

DEMOS

THE EARLIER THE BETTER

RAISING AWARENESS OF
EMPLOYMENT SUPPORT FOR
DISABLED PEOPLE AND PEOPLE
WITH HEALTH CONDITIONS

ANDREW PHILLIPS

SEPTEMBER 2024

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Any errors remain the author's responsibility.

Andrew Phillips

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ABOUT THIS BRIEFING PAPER

The new government has set an ambitious long-term target to achieve an 80% working-age employment rate in the UK. Currently, a near-record 2.8 million people are out of work mainly due to disability or a long-term health condition. If the government is to succeed in raising the overall employment rate, it must work with individuals, employers, employment support providers and civil society to build an inclusive labour market which enables more disabled people and people with health conditions to start, stay and progress in work. This briefing paper focuses on one policy priority for the new government: how to raise awareness that employment support is available for disabled people and people with health conditions who want to access it.

This briefing paper is part of our [Citizen Economy](#) pillar of work at Demos, which looks at how to align the interests of citizens and the economy. This includes examining how to improve the support given to people in order to reduce economic inactivity and enable everyone to participate in the economy through an inclusive labour market. Good work provides both economic and social value, enabling people to participate in the economy and supporting people's financial security, health and wellbeing. Supporting as many people as possible to start, stay and progress in good jobs is therefore a key objective for policy makers.

The paper has been informed by two in-person roundtable discussions with a wide range of stakeholders, one in Birmingham and one in London. Attendees' contributions are referenced anonymously throughout. The paper also builds on Demos's previous policy recommendations: creating a [Universal Work Service](#), a public employment service which anyone can access, as well as a '[digital front door](#)' to make it as easy as possible for people to access support, advice or guidance related to work. It also draws on previous Demos research on [people leaving work for health-related reasons](#) and on [increasing the employment rate among people in their 50s and 60s](#).

EXECUTIVE SUMMARY

As part of the mission to ‘kickstart economic growth’, the new government has set an ambitious long-term target of increasing the UK’s working-age employment rate to 80%, which would be the highest national rate ever recorded. Achieving this today would require adding 2.2 million people to the UK’s workforce (without accounting for population growth). To reach the 80% target, it will be essential to increase employment among disabled people and people with health conditions. These groups are more likely to be out of work, and are at greater risk of leaving the workforce before reaching State Pension Age.

Since the pandemic, the number of people out of work and not looking for work (‘economically inactive’) mainly because of a disability or long-term health condition has risen from 2.1 million to 2.8 million. This group now makes up two in five (41%) of all people in the ‘economically inactive’ category (excluding students). At the same time, the proportion of people in employment who are disabled or have a health condition has been rising over time, partly as a result of the UK’s gradually ageing population and partly due to worsening health among the overall working-age population. Within the workforce, there are around 3.7 million people with a work-limiting health condition, a figure which has increased by 1.4 million over the past decade. These workers are also more likely to leave the workforce or lose their jobs: analysis shows that, over the course of one year, disabled people are almost twice as likely to leave the workforce compared to non-disabled people.

The government has rightly recognised that providing additional support to disabled people and people with health conditions must be a priority, and has committed to publishing an Employment White Paper which will include more detail on how central, regional and local government can work together to improve health-related employment support. Therefore, this briefing paper sets out what the current policy landscape looks like, and what policy makers need to bear in mind when considering reforms.

There are at least **one million people** not currently in work who would benefit from accessing **disability or health-related employment support**.

New analysis of ONS data for this paper shows that there are at least one million people not currently in work who would benefit from accessing disability or health-related employment support. There are **500,000 people with a long-term health condition who are unemployed and currently looking for work**, and a further **500,000 people who are ‘economically**

inactive' due to disability or ill health but who want a paid job in the future. There are two specific problems related to employment support facing these groups. First, low awareness, and low uptake, of the employment support which is currently available, as found in previous Demos reports and in other research published by the Department for Work and Pensions (DWP), the Learning and Work Institute, the Centre for Ageing Better and others. Second, there is not enough employment support which is easy to access: too often eligibility criteria prevent people accessing support, and some roundtable attendees argued that there is insufficient employment support available overall.

This paper focuses on the first of these problems, which has not always received the attention it deserves, and examines *how to increase awareness of the employment support that is currently available* for disabled people or people with health conditions. Policy measures to raise awareness are essential to raise 'demand' from individuals as the government invests in increasing the 'supply' of employment support through initiatives such as the new National Jobs and Careers Service, Universal Support, WorkWell and other devolved programmes. Historically, policy makers have tended to focus on designing new programmes, without giving sufficient consideration to how to raise awareness among people who would benefit from them.

The policy options in Section 3 of the paper include exploring how to raise awareness through a series of possible 'engagement points', starting from the evidence-based principle regarding employment support, 'the earlier the better'. In summary, these are:

1

Leaving education

An opportunity for the government to ensure the proposed Youth Guarantee for 18- to 21-year-olds includes support for young disabled people and those with a physical or mental health condition.

2

Starting a new job

A natural opportunity for both workers and employers to discuss work and health and the support an employee might need.

3

Finding work difficult due to disability or ill health

An opportunity to support both the employer/manager and the employee at an earlier stage.

4

Being off work due to ill health, receiving a fit note or receiving statutory sick pay

Including the role of GPs, other healthcare professionals, employment support providers and employers to help prevent somebody having to leave their job.

5

Leaving a job for a health-related reason

Including the role of GPs, other healthcare professionals and employment support providers, since evidence shows that helping people to return to work quickly delivers better outcomes on average.

6

Going through the benefits application and assessment process

Although the options here are constrained by the design of the benefits system, there is nonetheless some potential to raise awareness of employment support by providing people with information at appropriate points.

Taking forward these ideas would make an important contribution to the government's economic growth mission. Demos's analysis in this paper shows that returning to the pre-pandemic employment rate among disabled people would add 130,000 people to the UK's workforce, and grow the economy by £5 billion in real GDP.

Returning to the pre-pandemic employment rate among disabled people would add **130,000 people** to the UK's workforce, and grow the economy by **£5 billion in real GDP**.

