

[155] Hoque, K., Bacon, N., King's Business School, King's College London, & Bayes Business School, City, University of London. (2023) Does the government's disability confident scheme improve disability employment outcomes? https://www.disabilityatwork.co.uk/wp-content/uploads/2023/12/Disability@Work-Disability-Confident-research-brief-December-2023.pdf

[156] Commission for Healthier Working Lives (2024) Towards a healthier workforce. Interim report of the

Additionally, accredited organisations do not employ a higher proportion of disabled people, and the experience of disabled employees has been found to be no better than the experience of employees in organisations which are not accredited.[157] This may be due to lack of accountability in the accreditation process.[158]

Voluntary Reporting Framework

In 2018, the Government introduced a Voluntary Reporting Framework to encourage employers to report how many of their staff are disabled or have a long-term health condition. However, the success of this Framework is limited – only 21% of employers were aware of its existence in 2021.[159] Of those aware, more than a quarter (28%) said they have no plan to use the framework.[160] In 2022, the Government launched a consultation on disability reporting.[161] The findings of the consultation are yet to be published.

What works to bring people with long-term health conditions closer to work

This section examines the effectiveness of the different employment support models and identifies key factors that help people with long-term health conditions move closer to employment. We also explore ways to improve employment for disabled people and people with long-term health conditions by influencing employers' behaviours, attitudes, and incentives toward employing people with work-limiting conditions.

Employment support models for people who are currently out of work due to ill health

There are two models of employment support: the traditional model of vocational rehabilitation and the supported employment model.

- **Traditional vocational rehabilitation** ('train and place') is a model where participants are typically trained and then placed into work or transitioned to the open employment market. This model takes a "stepped-care approach" and begins with basic, low-cost support that works well for most workers who are

Commission for healthier working-lives. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce

[157] Hoque, K., Bacon, N., King's Business School, King's College London, & Bayes Business School, City, University of London. (2023) Does the government's disability confident scheme improve disability employment outcomes? https://www.disabilityatwork.co.uk/wp-content/uploads/2023/12/Disability@Work-Disability-Confident-research-brief-December-2023.pdf

[158] Phillips, A. (2024) The earlier the better: Raising awareness of employment support for disabled people and people with health conditions. Demos. https://demos.co.uk/wp-content/uploads/2024/09/The-earlier-the-better_Report_2024_Oct.pdf

[159] CIPD. (2021). Health and wellbeing at work survey 2021. Health and Wellbeing at Work 2021. Chartered Institute of Personnel and Development. https://www.cipd.org/globalassets/media/comms/news/qqqhealth-wellbeing-work-report-2021_tcm18-93541.pdf

[160] Ibid.

[161] Cabinet Office. (2021). Disability Workforce Reporting Consultation. Cabinet Office Consultation. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1041431/disability-workforce-reporting-consultation-web-accessible-pdf.pdf

sick or injured. For those who need more help to get back to work, it offers more intensive, and more costly, assistance. This method ensures that limited resources are used effectively to address each person's needs. Traditional models of vocational rehabilitation have typically been used in the UK to support people with mild or moderate mental health conditions. For example, the Work and Health Programme in England and Wales was launched in 2017 and was closed to referrals in the autumn of 2024.

- **Supported employment interventions** ('place then train') are based on a model of work rehabilitation where individuals with disability/health are helped to find competitive employment as soon as possible, rather than after undergoing (clinical or other support) treatment or having completed a training programme. Popular examples include Supported Internships and the Individual Placement and Support model.[162]

Employment support programmes often include a job brokerage component to support people into work. This section explores the effectiveness of each model of support and considers how/when job brokerage could be successfully introduced.

Vocational rehabilitation interventions have been effective for people with musculoskeletal conditions, but there is growing recognition that supported employment models are more effective for many groups than vocational rehabilitation alone.[163]

Supported Employment models

Individual Placement and Support (IPS)

IPS was developed in the 1990s in the USA, originally to support people with long-term and severe mental health conditions. IPS has been tested to support people with a wide range of health conditions and has proven to work well in supporting people into sustainable employment.

A meta-analysis of international evidence review found that IPS treatments perform significantly better than traditional vocational rehabilitation services on all vocational outcomes. Those in IPS conditions were 1.6 times more likely to have found any competitive employment during the intervention compared to those receiving traditional vocational rehabilitation.[164]

This is the case across a range of contexts. In 2008, the effectiveness of IPS in supporting people with severe mental health into competitive employment compared to traditional vocational rehabilitation services was tested in Europe. The EQOLISE project was the first large scale Randomised Controlled Trial to evaluate the effectiveness of IPS across six European countries, including the UK. The evaluation concluded that IPS clients were twice as likely to gain employment (55% compared to

[162] Learning and Work (2019) Evidence review: Employment support for people with disabilities and health conditions. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/evidence-review-employment-support-for-people-with-disabilities-and-health-conditions/

[163] Waddell, G., Burton, K. and Kendall, N. (2008) Vocational Rehabilitation What works, for whom, and when? https://assets.publishing.service.gov.uk/media/5a7ccd8bed915d6b29fa8c2b/hwwb-vocational-rehabilitation.pdf

[164] Frederick, D. E. and Vanderweele, T. J. (2019), "Supported employment: meta-analysis and review of randomised controlled trials of individual placement and support"

28%).[165]

The EQOLISE project also shows that the effectiveness of supported employment depends on the local labour market, with better employment outcomes in regions with low level of unemployment.[166]

While fewer studies have been carried out for other health conditions, emerging evidence shows IPS is effective for people with physical disabilities, with learning difficulties, with mild or moderate mental health conditions, such as anxiety or depression, and with people in treatment for alcohol and drug dependence.[167]

Fidelity to the IPS model

For IPS programmes/services to be successful, they need to adhere to eight core principles, including individualised support, employer engagement, and integration of work and health (see appendix 2 for further detail). These principles overlap with key design elements of other effective (non-IPS) programmes.

IPS is less effective if the model is not fully adhered to. This was demonstrated by the Health-led Employment Trials, a large-scale Randomised Controlled Trial funded by the Work and Health Unit in 2018 to evaluate the effectiveness of time-limited provision of IPS for people with moderate to mild mental and physical health conditions.[168] The impact evaluation showed significant differences in employment and health outcomes across the two trial sites. The process evaluation suggested these differences were due to lack of fidelity to different aspects of the model.[169]

The cost effectiveness of IPS

IPS programmes have been found to be cost-effective for people with severe mental health conditions through reduced hospital admissions and benefit reductions.[170] The EQOLISE project shows that the total costs per person were about a third lower for the IPS group than for those receiving vocational services.[171] In 2013, a further study looking at the cost effectiveness found no overall positive cost benefit but that IPS had an average cost benefit/employment value difference of -£9,440 per individual for IPS compared to -£25,151 for those in traditional vocational services.[172]

[165] Burns, T., & Catty, J. (2008). IPS in Europe: The EQOLISE trial. *Psychiatric Rehabilitation Journal, 31*(4), 313–317. https://doi.org/10.2975/31.4.2008.313.317
[166] Ibid.
[167] 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, 14(2), e0212208. https://doi.org/10.1371/journal.pone.0212208
[168] The programmes were supporting nearly 10,000 people with mild to moderate mental health and/or physical conditions in primary care or community setting across two sites (Sheffield City Council and the West Midlands Combined Authority).
[169] Edney, C. Grady, H. Muir, D. et al. (2023) Health-led Employment Trial Evaluation: 12-month outcome. Department for Work and Pensions. Research report no.1036 https://assets.publishing.service.gov.uk/media/64baa8fa06f78d000d742703/health-led-employment-trials-economic-evaluation-report.pdf
[170] Learning and Work (2019) Evidence Review: Employment support for people with disabilities and health conditions. Learning and Work Institute.
[171] Burns, T. Catty, J. (2008). IPS in Europe: The EQOLISE trial. *Psychiatric Rehabilitation Journal, 31*(4), 313–317. https://doi.org/10.2975/31.4.2008.313.317
[172] Knapp, M., Patel, A., Curran, C., et al. (2013) Supported employment: cost-effectiveness across six European sites. World psychiatry, 12 (1). 60-68. https://eprints.lse.ac.uk/48631/1/Knapp_Supported_employment_2013.pdf

Time-limited IPS services: IPS-LITE

One of the core principles of IPS is ongoing and unlimited support for people, including in-work support. However, services, particularly when the resources are limited, have found this principle challenging to operationalise.[173]

IPS-LITE is a time-limited version of IPS, where support is discontinued after nine months if the person remains unemployed, or after four months if they are in work. In 2015, a small Randomised Controlled Trial in Oxford concluded that IPS-LITE is equally effective at supporting people with health conditions into employment as IPS. The authors also found that the gain from providing support after nine months was only marginal. They concluded that further evaluation of IPS-LITE was needed.

Mainstreaming IPS in employment support delivery: Fair Start Scotland

Scotland is pioneering the use of IPS within mainstream employment support delivery. From 2018, the Scottish Government integrated IPS delivery as part of Fair Start Scotland, with providers required to offer IPS to those with the most complex health needs. However, very few recipients of Fair Start Scotland have received an IPS service so far (less than 2%), and IPS delivery has not attained full fidelity in many delivery areas. A review of the IPS delivery noted that providers should be supported to build their capacity to ensure good understanding of IPS among employability programme providers.[174]

Supported Internships

Supported internships are another example of the supported employment model. These programmes include a work placement in addition to structured support. After completion of the work placement, participants are expected to progress to competitive employment.

These programmes are effective in supporting people with learning disabilities and neurodiverse conditions to enter employment. Project Search in the United States provided nine-month supported internships for people with autism in their transition from education to employment. Individuals in the programme are more likely to gain competitive employment and have higher wages than those in standard employment programmes.[175] The Department for Education delivers a supported internship programme for 16- to 24-year-olds with special educational needs and disabilities, and has recently funded work to expand the number of internships and to increase their quality. The full evaluation will be published in early 2026.[176]

[173] Burns, T., Yeeles, K., Langford, O., Montes, M. V., Burgess, J., & Anderson, C. (2015). A randomised controlled trial of time-limited individual placement and support: IPS-LITE trial. The British Journal of Psychiatry, 207(4), 351–356. https://doi.org/10.1192/bjp.bp.114.152082

[174] Scottish Government (2023) Review of IPS delivery within Fair Start Scotland: Findings and Recommendations. https://www.gov.scot/publications/review-ips-delivery-within-fair-start-scotland-findings-recommendations/

[175] 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. Journal of autism and developmental disorders, 50(6), 1882–1897. https://doi.org/10.1007/s10803-019-03940-2

[176] CooperGibson Research & St. Mary's University. (2024). Evaluation of the strengthening of the supported internship programme. Interim Research Report. Department for Education. https://assets.publishing.service.gov.uk/media/672a1700fbd69e1861921b68/Supported_internship_interim_report.pdf

Delivering effective employment support

Evidence shows that there are several key factors that are critical to delivering effective employment support. This includes:

- A personalised service, including flexible modes of delivery (e.g. online and hybrid delivery) and tailored support (e.g. embedding additional services such as debts and housing or information about benefits) to meet individual needs
- Integrated health and employment services, including co-location of support (e.g. Health-led trials)
- Specialist advisors with knowledge of participants' needs and preferences
- Co-design of support services, and
- Employer engagement.

A personalised service

In several evaluations, a key driver of quality was the ability for advisors to tailor support to each individual, offer wraparound support as needed, and vary the nature and intensity of support according to participants' needs, aspirations and the impacts of their individual impairments.[177]

Wider support is a fundamental element of IPS models, which include assistance with benefits, debt and housing, referrals to training providers, and links with clinical services. Participants often view IPS models favourably, as they feel support is tailored to their needs. Research indicates that IPS participants have longer job tenure when advisors have the flexibility to consider participants' occupational preferences and find employment opportunities that meet these needs.[178]

The importance of personalised services in supporting people to find employment was also demonstrated through the 2003 Pathways to Work pilot programme. The programme offered individualised support from personal advisors who assisted with various issues, including debt management or financial assistance. The pilot found that after 18 months, the probability of those who were supported by personal advisors being employed was 37%, compared to 30% for those who weren't offered this support.[179]

Specialist advisors

Having dedicated, specialist advisors with detailed knowledge of the participants' needs and preferences is consistently associated with positive outcomes in evaluations of employment support programmes.

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

[177] Purvis et al. (2014) Fit for Purpose - Transforming employment support for disabled people and those with health conditions, Centre for Economic and Social Inclusion
[178] Learning and Work (2019) Evidence review: Employment support for people with disabilities and health conditions. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/evidence-review-employment-support-for-people-with-disabilities-and-health-conditions/
[179] Scharle, A. and Csillag, M. (2016) Disability and Labour Market Integration. https://e.europa.eu/social/BlobServlet?docId=16601&langId=en

advisor is a key factor in developing strong advisor-participant relationships.[180] Having specialist employment advisors, who also focused on either in-work or out of work support, but not both, was also found to a factor enabling more employer engagement activity.[181]

Integrated support

Lessons from previous programmes, particularly IPS, show that integration between employment and health services is an important way to support people with additional and complex needs.[182] Health and employment integration can promote a culture shift among clinicians who can better support the occupational needs of their patients.[183]

A 2018 systematic review found that overall successful interventions for individuals with mental health conditions were multidisciplinary, with patient-centred and engaged teams comprising healthcare workers and employment specialists who communicate regularly. Integrating clinical and employment services achieves significantly higher competitive employment rates compared with controls.[184]

Integrated support is increasingly more common within the provision of support in England, including the pilots of IPS in Primary Care.[185] The fifteen Work Well pilots, which will offer a single, joined-up assessment and gateway into employment support and health services locally, will build understanding of how to deliver integrated services, with the potential to inform future policy and practice in this area.[186]

Co-location can enable service integration, allowing for better understanding of partners' roles, responsibilities and skills across disciplines. 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 forms of co-location, such as employment advisors working part time from healthcare provider premises, could also add value.[187]

Other programmes have also found integrating or co-locating services challenging. The evaluation of GMCA's Working Well highlighted that a lack of buy in at a senior level within the NHS, the short-term nature of the programme and constraints on general

[180] Newton, B. Gloster, R. Hofman, J. (2022) Health-led Employment Trials Evaluation. 12-month outcomes evidence synthesis. DWP research report no.1025. GOV.UK. Economic evaluation 12 month outcomes report: Health-led Employment Trial - GOV.UK

[181] Ibid

[182] Modini et al., (2016) Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence, The British Journal of Psychiatry, 209, 14–22. https://doi.org/10.1192/bjp.bp.115.165092

[183] Ottomanelli, L., Barnett, S.D. and Toscano, R. (2014). Individual placement and support (IPS) in physical rehabilitation and medicine: The VA spinal cord injury experience. Psychiatric rehabilitation journal, 37(2), p.110.

[184] Pinto, A. D. (2018) Employment Interventions in Health Settings: A Systematic Review and Synthesis. Annals of family medicine, 16(5), 447–460. https://doi.org/10.1370/afm.2286

[185] Department for Work and Pensions (2023) Letter: Individual Placement and Support in Primary Care (IPSPC) initiative. GOV.UK. https://www.gov.uk/government/publications/individual-placement-and-support-in-primary-care-initiative/letter-individual-placement-and-support-in-primary-care-ipspc-initiative

[186] Department for Work and Pensions (2024). New £64 million plan to help people stay in work https://www.gov.uk/government/news/new-64-million-plan-to-help-people-stay-in-work

[187] Elmore, J., Gloster, R., Clayton, N., Newton, B. (2023) Health-led Employment Trials: Theory based evaluation. Work and Health Unit, London. https://www.gov.uk/government/publications/health-led-trials-impact-evaluation-reports/theory-based-evaluation-health-led-employment-trial-evaluation

practitioner time prevented full integration.[188]

Co-design of support

Disabled people and people with health conditions want to be included, visible and represented in how services to support them into work are designed and delivered. Co-design can lead to better informed and more inclusive services with more equitable outcomes. Co-design could include mentoring roles, mystery shopper roles, training and consultancy roles on accessibility and inclusiveness, advocacy work, frontline employment support roles, and leadership and management of employment and training provision.[189]

Employer engagement

Programmes often emphasise the importance of effective employer engagement. This needs to go beyond 'instrumental engagement' where the relationship is restricted to information provision to a collaborative relationship where providers can develop routes into work beyond existing vacancies. Job brokerage and job carving enable providers to create jobs that align with both client requirements and employer needs. This could include the agreement of adjustments for health needs such as changes to working patterns, or changes to job design, return to work options (such as a phased return, changes to hours or work pattern), or to relieve workplace pressures that cause or exacerbate a health condition.

However, there is limited research on how to do this effectively.[190] Strong links with local employers were one of the most important success factors in the Solent Jobs Programme, introduced in Southampton and Portsmouth between 2016- 2018, and 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.[191]

GMCA's programme Job Entry: Targeted Support (JETS)[192]

Work and Health Programme (WHP) - Job Entry Targeted Support (JETS) programme, was introduced in 2020 in response to the rise in unemployment from the Covid-19 pandemic and ended in 2023. WHP offers personalised, holistic and intensive support to unemployed individuals to help them to address issues that are barriers to starting and sustaining employment. Each client has a key worker who is responsible for navigating the support offer of the provider and wider local services.

[188] Batty, E. Crisp, R. Gillbertson, J. Martin, P. Pardoe, J. Parkes, S. Sanderson, E. Scullion, L. Wilson, I. (2022) Working Well Early Help: Final Annual Report 2022. https://doi.org/10.7190/cresr.2022.6213791987

[189] Learning and Work (2019) Evidence review: Employment support for people with disabilities and health conditions. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/evidence-review-employment-support-for-people-with-disabilities-and-health-conditions/

[190] Ingold, J. and Valizade, D. (2016) Employer engagement in active labour market policies in the UK and Denmark: a survey of employers. https//doi.org/10.13140/RG.2.1.1474.2487

[191] Learning and Work (2019) Evidence review: Employment support for people with disabilities and health conditions. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/evidence-review-employment-support-for-people-with-disabilities-and-health-conditions/

[192]GMCA (2023) Working Well: Work and Health Programme & Job Entry: Targeted Support (JETS). 2023 Annual Report. Evaluation https://www.greatermanchester-ca.gov.uk/media/9083/working-well-whp-plus-jets-annual-report-2023.pdf

Out-of-work support is provided for 15 months, with 6 months of in-work support also provided for those who start work.