There is currently unmet demand for employment support among disabled people and people with health conditions. In a constrained fiscal environment, raising awareness of employment support can help make better use of government spending, and many of the policy options in this paper could be implemented quickly in the next 6-12 months. For these reasons, DWP should specifically consider measures to raise awareness of employment support within the overall strategy set out in the Employment White Paper later this year.

SECTION 1

WHY FOCUS ON EMPLOYMENT SUPPORT FOR DISABLED PEOPLE AND PEOPLE WITH HEALTH CONDITIONS?

The first section of this paper sets out why the new government should focus on employment support for disabled people and people with health conditions. The second section examines the current policy landscape, and the third section sets out policy options the government should consider, focusing on how to raise awareness of employment support.

BOOSTING EMPLOYMENT IS IMPORTANT FOR THE NEW GOVERNMENT'S GROWTH MISSION

The new government has made clear that 'kickstarting economic growth' is the first and most important of its five 'missions'. The proportion of people who are in work - the employment rate - is important for the UK's potential economic output. However, the Covid-19 pandemic brought a sudden end to a decade of rising employment during the 2010s. The UK's employment rate today is lower than in 2019, and the latest forecast from the Office for Budget Responsibility (OBR) suggests that the UK's employment rate in 2029 will still be lower than a decade earlier (see Figure 1). This should be of particular concern to the government because the small amount of economic growth the UK did achieve during the 2010s was heavily dependent on increasing employment.¹ Liz Kendall, Secretary of State for Work and Pensions, has recognised the importance of this issue, stating in a recent speech delivered in Barnsley that "DWP is the HR department of the government's growth mission."²

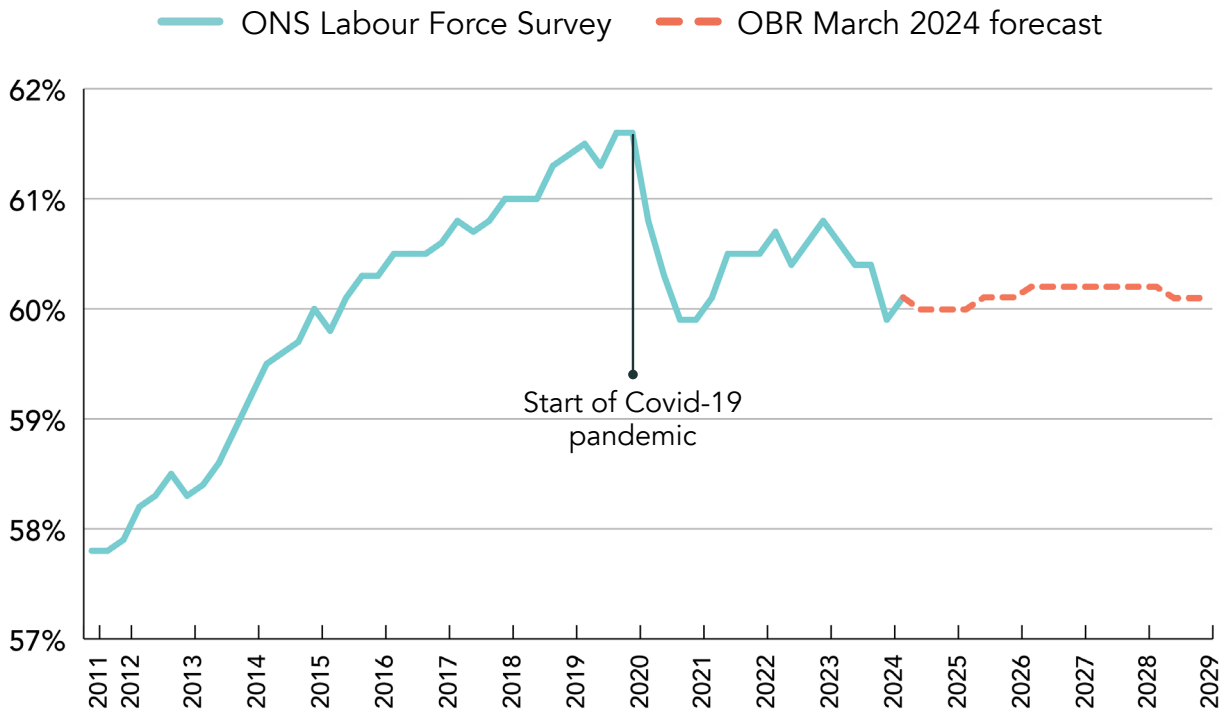
¹ Murphy, L. and Thwaites, G. Post-pandemic participation. Resolution Foundation, 21 February 2023. Available at www.resolutionfoundation.org/publications/post-pandemic-participation [accessed 16/09/2024]

² Kendall, L. Getting Britain Working. GOV.UK, 23 July 2024. Available at www.gov.uk/government/speeches/getting-britain-working [accessed 16/09/2024]

FIGURE 1

The UK's employment rate has not recovered since the pandemic and is forecast to be lower in 2029 than it was in 2019

16+ employment rate in the UK from Q3 2011 to Q1 2029



Sources: ONS and OBR.^{3,4} Note: the chart shows the 16+ employment rate for data comparability, rather than the more common 16-64 employment rate. The government has set a long-term ambition to reach an 80% employment rate among people aged 16-64.

What does increasing employment look like in practice? There are several different groups within the population who are less likely to be in work, but one of the largest is disabled people and people with long-term health conditions. The government has recognised this, committing to publishing an Employment White Paper later this year which will include tackling 'economic inactivity' and the barrier of disability or ill health as a major theme.⁵

The employment rate among disabled people today is around 1.3 percentage points lower than it was before the pandemic.⁶ As a first step, the government should aim to return employment among disabled people back to the pre-pandemic rate. Demos's analysis shows that this would add 130,000 people to the UK's workforce, and grow the economy by £5 billion in real GDP.⁷

3 Office for National Statistics. A02 SA: Employment, unemployment and economic inactivity for people aged 16 and over and aged from 16 to 64 (seasonally adjusted). 10 September 2024. Available at www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/employmentunemploymentandeconomicinactivityforpeopleaged16andoverandagedfrom16to64seasonallyadjusted [accessed 16/09/2024]

4 Office for Budget Responsibility. Economic and fiscal outlook – March 2024. 6 March 2024. Available at <https://obr.uk/efo/economic-and-fiscal-outlook-march-2024> [accessed 16/09/2024]

5 Kendall, L. Getting Britain Working. GOV.UK, 23 July 2024. Available at www.gov.uk/government/speeches/getting-britain-working [accessed 16/09/2024]

6 Office for National Statistics. A08: Labour market status of disabled people. 13 August 2024. Available at www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/labourmarketstatusofdisabledpeoplea08 [accessed 16/09/2024]

7 These figures are based on returning to the pre-pandemic employment rate among disabled people of 54.6%. This would add around 130,000 people to the UK's workforce, based on ONS data (see previous footnote). The impact on economic growth is based on the OBR's analysis, published in March 2023, that raising employment by 110,000 would increase real GDP by 0.22%. Demos's analysis is based on an increase of 0.2% (adjusted down from 0.26%) to account for below average hours and earnings. While there may be some diminishing returns to increasing employment, we follow the OBR in assuming that, with changes in the size of the labour force, productivity per hour remains unchanged and that real GDP moves in line with changes in potential output. See: Office for Budget Responsibility. Economic and fiscal outlook – March 2023. 15 March 2023. Available at <https://obr.uk/efo/economic-and-fiscal-outlook-march-2023> [accessed 16/09/2024]

INCREASING EMPLOYMENT CAN HELP ADDRESS PUBLIC FINANCE CHALLENGES

Alongside growing the economy, managing the public finances is a central priority for the new government. The Chancellor faces challenging short- and medium-term spending pressures, and along with the Prime Minister has set expectations that the upcoming Budget in October will include measures to raise taxes or cut public spending in order to meet the government's fiscal rules. Increasing employment has the attraction of improving the public finances relatively quickly through a combination of higher tax receipts and lower spending on social security. However, the opposite is also true: falling employment results in lower tax receipts and higher public spending, and this is what the government has faced since the pandemic. Worsening health within the workforce also has a negative fiscal impact due to reduced hours and earnings.

The OBR has estimated that, since the pandemic, increases in disability and ill health affecting people both inside the workforce and outside the workforce is associated with an £6.8 billion higher spending on social security and an £8.9 billion reduction in tax receipts: a combined £15.7 billion fiscal cost per year.⁸ For context, recently the Chancellor has been criticised for reducing eligibility for the Winter Fuel Payment, a policy which will save around £1.5 billion per year, or a tenth of the OBR's estimated fiscal cost associated with the increase in disability and ill health among the working-age population. This demonstrates the importance of increasing employment for improving the public finances.

THERE ARE MORE DISABLED PEOPLE AND PEOPLE WITH HEALTH CONDITIONS WITHIN THE WORKING-AGE POPULATION - BOTH INSIDE AND OUTSIDE THE WORKFORCE

A number of trends, including the UK's changing age structure and the negative impact of the pandemic on the population's health, mean that there are more disabled people and people with health conditions within the working-age population than in the past. As a consequence, building an inclusive labour market which enables as many people as possible to enter and remain in the workforce should be a key objective for policy makers.

The age structure of the UK's population is gradually changing, which has important implications for the UK's workforce. In 2012, around 26% of people in employment aged 16-64 were in the 50-64 age group, but in 2024, the proportion has risen to 30%. This contributes to greater prevalence of disability or ill health in the workforce overall, because on average people in their 50s and 60s are more likely to be disabled or have health conditions than younger people. With a gradually ageing population, alongside rises in the State Pension Age, supporting disabled people and people with health conditions in their 50s and 60s to continue working is important for individuals, employers and policy makers alike, as Demos has explored in previous research.⁹ Supporting longer working lives is a policy priority for many high-income countries with ageing populations, not just the UK.¹⁰

There is also wide-ranging evidence that, especially since the pandemic, the general health of the working-age population has worsened. In the context of employment, there are three different groups to consider: people out of work for a long period; people exiting employment; and people remaining in employment.

Since the pandemic, the number of people out of work and not looking for work ('economically inactive') mainly because of a long-term disability or health condition has risen from around 2.1

8 Office for Budget Responsibility. Fiscal risks and sustainability – July 2023. 13 July 2023. Available at <https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023> [accessed 16/09/2024]

9 Phillips, A. and Dawson, A. Understanding 'Early Exiters': The case for a Healthy Ageing Workforce Strategy. Demos, 2 November 2022. Available at <https://demos.co.uk/research/understanding-early-exiters-the-case-for-a-healthy-ageing-workforce-strategy> [accessed 16/09/2024]

10 OECD. Retaining Talent at All Ages. 18 January 2023. Available at www.oecd.org/en/publications/retaining-talent-at-all-ages_00dbdd06-en.html [accessed 16/09/2024]

million to around 2.8 million. This group now makes up two in five (41%) of all people in the 'economically inactive' category (excluding students). Research has shown that this increase is primarily explained by worsening health *among those already out of work*, rather than worsening health among those exiting employment.^{11,12,13} The increase in ill health appears to have been concentrated among people already out of work for 3+ years.^{14,15} It also seems that fewer disabled people and people with health conditions have been entering or re-entering employment since the pandemic ('inflows').

However, we know that people also exit employment partly or wholly due to disability or ill health, even if this does not appear to have increased since the pandemic. DWP analysis shows that on average, between 2014 and 2022, disabled workers moved out of work at nearly twice the rate (8.9%) of non-disabled workers (5.0%).¹⁶ In a Demos survey conducted in 2023, we asked retirees aged 55 to 75 to tell us the single most important reason why they had decided to retire: 13% said that their own disability or ill health was the main reason, and a further 6% said they retired in order to care for a partner, relative or friend with a disability or health condition.¹⁷ A separate Demos report focused on people in their 50s and 60s leaving work for health-related reasons, which showed that health is a significant contributing factor to people leaving employment.¹⁸ When thinking about employment support for disabled people and people with health conditions, policy makers need to think about the 'outflows' of people exiting employment, as well as the 'inflows' of people entering employment.