JETS was designed as a remote service but shifted to a hybrid model of delivery over time. The support delivered was predominantly around employability and skills, but also addressed issues such as confidence, money management and health. It was an unusual programme in targeting the more recently unemployed and offering lighter touch support than WHP. It was targeted at those unemployed for 3-12 months, who were expected to be more 'work ready'.

What worked well

Some of the features of JETS considered to have been conducive to good performance were:

- The voluntary nature of the programme
- The level of discretionary funding available
- The focus on continuous improvement and use of data
- Recruitment of staff from backgrounds other than employability support
- Relationships between the delivery providers

Outcomes achieved

- Client feedback on the JETS programme was positive and satisfaction was high.
- By the end of March 2023, over 12,000 clients achieved a job start and nearly 10,000 achieved an Earnings Outcome (triggered when clients reach a specific earnings threshold, which serves as a proxy for sustained employment at a sufficient pay level)
- 75% of job starts with known wages paid the Real Living Wage
- Based on the evidence available JETS may have helped clients to secure jobs more quickly and to secure jobs that better matched their aspirations.

Legislation

Anti-discrimination legislation

Evidence from several countries including the United States, the UK and Ireland have found that anti-discrimination legislation had either no effect or a negative impact on disability employment. The failure of anti-discrimination legislation may be due to employers' lack of knowledge regarding the legislation and persistent negative attitudes towards disabled people.[193]

Quotas

In some countries, disability legislation mandates that employers must hire a minimum proportion of disabled individuals. A 2024 systematic review highlights that there is mixed evidence on the impact of setting employer quotas for the number of disabled

[193] Derbyshire DW, Jeanes E, Khedmati Morasae E, Reh S, Rogers M. (2024) Employer-focused interventions targeting disability employment: A systematic review. Social Science and Medicine, 347. https://doi.org/10.1016/j.socscimed.2024.116742

people they employ.[194] For example, the Austrian Disabled Employment Act which mandates firms to ensure at least 4% of their workforce is disabled, has had a positive impact on improving disability employment. However, in France, the Disabled Worker Act was found to have had negative effect on disability employment. The law decreed financial penalties for non-compliance, allowing companies to comply with the legal obligation without hiring disabled workers. Many firms opted to pay the financial penalties instead of hiring.[195]

Overall, it is found that European countries with disability quotas have narrower gaps between disabled employment rate and non-disabled employment rate, but the causal relationship is not demonstrated.[196] As quotas have not been trialled in the UK, further research and evaluation would be needed to understand how they might be integrated in the UK context.

Disability reporting

Currently, disability reporting is voluntary in the UK and no evaluation of its effectiveness, or the potential impacts of this scheme has been published. Evidence from other equality reporting, such as gender pay gap reporting, found this has reduced the pay gap by 1.6 percentage points after its introduction in the UK.[197] However, the study suggests that the reduction is mainly due to a decrease in men's wages, calling into question whether reporting can be said to have had a positive impact.

Financial incentives

Grant to support employers and employees to support with adjustments

In the UK, the Access to Work scheme, discussed above in Domain 2, can also be used to support people and employers to make adjustments for people with health conditions starting work. There is limited evidence about the effectiveness of the Government's Access to Work scheme, particularly regarding job-entries. However, no impact evaluation of the Access to Work scheme has been conducted, making it difficult to assess the impact of the scheme on employment of disabled people. In 2018, DWP commissioned a study to assess the feasibility of undertaking an impact evaluation for this scheme. The study concluded that more data was needed to design a robust impact evaluation and highlighted the challenges associated with estimating 'business as usual'.[198]

[194] Ibid.
[195] Barnay, T. Duguet, E. Le Clainche, C. et al (2016) An evaluation of the 1987 French Disabled Workers Act: Better paying than hiring. The European journal of health economics. HEPAC: health economics in prevention and care. *20*(4), 597–610. https://doi.org/10.1007/s10198-018-1020-0
[196] Ibid.
[197] The authors used a difference-in-difference strategy exploiting the policy threshold of 250 employees for the pay gap reporting to be made mandatory. Blundell, J. (2021) Wage responses to gender pay gap reporting requirement. Centre for Economic Performance, London School of Economics. https://cep.lse.ac.uk/pubs/download/dp1750.pdf
[198] Department for Work and Pensions (2018) Research and Analysis: Feasibility of evaluating the impact of the access to work programme. https://www.gov.uk/government/publications/access-to-work-research-review/feasibility-of-evaluating-the-impact-of-the-access-to-work-programme#gaps-and-further-research

Wage subsidies

Wage subsidies have not been trialled in the UK in relation to health; a small-scale experiment by DWP in 2012 did not find clear evidence and suggested that further testing was needed.[199] Temporary subsided employment, known as transitional employment support, was also used as part of the Solent Jobs Programme. The impact evaluation found that temporary subsidised employment was a key enabler for the programme to achieve engagement and outcomes. The evaluation concluded that transitional subsidised employment should be considered for future delivery models.[200]

International evidence is also mixed. In Sweden, employers may be entitled to a wage subsidy of up to 80% depending on the degree of disability. In 2014, an impact analysis showed that it had a large positive impact on both employment and labour income. However, this assessment also found that the probability of taking up unsubsidised employment is lower by 15-20 percentage points in the short term and by 10 percentage points in the medium term.[201] Other studies suggest a risk that subsidies can have a marginalising effect, by encouraging people into low skilled work which is outside the legal framework of employment rights and/or unsustainable if the subsidy ends.[202]

Subsidised employment for young people

The Future Jobs Fund, introduced in 2009 introduced after the 2008 crisis, and Kickstart, introduced in 2020 in the wake of the Covid-19 pandemic, are two programmes where the UK Government created subsidised jobs for young people (not specifically those with health conditions) to protect them from labour market disadvantage. Impact evaluations of these programmes suggest they had a positive impact on employment outcomes for young people.[203] [204] However, the process evaluation of Kickstart found that young people with health conditions were less likely to have a positive experience of the programme.[205]

Meta analysis of active labour policies suggests that subsidised employment

[199] Learning and Work (2019) Evidence review: Employment support for people with disabilities and health conditions. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/evidence-review-employment-support-for-people-with-disabilities-and-health-conditions/
[200] Learning and Work (2019) Solent Jobs Programme. Learning and Work. Solent Jobs Programme. https://learningandwork.org.uk/resources/research-and-reports/solent-jobs-programme-evaluation/
[201] Angelov, N. Eliason, M. (2014) The effects of targeted labour market programs for job seekers with occupational disabilities. Working Paper Series 2014:27, IFAU - Institute for Evaluation of Labour Market and Education Policy. https://www.ifau.se/globalassets/pdf/se/2014/wp2014-27-the-effects-of-targeted-labour-market-programs-for-job-seekers-with-occupational-disabilities.pdf
[202] Coleman, N. Sykes, W. Groom, C. (2013) What works for whom in helping disabled people into work? https://assets.publishing.service.gov.uk/media/5a7ce573e5274a2c9a484c78/wp120.pdf
[203] Department for Work and Pensions (2024) Kickstart Scheme: A Quantitative Impact Assessment. DWP research report no. 1053. https://www.gov.uk/government/publications/kickstart-scheme-a-quantitative-impact-assessment/executive-summary-kickstart-scheme-a-quantitative-impact-assessment https://assets.publishing.service.gov.uk/media/5a7c00bde5274a7318b906f1/impacts_costs_benefits_fjf.pdf
[204] Department for Work and Pensions (2012) Impacts and Costs and Benefits of the Future Jobs Fund. https://assets.publishing.service.gov.uk/media/5a7c00bde5274a7318b906f1/impacts_costs_benefits_fjf.pdf
[205] Department for Work and Pensions (2023) Kickstart Scheme – process evaluation. DWP research report no. 1032. https://www.gov.uk/government/publications/kickstart-scheme-process-evaluation/kickstart-scheme-process-evaluation

programmes are relatively ineffective, when compared to other interventions.[206] However, analysis which included reviewing the UK's New Deal for Young People and Future Jobs Fund (UK), found that subsidised employment programmes had a low but positive impact on young participants' likelihood of entering non-subsidised employment.[207] Wage subsidy programmes' effectiveness in helping young people find jobs depends on factors like local unemployment rates, prior work experience, current labour market conditions, and challenges faced during job applications.

Accreditation schemes

There is recognition that employers need to change their practices, attitudes and behaviours regarding hiring and retaining disabled people and people with long-term health conditions. Accreditation schemes have been introduced with the aim of changing employers' behaviours by encouraging more inclusive practices. However, relatively few studies have explored their impact on employment outcomes for disabled people.