A third group are disabled people and people with health conditions who remain in employment. The general trend, both before and after the pandemic, is an increasing number of people with work-limiting health conditions in the workforce. For example, in 2013, around 5% of people aged 16-34 reported having a work-limiting health condition, but in 2023, just ten years later, the proportion had doubled to around 10%.¹⁹ There is a potential positive angle to this trend as it perhaps suggests that the UK has a more inclusive labour market in which disabled people and people with health conditions are able to remain in employment. But on the other hand, having a work-limiting health condition can, for some people, reduce their hours, earnings and productivity at work. Worsening working-age health should therefore concern policy makers.

There are two related concerns for this group. First, without support they may be forced to leave employment earlier than they want to (and disabled people are at greater risk of leaving work, as noted above). Second, work-limiting health conditions may prevent people from increasing their hours and/or earnings. This suggests that policy makers need to consider employment-related support for disabled people and people with health conditions within the workforce, and not just focus on those already out of work or who are at risk of leaving soon.

11 Wilson, T. and Muir, D. Employment and Opportunity in the UK. Institute for Employment Studies, 10 November 2022. Available at www.employment-studies.co.uk/system/files/resources/files/Employment%20and%20Opportunity%20Evidence%20Paper_0.pdf [accessed 16/09/2024]

12 Murphy and Thwaites. Post-pandemic participation.

13 Office for National Statistics. Half a million more people are out of the labour force because of long-term sickness. 10 November 2022. Available at www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/articles/halfamillionmorepeopleareoutofthelabourforcebecauseoflongtermsickness/2022-11-10 [accessed 16/09/2024]

14 Wilson and Muir. Employment and Opportunity in the UK.

15 Murphy and Thwaites. Post-pandemic participation.

16 Department for Work and Pensions. Employment of disabled people 2023. GOV.UK, 26 October 2023. Available at www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023 [accessed 16/09/2024]

17 O'Brien, A. and Phillips, A. The Platinum Pound: Boosting employment among older workers. Demos, 13 September 2023. Available at <https://demos.co.uk/research/the-platinum-pound-boosting-employment-among-older-workers> [accessed 16/09/2024]

18 Phillips and Dawson. Understanding 'Early Exiters'.

19 Atwell, S. and others. What we know about the UK's working-age health challenge. The Health Foundation, 17 November 2023. Available at www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge [accessed 16/09/2024]

THERE ARE AT LEAST ONE MILLION PEOPLE WITH A LONG-TERM HEALTH CONDITION WHO WANT A JOB

An additional reason that policy makers should focus on providing support for disabled people and people with health conditions is that survey evidence shows that a large number of people within this group want a job. There are 500,000 people with a long-term health condition who are unemployed.²⁰ By definition, these people are actively looking for a paid job. (The technical definition is that someone who is unemployed is out of work, has been actively seeking work within the last four weeks and is available to start work within the next two weeks.)²¹

Among people who are categorised as 'economically inactive' and who say the main reason they are out of work is long-term ill health, there are around 500,000 who say they want a job (20% of the whole group).²² Combined with people who are unemployed, this suggests there are at least one million disabled people and people with health conditions who want a job. This is however an underestimate since it only includes people who say their *main* reason for being out of work is health-related: there are other people who give a different 'main' reason but who are also disabled or have a health condition. This shows why policy makers should focus on providing disability and health-related employment support, and increasing awareness that support is available.

Within the workforce, there are around 3.7 million people with a 'work-limiting health condition', defined as a disability or health condition which limits either the type of paid work they can do, or the amount of paid work they can do (based on self-reported survey data).²³ This is a large group of people with an elevated risk of leaving the workforce, and emphasises why ensuring there is 'preventative' or 'early' support for people *in work* should also be a priority for the new government.

20 Office for National Statistics. Annual Population Survey. Nomis, 18 July 2024. Available at www.nomisweb.co.uk/datasets/apsnew [accessed 16/09/2024]

21 Office for National Statistics. Employment in the UK: September 2024. 10 September 2024. Available at www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/september2024 [accessed 16/09/2024]

22 Office for National Statistics. Annual population survey - regional - economic inactivity by reasons. Nomis, 18 July 2024. Available at www.nomisweb.co.uk/datasets/aps181 [accessed 16/09/2024]

23 Atwell and others. What we know about the UK's working-age health challenge.

SECTION 2

AN OVERVIEW OF THE CURRENT POLICY LANDSCAPE

This section provides a brief overview of the current policy landscape regarding employment support for disabled people and people with health conditions. First, it provides a selective list of relevant employment support programmes, initiatives and schemes. Second, it gives an overview of four important groups within the working-age population: it is important for policy makers to consider how to raise awareness of employment support for each of these different groups. Third, it briefly covers other proposed policy reforms.

For simplicity, this section focuses on the policy landscape in England only; there are various differences in each of Scotland, Wales and Northern Ireland. In addition, this briefing paper refers to Universal Credit (UC) throughout for the sake of brevity, although some people receive a different benefit such as Employment and Support Allowance (ESA) or Jobseeker's Allowance (JSA). The gradual rollout of UC means that around three-quarters of households are now on UC, and people on 'legacy benefits' like ESA are currently moving over to UC.²⁴

EMPLOYMENT SUPPORT PROGRAMMES, INITIATIVES AND SCHEMES

The following list provides an overview of some of the main types of employment support available which disabled people and people with health conditions might be able to access. This is a selective list; in each region or local area there will be a variety of different local programmes or organisations, as explored in Demos's report *A Tapestry of Services*.²⁵

²⁴ Clegg, A. In credit?: Assessing where Universal Credit's long roll-out has left the benefit system and the country. Resolution Foundation, 15 April 2024, www.resolutionfoundation.org/publications/in-credit [accessed 16/09/2024]

²⁵ Phillips, A. and Stephenson, C. *A Tapestry of Services: Employment, skills and careers support in East Birmingham and North Solihull*. Demos, 3 August 2023. Available at <https://demos.co.uk/research/a-tapestry-of-services-employment-skills-and-careers-support-in-east-birmingham-and-north-solihull> [accessed 16/09/2024]