A 2023 study explored the effect of the Disability Confident scheme on a range of employment outcomes, including the proportion of disabled employees in the workforce and experiences of disabled people in the workforce. Comparing the proportion of the disabled people in the workforce in Disability Confident businesses and the proportion in non-Disability Confident, the authors found very limited evidence of the effectiveness of the scheme. They found no evidence of higher proportion of disabled employees in Disability Confident workplaces at both Level 1 and Level 3, and only a marginal increase at Level 2. The authors of the study conclude that their results confirm findings from previous study that found that independent assessment is required to ensure accreditation scheme are effective.[208]

While there is limited evidence that Disability Confident scheme has a significant impact on disabled people outcomes, other equality certifications with more rigorous independent assessment such as Stonewall Diversity Champions scheme have contributed to improve employers' equality practices.[209]

[206] Card, D., Kluve, J., Weber, A. (2018) What Works? A Meta Analysis of Recent Active Labor Market Program Evaluations, Journal of the European Economic Association, Volume 16, Issue 3, June 2018, Pages 894–931, https://doi.org/10.1093/jeea/jvx028

[207] Nancarrow, A., Muir, D., Rosolin, B., Orlando, C., Newton, B., Rowland, J., Ott, E., Shlonsky, A. (2023) The impact of wage subsidies on the employment of disadvantaged and/or marginalised young people. Youth Futures Foundation. https://www.employment-studies.co.uk/system/files/resources/files/technical-report-wage-subsidy-programmes.pdf

[208] Hoque, K., Bacon, N., King's Business School, King's College London, & Bayes Business School, City, University of London. (2023) Does the government's disability confident scheme improve disability employment outcomes? https://www.disabilityatwork.co.uk/wp-content/uploads/2023/12/Disability@Work-Disability-Confident-research-brief-December-2023.pdf

[209] Colgan, F., Creegan, C., McKearney, A. & Wright, T. (2007) Equality and diversity policies and practices at work: lesbian, gay, and bisexual workers. Equal Opportunities International, 26(3), 590–609. https://doi.org/10.1108/02610150710777060

Policy options to support people to find sustainable employment

The current welfare system needs fundamental change, with regards to both benefits and employment support. Our research points at a range of problems with the current provision of employment support programmes. Furthermore, the lack of job opportunities in some places undermines the success of employment support programmes. There is an opportunity for the Government to address the key challenges to ensure good quality, tailored employment support programmes are available for everyone who wants to work, along with good quality jobs and inclusive workplaces to help them stay in employment.

The Government has set out the start of its welfare reform agenda in the Get Britian Working White Paper, released in November 2024. The paper sets out the Government's aim to change the objective of the welfare system to be focused on people's skills and careers, rather that only monitoring and managing benefit claims. The next phase of this reform programme will be a green paper in Spring focused on the health and disability benefit system.

Building trust and engagement through the welfare system

Most disabled people who are out of work do not receive any employment support. According to estimates, only a small proportion of disabled people who are out of work currently receive employment support through Jobcentres (6%). People who are on incapacity benefits report that they are worried that if they take a job and it doesn't work out, they may end up financially worse off compared with their current benefit payments.

In the benefit system, greater stringency and lower generosity of the unemployment system is a push factor towards the incapacity system, and people with health conditions are more likely to seek to be assessed for incapacity benefits which provide higher levels of financial support and fewer conditions. The current job search conditions and sanction regime pushes beneficiaries to accept any job, even if those jobs do not match their preferences or could contribute to worsening health conditions. The other unintended effects of conditionality and sanctions is that they undermine the development of trusted relationships between Work Coaches and jobseekers.

Completing a Work Capability Assessment is a taxing process for applicants, and often has high stakes as people who are assessed as 'capable for work' or having 'limited capability for work' have different work-related conditions imposed on them, and receive lower rates of financial support. We could learn from other countries, such as the Netherlands that uses a structured assessment, which matches people's functional ability to the functional profile of the job.[184] Other issues relate to delays in receiving the outcome of Work Capability Assessment.

Changes to conditionality and sanctions were not addressed within the Government's Get Britain Working White Paper. The Government will bring forward a Green Paper in spring 2025 with proposals to change the health and disability benefits system to better enable people to enter and stay in work, and to better respond to complex and fluctuating health conditions.

The approach to **reforming benefits to better support people with health conditions to enter and remain in work**, could include:

- Reviewing conditionality and sanctions to address unintended consequences and encourage people to engage with work, and employment support. This could involve exploring ways to exempt more groups of disabled people and people with long-term health conditions from conditionality.
- Ensuring Jobcentre Plus Work Coaches support people with health conditions to engage with the employment support system. This includes Work Coaches needing to have knowledge of the full range of employment support programmes available in their areas, including programmes delivered by community organisations.
- Explore other types of assessment to determine whether someone is fit for work, in place of the Work Capability Assessment. Any assessment scheme needs to be appropriately resourced to avoid further delaying people from accessing employment support.

Increase access to proven employment support models to people who are receiving incapacity benefits

The Government White Paper published in November 2024 makes some welcome promises to continue expanding access to IPS for severe mental illness, reaching 140,000 more people by 2028-29. Equally the expansion of 'Connect to Work' provides additional grant funding to local authorities to address economic inactivity due to ill health through a supported employment model. This will support an additional 100,000 disabled people each year across England and Wales. For this type of employment support to be successful, strong adherence to the core principles are needed. It is important to learn from recent examples, such as Fair Start Scotland, to develop referral pathways to ensure more people benefit from IPS support.

Expanding access to support may help to overcome some of the negative perceptions of engagement with Jobcentres and also ensure that support is available to the people on disability benefit who want to work. Co-design and involvement of disabled people and people with long-term conditions is critical for the programmes to be successful.

Approaches to **increasing access to employment support for people who are receiving incapacity benefits** could include:

- Expand access to employment support to people who are receiving incapacity benefits and support them to experiment with work without penalty. This would ensure voluntary employment support is on offer to people in receipt of health-related benefits (rather than limiting employment support to people who are receiving an employment benefit that has a job search component).

Creating more work opportunities for people with long-term health conditions and encouraging employers to do more in this space

Availability of good jobs is an essential prerequisite to offering suitable and sustainable jobs for people to move into. There is a role for the Government to:

- Encourage employers to do more to create inclusive workplaces,
- Create more job opportunities for people with health conditions and disability,
- Embed the work and health agenda with other policy areas, including through procurement.

The Disability Confident Scheme is a key lever used by the Government to influence employer behaviour. Changes could be made to the Scheme to ensure it has a positive impact on the employment outcomes of disabled people.

The Government is also a large employer that can directly create more work opportunities for disabled people and people living with long-term health conditions through its own recruitment and workplace practices.

Approaches to **improving the Disability Confident Scheme to encourage inclusive workplace practices among employers** and ultimately reduce the disability employment gap could include:

- Using an independent accreditation panel to review and monitor businesses' compliance with the scheme, including when membership should be revoked.
- Introducing a quota for the number of disabled people employed for larger businesses as part of their accreditation.
- Embedding the scheme more effectively in supply chains, for example by including Disability Confident membership as a criteria for government procurement.

Conclusion

There are wide reaching benefits if we can improve people's health and wellbeing while at work, help them to remain in work when experiencing ill health, and supporting more people to find and keep sustainable employment. The Government can set the right requirements and policy infrastructure through legislation, provision of information, public services and financial incentives. Employers can benefit from real change in workplaces through strengthening policies and practices, as well as committing to changing workplace culture, management capability, and relationships.

Achieving a step change in outcomes requires concerted, coordinated effort from government, employers, workers, and supporting organisations. For the options set out in this paper to be implemented successful, there needs to be meaningful engagement and integration with other organisations such as service providers, local government, anchor organisations, unions, and most importantly the involvement of disabled people and people with a health condition.

Do more of what works

Policies, programmes, and workplace guidelines are likely to be more effective and better received if they are informed by the needs and perspectives of those affected by them. This applies to a range of interventions, from employment support programmes to employee involvement in return to work planning.

Evidence consistently demonstrates that early intervention reduces the risk that someone will stay out of work for an extended period and can help address health issues before they worsen. Investing in early intervention measures is more cost effective over time.

Lessons from previous programmes show that integration between employment and health services can help to ensure that work is treated as a health outcome, recognising that work provides benefits that can help to improve health and wellbeing, and ensure people receive multidisciplinary, individual-centred support,

Personalised support, tailored to individual circumstances, is widely recognised as being key to achieving positive employment outcomes, particularly for people with complex needs. Services achieve better outcomes when providers are able to vary the nature and intensity of support according to participants' needs and aspirations.

Lastly, there is strong evidence for the effectiveness of supported employment programme. IPS is effective for people with mental health conditions and there is a growing recognition that it is also effective as a form of support for musculoskeletal conditions. By providing more supported employment programmes and providing IPS to a broader range of participants, we can capitalise on what works.

Reduce uncertainty through a longer-term approach to policy

The recent political environment within the UK has also had an impact on health and work interventions. Policy churn and austerity measures have meant that there has been short-term investment in programmes, with multiple programmes not being sustained long enough to prove to be effective. This has resulted in fragmentation, inconsistency, sub-optimal delivery in short timescales, and a lack of opportunity to embed good practice and improve delivery from lessons learned.

Certainty that policies and programmes will endure is essential to give local government, providers, and other stakeholders the confidence to invest in programmes and supporting infrastructure. Taking a long-term vision for work and health will help to embed good practice, improve coordination, and ultimately resulting in better health outcomes and economic gain.

Continue building the evidence base through a test and learn approach to trial what has been successful elsewhere

The Government should prioritise building evidence of what works to improve employment and health outcomes across the UK. This should be facilitated by learning from international examples, sharing what works, commissioning robust evaluations, and making information available on the cost effectiveness of interventions. A crucial element to this is supporting the use of administrative datasets by ensuring they are reliable, are linked where possible and making them more accessible.

The evidence on what works to protect health and wellbeing at work, and to support retention of workers with long-term or fluctuating health conditions is limited. There is the opportunity to take a test and learn approach to trial approaches in different contexts. Given the importance of employer engagement, a focus for the test and learn approach should be on identifying what works to incentivise small and medium-sized enterprises to make changes to their workplace practices to better recruit and retain disabled people and those living with long-term health conditions.

Organisational culture and management capability are essential

The most essential lever for improving health and employment outcomes do not sit within the Government levers, but within workplaces themselves. The most effective approach to achieving improved work outcomes is through responsible corporate governance, good management, and strong employment relations within the workplace. While the Government can set, communicate, and enforce standards, it is the commitment to these within a business that leads to better health outcomes for people.

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Errors and omissions remain the responsibility of the authors alone.

Appendix 1: Return to work interventions categorisation

Characteristics	Definitions
Timing of the interventions	When is the intervention delivered? The interventions could be introduced at an early stage, within the first six weeks of sickness absence, or they could be introduced at the end of the sickness period.
Care professionals involved	Who is involved in the recovery process? Interventions could be led by a multidisciplinary team, who involved practitioners from different professions or one practitioners could be involved.
Planning of the activities	Are there any agreed schedule for the interventions? The interventions could follow a pre-defined schedule or they could be performed without following a defined schedule.
Target populations	Who is offered a return to work programme? All employees on sickness absence irrespective of the specific medical diagnosis or only offer to employees with a specific diagnosis
Type of activities	What type of activities are included? Gradual exposure to the workplace or not Workplace adaptation or not Planning / Decision on when and how return to work take place
Intensity	How often do people meet to discuss the return to work? It could be several meetings, sometimes more than 10, or it could be only once.
Employee and employer role	What is the level of involvement of employee and employer? It could involve employers/employees throughout the process or they could be the recipient of the decision made to support medical recovery and timing.

Appendix 2: Eight principles of Individual Placement and Support

IPS, originally designed for jobseekers with severe and enduring mental health conditions, has eight principles:

- Focused on competitive employment outcomes
- open to anyone 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 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
- includes benefits counselling, so no one is made worse off by participating.

References

1. ACAS. Health and wellbeing. https://www.acas.org.uk/health-and-wellbeing
2. ACAS. Returning to Work after absence. https://www.acas.org.uk/returning-to-work-after-absence
3. Adams, L. Tindle, A. Downing, C. Morrice, N. Domingos, M. (2018) Access to Work: Qualitative research with applicants, employers and delivery staff. DWP research report no. 967. GOV.UK. https://www.gov.uk/government/publications/access-to-work-research-review
4. Angelov, N. Eliason, M. (2014) The effects of targeted labour market programs for job seekers with occupational disabilities. Working Paper Series 2014:27, IFAU - Institute for Evaluation of Labour Market and Education Policy. https://www.ifau.se/globalassets/pdf/se/2014/wp2014-27-the-effects-of-targeted-labour-market-programs-for-job-seekers-with-occupational-disabilities.pdf
5. Atay, A. Florisson, R. Williams, G.D. Martin, A. and Leka, S. (2024) Stemming the tide: Healthier jobs to tackle economic inactivity. The Work Foundation at Lancaster University. https://www.lancaster.ac.uk/work-foundation/publications/stemming-the-tide
6. Axén, I., Brämberg, E., Vaez, M., Lundin, A., & Bergström, G. (2020). Interventions for common mental disorders in the occupational health service: a systematic review with a narrative synthesis. International Archives of Occupational and Environmental Health, 93, 823 - 838. https://doi.org/10.1007/s00420-020-01535-4.
7. Bajorek, Z., and Bevan, S. (2020) Demonstrating the effectiveness of workplace counselling. Reviewing the evidence for wellbeing and cost effectiveness outcomes. Institute for Employment Studies. https://www.employment-studies.co.uk/system/files/resources/files/553.pdf
8. Barnay, T. Duguet, E. Le Clainche, C. et al (2016) An evaluation of the 1987 French Disabled Workers Act: Better paying than hiring. The European journal of health economics. HEPAC: health economics in prevention and care. *20*(4), 597–610. https://doi.org/10.1007/s10198-018-1020-0
9. Batty, E. Crisp, R. Gillbertson, J. Martin, P. Pardoe, J. Parkes, S. Sanderson, E. Scullion, L. Wilson, I. (2022) Working Well Early Help: Final Annual Report 2022. https://doi.org/10.7190/cresr.2022.6213791987
10. Batty, E., Crisp, R., Gilbertson, J., Martin, P., Pardoe, J., Parkes, S., Sanderson, E., Scullion, L., Wilson, I., & Centre for Regional Economic and Social Research. (2022). Working well early help: Final Annual Report 2022. https://doi.org/10.7190/cresr.2022.6213791987
11. Bajorek, Z. (2020) The Squeezed Middle: Why HR should be hugging and not squeezing line managers., Institute for Employment Studies. https://www.employment-studies.co.uk/resource/squeezed-middle-why-hr-should-be-hugging-and-not-squeezing-line-managers
12. Bevan, S. (2018). Improving Health & Employment Outcomes through Joint Working. Institute for Employment Studies. On behalf of the Wales Centre for Public Policy. https://www.employment-studies.co.uk/resource/improving-health-

and-employment-outcomes-through-joint-working

13. Bewley, H., Prince, S., Halse, J., Daly, M., Cockerell, R., Trenell, P. (2012) Impacts and costs and benefits of the Future Jobs Fund. National Institute of Economic and Social Research. https://assets.publishing.service.gov.uk/media/5a7c00bde5274a7318b906f1/impacts_costs_benefits_fjf.pdf
14. Black, C. (2008) Working for a healthier tomorrow. GOV.UK. https://www.gov.uk/government/publications/working-for-a-healthier-tomorrow-work-and-health-in-britain
15. Blundell, J. (2021) Wage responses to gender pay gap reporting requirement. Centre for Economic Performance, London School of Economics. https://cep.lse.ac.uk/pubs/download/dp1750.pdf
16. Brione, P. Powell, A. (2024) Statutory sick pay. Research Briefing. House of Commons Library. https://researchbriefings.files.parliament.uk/documents/CBP-9435/CBP-9435.pdf
17. Burns, T., & Catty, J. (2008). IPS in Europe: The EQOLISE trial. Psychiatric Rehabilitation Journal, *31*(4), 313–317. https://doi.org/10.2975/31.4.2008.313.317
18. Burns, T., Yeeles, K., Langford, O., Montes, M. V., Burgess, J., & Anderson, C. (2015). A randomised controlled trial of time-limited individual placement and support: IPS-LITE trial. The British Journal of Psychiatry, 207(4), 351–356. https://doi.org/10.1192/bjp.bp.114.152082
19. Cabinet Office. (2021). Disability Workforce Reporting Consultation. Cabinet Office Consultation. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1041431/disability-workforce-reporting-consultation-web-accessible-pdf.pdf
20. Campbell, B., Patel, R., Roberts, C. P., & commission on the future of employment support. (2022). Call for evidence: summary of responses. In commission on the future of employment support. https://www.employment-studies.co.uk/system/files/resources/files/Summary_Future_Employment_report.pdf
21. Card, D., Kluve, J., Weber, A. (2018) What Works? A Meta Analysis of Recent Active Labor Market Program Evaluations, Journal of the European Economic Association, Volume 16, Issue 3, June 2018, Pages 894–931, https://doi.org/10.1093/jeea/jvx028
22. Carolan, S., Harris, P.R. and Cavanagh, K. (2017) Improving Employee Well-Being and Effectiveness: Systematic Review and Meta-Analysis of Web-Based Psychological Interventions Delivered in the Workplace. Journal of Medical Internet Research 19(7), p.e271. https://doi.org/10.2196/jmir.7583
23. Central London Forward. (n.d.). Devolution of employment support. In Central London Forward Response to Work and Pensions Select Committee Call for Evidence. https://centrallondonforward.gov.uk/wp-content/uploads/2024/05/Devolution-of-Employment-Support-Work-and-Pensions-Select-Committee-Call-for-Evidence-v2.pdf
24. CIPD (2017) People Skills. Building ambition and capability in small UK firms.