Support for people in work

- **Access to Work (AtW):** This scheme provides grants to pay for practical work-related support for disabled people and people with health conditions, such as aids or equipment. It provides support to people in work, or to people about to start a new job in the next 12 weeks. Stakeholders are generally positive about AtW as a programme: according to qualitative research in 2018, “Nearly everyone felt it offered invaluable support for individuals with health conditions and/or disabilities, and their employers – often transforming difficult situations (e.g. in which employees were struggling to continue in work, or employee-employer relationships were deteriorating).”²⁶ In 2022-23, DWP spent £182 million on AtW provision.²⁷ However, stakeholders often criticise the long delays when applying for AtW: at roundtable discussions held for this project, attendees reported that current waiting times to process claims were around 22 weeks. The Labour Party committed in their manifesto to “tackle the backlog of Access to Work claims”.²⁸ Despite the current backlog, a 2017 survey suggested that only 25% of employers were aware of AtW.²⁹
- **Access to Work Mental Health Support Service:** funded by DWP, this scheme provides support to people who are in employment and have a mental health condition or are experiencing mental ill health. The service is delivered by two organisations, Able Futures and Maximus.³⁰ In 2022-23, a total of 10,550 people received support from this service.
- **Occupational health (OH) services:** OH provides medical support to people in work and “plays an important role in supporting employers to maintain and promote employee health and wellbeing through assessments of fitness for work, advice about reasonable adjustments, work ability or return to work plans, and signposting to treatment for specific conditions”.³¹ Access to OH is uneven: larger employers are much more likely to provide OH than smaller employers.³² Overall, an estimated 45% of workers in Great Britain have access to OH, lower than some international comparators.³³ The Sunak government ran a pilot and a consultation relating to increasing OH coverage among SMEs, and also announced an Occupational Health Taskforce in February 2024.³⁴ It is currently unclear whether the Taskforce, or the other initiatives regarding OH, will be taken forward by the new government.

Support for people receiving Universal Credit (or other benefits)

- **Jobcentre Plus (JCP) support:** this includes the standard support offered by JCP Work Coaches, as well as support from Disability Employment Advisors who are specialist DWP staff working within Jobcentres. Usually, people who access this support are receiving UC and required to look for work.

26 Adams, L. and others. Access to Work: Qualitative research with applicants, employers and delivery staff. Department for Work and Pensions, November 2018. Available at <https://assets.publishing.service.gov.uk/media/5bed417540f0b667b8089f6c/access-to-work-qualitative-research-with-applicants-employers-and-delivery-staff.pdf> [accessed 16/09/2024]

27 Department for Work and Pensions. Access to Work statistics: April 2007 to March 2023. GOV.UK, 28 September 2023. Available at www.gov.uk/government/statistics/access-to-work-statistics-april-2007-to-march-2023/access-to-work-statistics-april-2007-to-march-2023 [accessed 16/09/2024]

28 Labour Party. Change: Labour Party Manifesto 2024. 13 June 2024. Available at <https://labour.org.uk/wp-content/uploads/2024/06/Labour-Party-manifesto-2024.pdf> [accessed 16/09/2024]

29 Centre for Social Justice. Rethinking disability at work. April 2017. Available at www.centreforsocialjustice.org.uk/wp-content/uploads/2017/03/CSJJ5158_Disability_report_180426.pdf [accessed 16/09/2024]

30 GOV.UK. Access to Work: get support if you have a disability or health condition. (no date). Available at www.gov.uk/access-to-work [accessed 16/09/2024]

31 Department for Work and Pensions. Occupational Health: Working Better. GOV.UK, 24 November 2023. Available at www.gov.uk/government/consultations/occupational-health-working-better/occupational-health-working-better [accessed 16/09/2024]

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33 HM Treasury and HM Revenue and Customs. Tax incentives for occupational health: Consultation. GOV.UK, 25 July 2023. Available at www.gov.uk/government/consultations/joint-hmt-hmrc-consultation-on-tax-incentives-for-occupational-health/tax-incentives-for-occupational-health-consultation [accessed 16/09/2024]

34 Department for Work and Pensions and Department of Health and Social Care. New Occupational Health Taskforce to tackle in-work sickness and drive down inactivity. GOV.UK, 21 February 2024. Available at www.gov.uk/government/news/new-occupational-health-taskforce-to-tackle-in-work-sickness-and-drive-down-inactivity [accessed 16/09/2024]

- **Restart:** this is an employment support programme which provides support to people who have been receiving UC for six months or longer. Although Restart is not a disability/health programme, a JCP Work Coach can refer someone with a disability or health condition to Restart if they consider the person suitable for the programme.³⁵
- **Work and Health Programme Core:** a voluntary employment support programme primarily for disabled people and people with health conditions receiving UC (or another benefit).³⁶ An individual's JCP Work Coach could refer them to this programme if they need additional support.

Support for people out of work

- **Individual Placement and Support (IPS):** this is an employment support programme for people with severe mental illness. It is usually commissioned by the NHS. Professionals with the job title Employment Specialist provide integrated health support and employment support. As the name suggests, IPS uses a 'Place, Train and Maintain' model: helping to 'place' people in work quickly, and then working with both the individual and the employer to support job retention.
- **Local Supported Employment (LSE):** this is a DWP initiative, and provides funding to Local Authorities to support adults with learning disabilities or autism to move into employment. The programme is running from 2022 to 2025 and aims to support 2,000 people across that time.³⁷
- **Universal Support:** a voluntary employment support programme primarily designed to support disabled people and people with long-term health conditions who are 'economically inactive'.³⁸ Although full details are yet to be announced, the programme is reportedly set to run from October 2024 to March 2029, and the Sunak government previously intended it to support 100,000 people per year.^{39,40} The programme is expected to be based on the models of Supported Employment as well as Individual Placement and Support.⁴¹
- **Work and Health Programme Pioneer:** this voluntary programme is designed to be part of the initial phase of the broader 'Universal Support' programme (see above) for disabled people and people with health conditions. It is a specialist employment support programme primarily aimed at people who are 'economically inactive'. The programme has "elements of a place and train type approach".⁴²