Chartered Institute of Personnel and Development. https://www.cipd.org/uk/knowledge/reports/hr-capability-small-firms/

25. CIPD (2020) Revamping labour market enforcement. Chartered Institute of Personnel and Development. https://www.cipd.org/uk/knowledge/reports/labour-market-enforcement-uk/
26. CIPD (2023) Health and wellbeing while at work. Chartered Institute of Personnel and Development. https://www.cipd.org/uk/knowledge/reports/health-well-being-work/
27. CIPD. (2021). Health and wellbeing at work survey 2021. Health and Wellbeing at Work 2021. Chartered Institute of Personnel and Development. https://www.cipd.org/globalassets/media/comms/news/qqqhealth-wellbeing-work-report-2021_tcm18-93541.pdf
28. Clayton, N. Evans, S. (2024) Get Britain Working: the Path to an 80% Employment Rate. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/get-britain-working-the-path-to-an-80-employment-rate/
29. Cohen, D., Khan, S., & Marfell, N. (2016) Fit for work? Evaluation of a workshop for rheumatology teams. Occupational medicine (Oxford, England), *66*(4), 296–299. https://doi.org/10.1093/occmed/kqv208
30. Coleman, N. Sykes, W. Groom, C. (2013) What works for whom in helping disabled people into work? Department for Work and Pensions. https://assets.publishing.service.gov.uk/media/5a7ce573e5274a2c9a484c78/wp120.pdf
31. Colgan, F., Creegan, C., McKearney, A. & Wright, T. (2007) Equality and diversity policies and practices at work: lesbian, gay, and bisexual workers. Equal Opportunities International, 26(3), 590–609. https://doi.org/10.1108/02610150710777060
32. Commission for Healthier Working Lives (2024) Employer roundtables on workforce health and wellbeing. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce
33. Commission for Healthier Working Lives (2024) Towards a healthier workforce. Interim report of the Commission for healthier working-lives. The Health Foundation. https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce
34. CooperGibson Research & St. Mary's University. (2024). Evaluation of the strengthening of the supported internship programme. Interim Research Report. Department for Education. https://assets.publishing.service.gov.uk/media/672a1700fbd69e1861921b68/Supported_internship_interim_report.pdf
35. Daniels, K., Gedikli, C., Watson, D., Semkina, A., & Vaughn, O. (2017) Job design, employment practices and well-being: a systematic review of intervention studies. Ergonomics, 60(9), 1177–1196. https://doi.org/10.1080/00140139.2017.1303085
36. De Kock CA, Lucassen PLBJ, Bor H, Knottnerus JA, Buijs PC, Steenbeek R,

Lagro-Janssen ALM (2018) Training GPs to improve their management of work-related problems: results of a cluster randomized controlled trial. European Journal of General Practice. 24(1). 258-265. https://doi.org/10.1080/13814788.2018.1517153

37. Department for Work and Pensions (2014) Health and Work Service supplier announced. Department for Work and Pensions. Health and Work Service supplier announced - GOV.UK

38. Department for Work and Pensions (2015) Understanding the Journeys from Work to Employment and Support Allowance (ESA). Research Report No. 902. Department for Work and Pensions. https://www.gov.uk/government/publications/understanding-the-journeys-from-work-to-employment-and-support-allowance

39. Department for Work and Pensions (2018) Research and Analysis: Feasibility of evaluating the impact of the access to work programme. Department for Work and Pensions. https://www.gov.uk/government/publications/access-to-work-research-review/feasibility-of-evaluating-the-impact-of-the-access-to-work-programme#gaps-and-further-research

40. Department for Work and Pensions (2021) Consultation outcome. Government's response: Health is everyone's business. Department for Work and pensions. https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss/outcome/government-response-health-is-everyones-business#chapter-2-helping-employers-improve-support-for-employees-during-sickness-absence-and-return-to-work

41. Department for Work and Pensions (2023) Consultation outcome. Occupational Health: Working Better. Department for Work and pensions. https://www.gov.uk/government/consultations/occupational-health-working-better/occupational-health-working-better#chapter-three-developing-the-work-and-health-workforce-capacity-including-the-expert-oh-workforce-to-build-a-sustainable-model-to-meet-future-demand

42. Department for Work and Pensions (2023) Employer Survey 2022. Research Report no 1042. https://www.gov.uk/government/publications/department-for-work-and-pensions-employer-survey-2022/department-for-work-and-pensions-employer-survey-2022-research-report

43. Department for Work and Pensions (2023) Guidance: Getting the most out of the fit note: guidance for employers and line managers. Department for Work and Pensions. https://www.gov.uk/government/publications/fit-note-guidance-for-employers-and-line-managers/getting-the-most-out-of-the-fit-note-guidance-for-employers-and-line-managers

44. Department for Work and Pensions (2023) Incentivising SME uptake of health and wellbeing support schemes. Department for Work and Pensions. Research report No 1024. https://www.gov.uk/government/publications/incentivising-sme-uptake-of-health-and-wellbeing-support-schemes/incentivising-sme-uptake-of-health-and-wellbeing-support-schemes

45. Department for Work and Pensions (2023) Official Statistics. Access to Work Statistics. April 2007 to March 2023. Department for Work and Pensions https://www.gov.uk/government/statistics/access-to-work-statistics-april-2007-to-

march-2023/access-to-work-statistics-april-2007-to-march-2023#more-information-about-these-statistics

46. Department for Work and Pensions (2023) Letter: Individual Placement and Support in Primary Care (IPSPC) initiative. GOV.UK. https://www.gov.uk/government/publications/individual-placement-and-support-in-primary-care-initiative/letter-individual-placement-and-support-in-primary-care-ipspc-initiative
47. Department for Work and Pensions (2024) New £64 million plan to help people stay in work. GOV.UK. https://www.gov.uk/government/news/new-64-million-plan-to-help-people-stay-in-work
48. Department for Work and Pensions (2024) Research and Analysis: Executive Summary: Kickstart Scheme: A Quantitative Impact Assessment. GOV.UK. https://www.gov.uk/government/publications/kickstart-scheme-a-quantitative-impact-assessment/executive-summary-kickstart-scheme-a-quantitative-impact-assessment
49. Department for Work and Pensions and Department of Health and Social Care (2024) Grant Guidance for WorkWell. https://assets.publishing.service.gov.uk/media/6634d6eccf3b5081b14f3149/workwell-appendix-b-grant_guidance.pdf
50. Department for Work and Pensions. (2024) New Occupational Health Taskforce to tackle in-work sickness and drive down inactivity. GOV.UK. https://www.gov.uk/government/news/new-occupational-health-taskforce-to-tackle-in-work-sickness-and-drive-down-inactivity
51. Department for Work and Pensions (2023) Kickstart Scheme – process evaluation. DWP research report no. 1032. https://www.gov.uk/government/publications/kickstart-scheme-process-evaluation/kickstart-scheme-process-evaluation
52. Department for Work and Pensions (2024) Kickstart Scheme: A Quantitative Impact Assessment. DWP research report no. 1053. https://www.gov.uk/government/publications/kickstart-scheme-a-quantitative-impact-assessment/executive-summary-kickstart-scheme-a-quantitative-impact-assessment
53. Department for Work and Pensions (2012) Impacts and Costs and Benefits of the Future Jobs Fund. https://assets.publishing.service.gov.uk/media/5a7c00bde5274a7318b906f1/impacts_costs_benefits_fjf.pdf
54. Department for Work and Pensions and Department of Health and Social Care (2024) Fite Note: Call for evidence. GOV.UK https://www.gov.uk/government/calls-for-evidence/fit-note-reform-call-for-evidence/fit-note-reform-call-for-evidence
55. Derbyshire DW, Jeanes E, Khedmati Morasae E, Reh S, Rogers M. (2024) Employer-focused interventions targeting disability employment: A systematic review. Social Science and Medicine, 347. https://doi.org/10.1016/j.socscimed.2024.116742
56. Dickinson, P., Erickson, E. and Sarter, E.K., (2023) The role and impact of employment charters and procurement by subnational authorities to achieve good

work standards. Institute for Employment Research. https://wrap.warwick.ac.uk/id/eprint/179631/

57. Dickinson, Peter (2022) *Review of Employment Charters in the English Mayoral Combined Authorities.* ReWAGE. https://wrap.warwick.ac.uk/id/eprint/179630/

58. Dorrington, S., Roberts, E., Mykletun, A., Hatch, S., Madan, I., & Hotopf, M. (2018). Systematic review of fit note use for workers in the UK. Occupational and Environmental Medicine, 75(7), 530-539. https://kclpure.kcl.ac.uk/ws/portalfiles/portal/98452454/A_systematic_review_of_fit_DORRINGTON_Firstonline7May2018_GREEN_AAM.pdf

59. Edney, C. Grady, H. Muir, D. Newton, B. Gloster, R. Duffy, R. (2023) Health-led Employment Trial Evaluation: 12-month outcome. Department for Work and Pensions. Research report no.1036 https://assets.publishing.service.gov.uk/media/64baa8fa06f78d000d742703/health-led-employment-trials-economic-evaluation-report.pdf

60. Eliason and Angelov (2014) The effects of targeted labour market programs for job seekers with occupational disabilities, Working Paper Series 2014:27, IFAU - Institute for Evaluation of Labour Market and Education Policy. https://www.ifau.se/en/Research/Publications/Working-papers/2014/The-effects-of-targeted-labour-market-programs-for-job-seekers-with-occupational-disabilities/