35 Department for Work and Pensions. Restart Scheme provider guidance. GOV.UK, 18 July 2024. Available at www.gov.uk/government/publications/restart-provider-guidance/restart-scheme-provider-guidance [accessed 16/09/2024]

36 Department for Work and Pensions. Chapter 2: Participant Identification, Eligibility and Referral WHP -- Core. GOV.UK, 4 April 2024. Available at www.gov.uk/government/publications/work-and-health-programme-including-jets-provider-guidance/chapter-2-participant-identification-eligibility-and-referral [accessed 16/09/2024]

37 Department for Work and Pensions. Local Supported Employment: guidance for local authorities. GOV.UK, 23 May 2022. Available at www.gov.uk/government/publications/local-supported-employment-guidance-for-local-authorities/local-supported-employment-guidance-for-local-authorities [accessed 16/09/2024]

38 HM Treasury. Spring Budget 2023. GOV.UK, 21 March 2023. Available at www.gov.uk/government/publications/spring-budget-2023/spring-budget-2023-html [accessed 16/09/2024]

39 HM Treasury and others. Employment support launched for over a million people. GOV.UK, 16 November 2023. Available at www.gov.uk/government/news/employment-support-launched-for-over-a-million-people [accessed 16/09/2024]

40 Dromey, J. and Davison, L. Universal Support – Grant funding for new CLF employment programme. City of London Corporation, June 2024. Available at <https://democracy.cityoflondon.gov.uk/documents/s203526/Universal%20Support.pdf> [accessed 16/09/2024]

41 Worcestershire County Council. Implementing the DWP Universal Support programme. 18 July 2024. Available at <https://worcestershire.moderngov.co.uk/documents/s54323/4%20Universal%20Support%20-%20July%202024%20V3%20006%20002.pdf> [accessed 16/09/2024]

42 Department for Work and Pensions. Work and Health Programme - Chapter 1: Introduction and Overview. GOV.UK, 4 April 2024. Available at www.gov.uk/government/publications/work-and-health-programme-including-jets-provider-guidance/chapter-1-introduction-and-overview [accessed 16/09/2024]

Other support

- **Charity and voluntary sector support:** depending on the local area where someone lives, there may be one or more charities or voluntary sector organisations which provide employment support or advice. People might also access specialist support for disabled people provided by a charity either in person or online.
- **Devolved, regional or local support:** this includes a range of employment support programmes which are either devolved or commissioned by a Combined Authority or Local Authority. Some of these programmes specialise in supporting disabled people and people with health conditions, while others are generalist. Examples include the Working Well programmes in Manchester, Working Win in South Yorkshire and Thrive into Work in the West Midlands.
- **JobsPlus pilots:** a pilot programme of a community-led employment scheme that aims to help people into work through on-site employment services, community support, and financial incentives.⁴³ The pilot programme is being run in partnership with housing associations in 10 sites across England. A design feature is that the pilot offers support to all residents in a neighbourhood or housing estate, without eligibility criteria, so in the pilot sites disabled people and people with health conditions will be able to access JobsPlus. The pilot is inspired by a similar programme which showed positive long-term outcomes in the US.⁴⁴
- **National Careers Service:** this service provides free careers advice to adults in England, and although it does not provide specialist support to disabled people, advisers might signpost or refer people to specialist support. The new government has announced it intends to bring together JCP and the National Careers Service into a new 'National Jobs and Careers Service'.
- **Talking Therapies:** this is an NHS service providing free psychological therapies to people experiencing mental ill health, such as anxiety or depression. Employment Advisers (EAs) working within Talking Therapies provide optional employment support to people accessing the service. EAs are funded by the joint DWP and DHSC Work and Health Unit, and are integrated into the broader Talking Therapies team in each local service. When an individual starts Talking Therapies, they are offered the option of speaking to an EA if they would like to.
- **WorkWell:** this initiative, which will operate in 15 pilot areas, is designed to provide 'early intervention' support to people in work, for example supporting people to remain in work, or to return to work from sickness absence.⁴⁵ WorkWell pilots may also provide support to disabled people and people with health conditions who are out of work. DWP is funding Integrated Care Boards to manage the overall service, but each pilot has flexibility to decide what kind of support to offer. The programme aims to enable people to have a conversation with a 'Work and Health Coach', who could then refer an individual to another programme or organisation for further support, depending on the individual's needs. The WorkWell pilots are aiming to launch in October.

43 Learning and Work Institute. JobsPlus. 12 September 2024. Available at <https://learningandwork.org.uk/resources/research-and-reports/jobsplus> [accessed 16/09/2024]

44 Wilson, T. Developing a Jobs-Plus model for the UK. Learning and Work Institute, 30 October 2018. Available at <https://learningandwork.org.uk/resources/research-and-reports/developing-a-jobs-plus-model-for-the-uk> [accessed 16/09/2024]

45 Department for Work and Pensions and Department of Health and Social Care. WorkWell prospectus: guidance for Local System Partnerships. GOV.UK, 7 May 2024. Available at www.gov.uk/government/publications/workwell/workwell-prospectus-guidance-for-local-system-partnerships [accessed 16/09/2024]

DIFFERENT STRATEGIES ARE NEEDED TO RAISE AWARENESS OF EMPLOYMENT SUPPORT AMONG DIFFERENT GROUPS WITHIN THE WORKING-AGE POPULATION

There are four different groups within the population to consider when assessing policy options to raise awareness of disability and health-related employment support:

1. People in work
2. People out of work and not receiving Universal Credit
3. People receiving Universal Credit and required to look for work or to increase their hours
4. People receiving Universal Credit and not required to look for work

People in work

As noted above, there are around 3.7 million people in employment with a work-limiting health condition. Research consistently shows that it is harder for people to return to work after leaving, especially if they are out of work for a longer period of time. Therefore the policy priorities for this group should be, first, providing support to both individuals and employers to prevent people having to leave their current job; second, providing support to individuals to move to a new job if necessary; and third, providing support to people as soon as possible after they have left work to help them to return.

While some employees may get support from their employer or a government programme, this is highly variable. For example, occupational health coverage is uneven and lower among SMEs; the WorkWell pilots are promising, but initially they will only operate in 15 pilot areas.