61. Elmore, J., Gloster, R., Clayton, N., Newton, B. (2023) Health-led Employment Trials: Theory based evaluation. Work and Health Unit, London. https://www.gov.uk/government/publications/health-led-trials-impact-evaluation-reports/theory-based-evaluation-health-led-employment-trial-evaluation

62. Evaluation of supported internships | British Association for Supported Employment. (n.d.). https://www.base-uk.org/knowledge/learning-difficultiesdisabilities-supported-internship-evaluation

63. Evans, S. (2024). Towards full employment. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/towards-full-employment/

64. Evans, S. Clayton, N. and Lovedeep, V. (2023) Missing Workers: Understanding trends in economic inactivity. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/missing-workers/

65. Evans, S., Vaid, L. (2023) Understanding Benefits: Assessing how many people receive out of-work benefits. Learning and Work Institute. http://learningandwork.org.uk/resources/research-and-reports/understanding-benefits/

66. Fleming, W.J. (2024). Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom. Industrial Relations Journal, 55(2), 162-182. https://doi.org/10.1111/irj.12418

67. 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, 14(2), e0212208. https://doi.org/10.1371/journal.pone.0212208

68. Gloster R, Marvell R, Huxley C (2018) Fit for Work: Final report of a process evaluation. Research Report 959. Department for Work and Pensions

https://assets.publishing.service.gov.uk/media/5b23ca4940f0b634b73dbf5b/fit-for-work-final-report-of-a-process-evaluation.pdf

69. Glover, B. (2019) Pathways from Poverty: The future of the DWP. Demos. https://demos.co.uk/research/the-future-of-the-dwp/

70. Government (2017) Improving Lives: The Future of Work, Health and Disability. https://www.gov.uk/government/publications/improving-lives-the-future-of-work-health-and-disability

71. Green, F., Felstead, A., Gallie, D., and Henseke, G., (2018) Work Intensity in Britain – First Findings from the Skills and Employment Survey 2017. Centre for Learning and Life Chances in Knowledge Economies and Societies, UCL Institute of Education. https://orca.cardiff.ac.uk/id/eprint/115439

72. GMCA (2023) Working Well: Work and Health Programme & Job Entry: Targeted Support (JETS). 2023 Annual Report. Evaluation https://www.greatermanchester-ca.gov.uk/media/9083/working-well-whp-plus-jets-annual-report-2023.pdf

73. Health and Safety Executive. Healthy Working Lives. https://www.hse.gov.uk/scotland/schwl.htm

74. Health and Safety Executive. Vulnerable workers. https://www.hse.gov.uk/vulnerable-workers/index.htm

75. Health and Safety Executive. Work-related ill health and occupational disease in Great Britain. https://www.hse.gov.uk/statistics/causdis/index.htm

76. Health and Safety Executive (2024) Work-related stress, depression or anxiety statistics in Great Britain. https://www.hse.gov.uk/statistics/assets/docs/stress.pdf

77. Hesketh, R., Strang, L., Pollitt, A. and Wilkinson, B. (2020) What do we know about the effectiveness of workplace mental health interventions? Kings College London Policy Institute. https://www.kcl.ac.uk/policy-institute/assets/what-do-we-know-about-the-effectiveness-of-workplace-mental-health-interventions.pdf

78. Hillage, J. et al. (2012) *Research Report: Evaluation of the Fit for Work Service pilots: first year report.* Department for Work and Pensions. Evaluation of the Fit for Work Service pilots: first year report.

79. Hoefsmit, N., Houkes, I. & Nijhuis, F.J.N. (2012) Intervention characteristics that facilitate Return to Work after sickness absence: A systematic literature review. Journal of Occupational Rehabilitation. 22, 462-477. https://link.springer.com/article/10.1007/s10926-012-9359-z#citeas

80. Høgelund, J. Holm, A. (2011) The Effect of Part-Time Sick Leave for Employees with Mental Disorders. Journal of Mental Health Policy and Economics. 30(4). 157-170. H https://research.regionh.dk/en/publications/the-effect-of-part-time-sick-leave-for-employees-with-mental-diso

81. Hoque, K., Bacon, N., King's Business School, King's College London, & Bayes Business School, City, University of London. (2023) Does the government's disability confident scheme improve disability employment outcomes? https://www.disabilityatwork.co.uk/wp-content/uploads/2023/12/Disability@Work-Disability-Confident-research-brief-December-2023.pdf

82. House of Commons (2024) Disabled people in employment. Research briefing.

https://commonslibrary.parliament.uk/research-briefings/cbp-7540/

83. House of Commons Work and Pensions Committee. (2024) Statutory Sick Pay. https://committees.parliament.uk/publications/44084/documents/218444/default/

84. Public Health England (2020) Work as a Health Outcome: a qualitative assessment of the influence of the Health and Work Champions pilot programme and the clinical consensus statement. Evaluation report. https://assets.publishing.service.gov.uk/media/5f75e90ae90e0709d081b6f8/PHE__HWMC_Evaluation__2_.pdf

85. Ingold, J. and Valizade, D. (2016) Employer engagement in active labour market policies in the UK and Denmark: a survey of employers. DOI:10.13140/RG.2.1.1474.2487

86. Institute of Employment Studies analysis of European Working Conditions Telephone Survey 2021, UK data; IES Paper on Job Quality and Health (Unpublished).

87. Introducing NHS Health at Work – NHS Health at Work Network. https://www.nhshealthatwork.co.uk/index.asp

88. Jacobs, G. McHugh, S. Shaw, A. Anand, T. (2023) Phase 2: Sickness absence and return to work. Quantitative and qualitative research. Research report no: 1022. Department for Work and Pensions. https://assets.publishing.service.gov.uk/media/64108286d3bf7f02f6e38078/employee-research-phase-2-sickness-absence-and-return-to-work-quantitative-qualitative.pdf

89. Judge, L., Slaughter, H., (2023) Enforce for good. Effectively enforcing labour market rights in the 2020s and beyond. Resolution Foundation. https://www.resolutionfoundation.org/publications/enforce-for-good/

90. Kausto, J. Okasanen, T. Koskinen, A. Pentti, J. Mattila-Holappa, P. Kaila-Kangas, L. Nevala, N. Kivimaki, M. Vahtera, J. Evasti, J. (2021) 'Return to Work' Coordinator Model and Work Participation of Employees: A Natural Intervention Study in Finland. Journal of Occupational Rehabilitation. 31. 831-839. https://doi.org/10.1007/s10926-021-09970-x

91. Kinman, G., Clements, A. J., & Maher, K. (2024) Chapter 8: Managing sickness absence behaviours in the post-pandemic workplace. Wellbeing at Work in a Turbulent Era. Cheltenham, UK: Edward Elgar Publishing. https://doi.org/10.4337/9781035300549.00012.

92. Knapp, M., Patel, A., Curran, C., Latimer, E., Catty,J., Becker, T., Drake, R.E., Fioritti, A., Kilian, R., Lauber, C., Rössler, W. Tomov, T., Van Busschbach, J., Comas-Herrera, A., White, S., Wiersma, D., Burns, T. (2013) Supported employment: cost-effectiveness across six European sites. World psychiatry, 12 (1). 60-68. https://eprints.lse.ac.uk/48631/1/Knapp_Supported_employment_2013.pdf

93. Lane Clark & Peacock (2023) The Great Retirement or the Great Sickness. https://www.lcp.com/en/insights/on-point-paper/the-great-retirement-or-the-great-sickness-understanding-the-rise-in-economic-inactivity

94. Latimer, E. (2024). Three challenges for getting people on incapacity benefits into work [Comment] Institute for Fiscal Studies. https://ifs.org.uk/articles/three-

challenges-getting-people-incapacity-benefits-work.

95. Learning and Work Institute (2023) Evaluation of In-Work Support Service. Final Report. Welsh Government, GSR report number 25/2023. https://www.gov.wales/sites/default/files/statistics-and-research/2023-03/evaluation-of-in-work-support-service-final-report.pdf
96. Learning and Work (2019) Evidence review: Employment support for people with disabilities and health conditions. Learning and Work Institute. https://learningandwork.org.uk/resources/research-and-reports/evidence-review-employment-support-for-people-with-disabilities-and-health-conditions/
97. Learning and Work (2019) Solent Jobs Programme. Learning and Work. Shttps://learningandwork.org.uk/resources/research-and-reports/solent-jobs-programme-evaluation/
98. Litsardopoulos N, Gifford J, Sharma M, Allen A, Bajorek Z, Wilson T (2025) Work and health: international comparisons with the UK. A report for the Commission for Healthier Working Lives. https://www.employment-studies.co.uk/resource/work-and-health-international-comparisons-uk
99. Lloyd, M., Benson, A., & Solutions Strategy Research Facilitation Ltd. (2020) Work as a Health Outcome: a qualitative assessment of the influence of the Health and Work Champions pilot programme and the clinical consensus statement. Public Health England, Evaluation Report https://assets.publishing.service.gov.uk/media/5f75e90ae90e0709d081b6f8/PHE__HWMC_Evaluation__2_.pdf
100. Local Government Association. Wellbeing. https://www.local.gov.uk/our-support/workforce-and-hr-support/wellbeing
101. Modini et al., (2016) Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence, The British Journal of Psychiatry, 209, 14–22. https://doi.org/10.1192/bjp.bp.115.165092
102. Moss, B. (2023) How to measure and manage presenteeism. People Management. https://www.peoplemanagement.co.uk/article/1873398/measure-manage-presenteeism#:~:text=Presenteeism%20is%20said%20to%20cost,times%20the%20cost%20of%20absence
103. Nancarrow, A., Muir, D., Rosolin, B., Orlando, C., Newton, B., Rowland, J., Ott, E., Shlonsky, A. (2023) The impact of wage subsidies on the employment of disadvantaged and/or marginalised young people. Youth Futures Foundation. The impact of wage subsidies on the employment of disadvantaged and/or marginalised young people | Institute for Employment Studies (IES)
104. Newton, B. Gloster, R. Hofman, J. (2022) Health-led Employment Trials Evaluation. 12-month outcomes evidence synthesis. DWP research report no.1025. GOV.UK. Economic evaluation 12 month outcomes report: Health-led Employment Trial - GOV.UK
105. NICE (2022) Mental wellbeing at work. National Institute for Health and Care Excellence. https://www.nice.org.uk/guidance/ng212
106. Nicholson PJ. (2022) Occupational health: the value proposition. London. Society of Occupational Medicine.

https://www.som.org.uk/sites/som.org.uk/files/Occupational_Health_The_Value_Proposition_March_2022.pdf

107. O'Halloran, J. Thomas, C. (2024) Healthy Industry, Prosperous Economy. IPPR Discussion Paper. Institute for Public Policy and Research. https://www.ippr.org/articles/healthy-industry-prosperous-economy

108. Office for National Statistics (2022) Sickness absence in the UK labour market: 2022. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022.

109. Ottomanelli, L., Barnett, S.D. and Toscano, R. (2014). Individual placement and support (IPS) in physical rehabilitation and medicine: The VA spinal cord injury experience. Psychiatric rehabilitation journal, 37(2), p.110.

110. Phillips, A. (2022) Working Together. Demos. https://demos.co.uk/wp-content/uploads/2023/02/Working-Together.pdf

111. Phillips, A. (2024) The earlier the better: Raising awareness of employment support for disabled people and people with health conditions. Demos. https://demos.co.uk/wp-content/uploads/2024/09/The-earlier-the-better_Report_2024_Oct.pdf

112. Pinto, A. D. (2018) Employment Interventions in Health Settings: A Systematic Review and Synthesis. Annals of family medicine, 16(5), 447–460. https://doi.org/10.1370/afm.2286

113. Pollard, T. & Tjoa, P. (2020). This Isn't Working: Reimagining Employment Support for People Facing Complex Disadvantage. New Local. https://www.newlocal.org.uk/publications/this-isnt-working/

114. Pollard, T. (2024) Terms of engagement: Rethinking conditionality to support more people into better jobs. New Economics Foundation. https://neweconomics.org/uploads/files/NEF_TERMS-OF-ENGAGEMENT-FINAL.pdf

115. Powell. A (2024) Disabled people in employment. Research briefing. House of Commons Library. https://commonslibrary.parliament.uk/research-briefings/cbp-7540/

116. Pring, J. (2022) Access to Work in crisis as figures show 'massive' waiting-list. Disability News. https://www.disabilitynewsservice.com/access-to-work-in-crisis-as-figures-show-massive-waiting-list/

117. Public Health England (2016) Interventions to prevent burnout in high risks individuals: evidence review. https://www.gov.uk/government/publications/interventions-to-prevent-burnout-in-high-risk-individuals-evidence-review

118. Public Health Wales. Healthy Working Wales. https://phw.nhs.wales/services-and-teams/healthy-working-wales/

119. Purvis et al. (2014) Fit for Purpose - Transforming employment support for disabled people and those with health conditions, Centre for Economic and Social Inclusion

120. Royal College of General Practitioners (2024) Fit Note reform must prioritise

health of patient. Response to Call for Evidence. RCGP. https://www.rcgp.org.uk/getmedia/e64a9774-ca55-4a50-909f-cb3ce5ac5f40/Fit-Note-Reform-call-evidence.pdf

121. Royal Society for Public Health (n.d) Case Study: The Condition Management Programme, Northern Ireland. https://www.nidirect.gov.uk/articles/condition-management-programme; https://www.rsph.org.uk/static/d65e0af5-8c9b-4264-b8778d5c1cc7d498/The-Condition-Management-Programme-Northern-Ireland.pdf

122. Sainsbury, R. Nice, K. Nevill, C et al. (3 more authors) (2008) The Pathways Advisory Service: Placing employment advisors in GP surgeries. Research Report. Department for Work and Pensions Research Report, No. 494. Leeds.

123. Schandelmaier, V N et al., (2017) Return-to-work coordination programmes for improving return to work in workers on sick leave (Review) Cochrane Database of Systematic Reviews. 30(3). https://doi.org/10.1002/14651858.CD011618.pub2

124. Scharle, A. and Csillag, M. (2016) Disability and Labour Market Integration. Publication Office of the European Union. https://doi.org/10.2767/26386

125. Scottish Government (2023) Review of IPS delivery within Fair Start Scotland: Findings and Recommendations. https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2023/01/review-ips-delivery-within-fair-start-scotland-findings-recommendations/documents/review-ips-delivery-within-fair-start-scotland-findings-recommendations/review-ips-delivery-within-fair-start-scotland-findings-recommendations/govscot%3Adocument/review-ips-delivery-within-fair-start-scotland-findings-recommendations.pdf

126. Taylor M (2017) Good work: the Taylor review of modern working practices. Department for Business and Trade. https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices

127. The Work Foundation (2019) Workplace health interventions and accreditation schemes - A rapid evidence review and global mapping exercise. The Work Foundation. https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/Workplace-health-interventions-and-accreditation-schemes-FINAL-accessible.pdf

128. Timewise (2021) Making Construction a great place to work. Can flexible working help? Timewise. https://timewise.co.uk/article/making-construction-a-great-place-to-work-can-flexible-working-help/

129. Tindle, A., Adams, L., Kearney, I.,Hazel, Z., Stroud, S. (2020) Understanding the provision of occupational health and work-related musculoskeletal services. DWP/DHSC research report no. 985. GOV.UK. https://www.gov.uk/government/publications/understanding-the-provision-of-occupational-health-and-work-related-musculoskeletal-services

130. Trussell Trust and Joseph Rowntree Foundation (2024) Guarantee our essential. Reforming Universal Credit to ensure we can all afford the essentials in hard times. Joseph Rowntree Foundation. https://www.jrf.org.uk/social-security/guarantee-our-essentials-reforming-universal-credit-to-ensure-we-can-all-afford-the

131. TUC (2024) Falling behind on labour rights Worker protections in the UK compared to the rest of the Organisation for Economic Co-operation and Development (OECD). Trade Union Congress. https://www.tuc.org.uk/research-analysis/reports/falling-behind-labour-rights#:~:text=Conclusions,and%20the%20right%20to%20strike

132. UK Government (2024) Employment Rights Bill, Economic analysis. Employment Rights Bill economic analysis

133. UK Parliament. Access to Work Assessments. Debated on Monday 13 May 2024. https://hansard.parliament.uk/debates/GetDebateAsText/04F7F0B5-107A-4BE9-BDA0-44BC40C660F4

134. Vilsteren, M., Oostrom, S., Vet, H., Franche, R., Boot, C., & Anema, J. (2015) Workplace interventions to prevent work disability in workers on sick leave. The Cochrane database of systematic reviews, 10, CD006955 . https://doi.org/10.1002/14651858.CD006955.pub3.

135. Waddell, G. and Burton, K. (2006). Is work good for your health and well-being? Department for Work and Pensions. https://www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being

136. Waddell, G., Burton, K. and Kendall, N. (2008) Vocational Rehabilitation What works, for whom, and when? https://assets.publishing.service.gov.uk/media/5a7ccd8bed915d6b29fa8c2b/hwwb-vocational-rehabilitation.pdf

137. 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. Journal of autism and developmental disorders, 50(6), 1882–1897. https://doi.org/10.1007/s10803-019-03940-2

138. Wels, J. (2019) The role of labour unions in explaining workers mental and physical health in Great Britain. A longitudinal approach. https://doi.org/10.1016/j.socscimed.2020.112796

139. Williams, E. (2020) Punitive welfare reform and claimant mental health: The impact of benefit sanctions on anxiety and depression. Social Policy Administration. 55(1). https://doi.org/10.1111/spol.12628

140. Wilson, S. and Carter, A. (2022). Wellbeing through job design. A case study of implementation in RASI (Resettlement, Asylum Support and Integration). Institute for Employment Studies: https://www.employment-studies.co.uk/resource/wellbeing-through-job-design

141. Wilson, T., Sharma, M., and Gifford, J. (2024) Exploring the interactions between job quality, industries and health. A report for the Commission for Healthier Working Lives. https://www.employment-studies.co.uk/resource/exploring-interactions-between-job-quality-industries-and-health

142. Work and Pensions Committee (2023) Health assessments for benefits. Fifth Report of Session 2022–23. UK Parliament. https://publications.parliament.uk/pa/cm5803/cmselect/cmworpen/128/report.html#heading-7

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