For too many people in this group, employment support is provided too late, often only *after* someone has left their job and gone through the process of claiming UC. Demos highlighted the lack of early support in our report *The Platinum Pound* which examined how to increase employment among people in their 50s and 60s.⁴⁶ Providing support to people while they are still in employment in order to prevent them leaving the workforce is a type of preventative policy, a topic which Demos has explored in several recent reports.^{47,48}

People out of work and not receiving Universal Credit

This group includes people who are either unemployed (looking for work) or 'economically inactive' (not looking for work), but who are not receiving UC. There are various reasons why people might not be receiving UC, including not being eligible, not needing it financially or due to the stigma associated with receiving benefits.

In recent years, people in this group have had very limited access to employment-related support, advice or guidance because many types of support, including support from JCP, is only available for people receiving UC or another benefit.⁴⁹ This particularly affects people in their 50s and 60s, who are less likely to be receiving UC, and therefore often miss out on employment support altogether.⁵⁰

46 O'Brien and Phillips. *The Platinum Pound*.

47 Curtis, P, Glover, B. and O'Brien, A. *The Preventative State: Rebuilding our local, social and civic foundations*. Demos, 25 April 2023. Available at <https://demos.co.uk/research/the-preventative-state-rebuilding-our-local-social-and-civic-foundations> [accessed 16/09/2024]

48 O'Brien, A., Curtis, P. and Charlesworth, A. *Revenue, capital, prevention: A new public spending framework for the future*. Demos, 2 October 2023. Available at <https://demos.co.uk/research/revenue-capital-prevention-a-new-public-spending-framework-for-the-future> [accessed 16/09/2024]

49 Phillips, A. *Working Together: The case for universal employment support*. Demos, 7 May 2022. Available at <https://demos.co.uk/research/working-together-the-case-for-universal-employment-support> [accessed 16/09/2024]

50 Evans, S. *Towards full employment*. Learning and Work Institute, 25 September 2022. Available at <https://learningandwork.org.uk/resources/research-and-reports/towards-full-employment> [accessed 16/09/2024]

This group might be able to access Work and Health Programme Pioneer, and future elements of Universal Support, as well as possibly one of the new WorkWell pilots when they are set up. They might also be able to access devolved, regional or local provision depending on where they live.

Awareness of the employment support which is available is very low among this group, as explored in focus groups for previous Demos research.⁵¹ Because people in this group are not receiving UC, stakeholders often say they are difficult to 'reach' to make them aware of employment support. Approaches that organisations sometimes take include, for example, producing leaflets, working closely with community groups, or sending staff to supermarkets or other busy locations.

People receiving Universal Credit and required to look for work or to increase their hours

Disabled people and people with health conditions receiving UC may be in various different groups within the UC system. Typically, an individual will go through a Work Capability Assessment (WCA) process, which assesses to what extent their disabilities or health conditions affect their ability to work. Some people are then allocated to the 'Intensive Work Search' group within UC and are required to look for work under conditionality rules, including job search requirements and obligatory meetings with their JCP Work Coach. A similar process also applies to people receiving UC but working a small number of hours. Depending on the number of hours, they may be required to look to increase the hours they work (either with their current employer, or by looking for a new job).

In general, people in this group have the highest level of awareness regarding the employment support which is available. An individual's JCP Work Coach can refer them to any of the DWP-funded programmes, depending on eligibility, as well as making them aware of support offered by non-DWP programmes and organisations. Many employment support programmes and organisations rely on receiving referrals from JCP Work Coaches.⁵²

People receiving Universal Credit and not required to look for work

Having gone through a Work Capability Assessment process, some people are allocated either to the 'limited capability for work' (LCW) or the 'limited capability for work and work-related activity' (LCWRA) groups within UC. Focusing on the larger LCWRA group, people in this group continue to receive UC but are not required to look for work, nor usually to meet a JCP Work Coach. There are around 2.7 million people in this group in total (including both UC and the equivalent group receiving ESA).⁵³ This group is often described as people on 'incapacity benefits'. Only around 4% of this group move into work each year.⁵⁴ The length of time somebody receives 'incapacity benefits' is important: research shows that after two years on incapacity benefits, very few people leave to enter employment.⁵⁵

51 Phillips, A. Open Door Policy: Why the new government should introduce an Employment Advice Guarantee. Demos, 9 July 2024. Available at <https://demos.co.uk/research/open-door-policy-why-the-new-government-should-introduce-an-employment-advice-guarantee> [accessed 16/09/2024]

52 Phillips and Stephenson. A Tapestry of Services.

53 Pollard, T. Better engagement for better outcomes. New Economics Foundation, August 2024. Available at <https://neweconomics.org/uploads/files/Better-engagement-for-better-outcomes.pdf> [accessed 16/09/2024]

54 Pollard, T. and Tjoa, P. This Isn't Working: reimagining employment support for people facing complex disadvantage. New Local, 27 October 2020. Available at www.newlocal.org.uk/publications/this-isnt-working [accessed 16/09/2024]

55 Gregg, P. Employment, economic inactivity and incapacity: past lessons and implications for future policy. The Health Foundation, September 2024. Available at www.health.org.uk/publications/reports/employment-economic-inactivity-and-incapacity-past-lessons-and-implications-for-future-policy [accessed 16/09/2024]

Research commissioned by DWP found that around 20% of people in the LCWRA group are interested in moving into employment in the future.⁵⁶ However, the same research highlighted low awareness as being a key problem: “Among those interested in employment, much of what claimants said they wanted in terms of support covers many elements already being offered or trialled by the DWP or JCP, however, it emerged in the focus groups that claimants lacked awareness of what is available.”⁵⁷ In addition, research has shown that people in this group often distrust DWP and JCP, or worry that expressing an interest in work will affect their benefits. In qualitative research, some participants in the LCWRA group “viewed the DWP as primarily concerned with cost cutting and benefit reductions [...] [and] therefore had misgivings that any purported offer of support would in fact be driven by an underlying desire to take benefits away.”⁵⁸

This group is somewhat similar to the group who are out of work and not receiving UC, in the sense that they are not in regular contact with either an employer or JCP, which removes two routes for raising awareness of employment support. However, this group also requires a different awareness-raising strategy, due to the complex interaction between employment and the benefits system, and the widespread distrust of DWP and JCP.

The above analysis suggests that:

- Measures to raise awareness of employment support could be targeted at people who have been in the LCWRA group for less than two years.
- DWP and JCP are probably not the best organisations to promote employment support to people in this group. Other organisations such as programme providers, housing associations, Combined Authorities, Local Authorities or charities are likely to be more successful at promoting employment support to this group.
- Coaches/advisers need to have a detailed understanding of how employment interacts with the benefits system.
- Changes to benefits policy - such as ‘derisking’ moves into employment for this group - should be pursued alongside measures to raise awareness of employment support.

OTHER PROPOSED POLICY REFORMS

In addition to the range of specific programmes described above, there are several other proposed policy reforms which are relevant when considering raising awareness of employment support for disabled people and people with health conditions:

- The new government has said it wants to provide a “joined-up health, work and skills offer” in local areas, including through devolution.⁵⁹ The aim is to join up support for people who are ‘economically inactive’, especially those who are disabled or have health conditions. Further details will be provided in the Employment White Paper. A model which is likely to provide inspiration for how these local offers will be designed is Working Well, a group of employment support services in Greater Manchester.⁶⁰

56 Department for Work and Pensions. The work aspirations and support needs of claimants in the ESA Support Group and Universal Credit equivalent. GOV.UK, 27 February 2020. Available at www.gov.uk/government/publications/work-aspirations-and-support-needs-of-claimants-in-the-esa-support-group-and-universal-credit-equivalent/the-work-aspirations-and-support-needs-of-claimants-in-the-esa-support-group-and-universal-credit-equivalent [accessed 16/09/2024]

57 Department for Work and Pensions. The work aspirations and support needs of claimants in the ESA Support Group and Universal Credit equivalent.

58 Department for Work and Pensions. The work aspirations and support needs of claimants in the ESA Support Group and Universal Credit equivalent.

59 Kendall, L. Getting Britain Working. GOV.UK, 23 July 2024. Available at www.gov.uk/government/speeches/getting-britain-working [accessed 16/09/2024]

60 Greater Manchester Combined Authority. Working Well. (no date). Available at www.greatermanchester-ca.gov.uk/what-we-do/work-and-skills/working-well [accessed 16/09/2024]

- The new government has also committed to introducing a new 'National Jobs and Careers Service' by bringing together Jobcentre Plus and the National Careers Service. Again, further details will be included in the Employment White Paper.
- In its manifesto, the Labour Party said that "the Work Capability Assessment is not working and needs to be reformed or replaced."⁶¹ The Sunak government proposed abolishing the WCA entirely in the 2023 Disability White Paper.⁶² Abolishing the WCA would have major implications for the provision of employment support for people with a disability or health condition, but any significant reforms will take at least several years to implement, and so in the short term do not affect the focus of this briefing paper.
- The Labour Party's manifesto also included a commitment to "give disabled people the confidence to start working without the fear of an immediate benefit reassessment if it does not work out".⁶³ This policy idea was previously described as reassuring people that they could return to the same benefits they were previously on.⁶⁴ The Sunak government announced a similar change called a 'Chance to Work Guarantee', which the government said would "tear down barriers to work for millions of claimants to try work with no fear of reassessment or losing their health benefit top-ups".⁶⁵
- The Sunak government published a green paper on reforming PIP in April 2024.⁶⁶ However, PIP was not mentioned in the Labour Party's manifesto, and so the status of the green paper is unclear. The green paper referenced various possible reforms, including "align[ing] existing services and offers of support available to disabled people and people with health conditions", but did not discuss employment support specifically.⁶⁷ PIP is a disability benefit, and does not assess people's ability to work. It is therefore available to people both in and out of work. However, only around 16% of PIP recipients are in employment.⁶⁸
- DWP has an ongoing Health Transformation Programme, separate to the above proposed reforms, which is aiming to make various changes such as creating a digital system for health assessments.⁶⁹ This is a long-term programme but could in principle include changes designed to raise awareness of employment support.
- In April 2024, the Sunak government published a call for evidence on reforming fit notes.⁷⁰ The call for evidence stated that "across England in primary care 93.8% of fit notes were issued as 'not fit for work' [...] resulting in a missed opportunity to help people get the appropriate support they may need to remain in work."⁷¹ One proposal was to remove responsibility for issuing fit notes from primary care, and instead give responsibility to "specialist work and health professionals".⁷² It is unclear whether the new government is still considering these reforms, but based on remarks by both Liz Kendall and Wes Streeting, it

61 The Labour Party. Change: Labour Party Manifesto 2024.

62 Department for Work and Pensions. Transforming Support: The Health and Disability White Paper. GOV.UK, 16 March 2023. Available at www.gov.uk/government/publications/transforming-support-the-health-and-disability-white-paper/transforming-support-the-health-and-disability-white-paper [accessed 16/09/2024]

63 The Labour Party. Change: Labour Party Manifesto 2024.

64 Elgot, J. Labour plans to overhaul routes into work for sick or long-term unemployed. The Guardian, 10 January 2023. Available at www.theguardian.com/politics/2023/jan/10/labour-plans-overhaul-routes-work-sick-long-term-unemployed-jonathan-ashworth [accessed 18/09/2024]

65 Department for Work and Pensions. Autumn Statement ushers in new era of welfare reform. GOV.UK, 24 November 2023. Available at www.gov.uk/government/news/autumn-statement-ushers-in-new-era-of-welfare-reform [accessed 18/09/2024]

66 Department for Work and Pensions. Modernising support for independent living: the health and disability green paper. GOV.UK, 13 June 2024. Available at www.gov.uk/government/consultations/modernising-support-for-independent-living-the-health-and-disability-green-paper/modernising-support-for-independent-living-the-health-and-disability-green-paper [accessed 16/09/2024]

67 Department for Work and Pensions. Modernising support for independent living.

68 Office for Budget Responsibility. The working-age, health-related welfare system in the UK. July 2023. Available at <https://obr.uk/box/the-working-age-health-related-welfare-system-in-the-uk> [accessed 16/09/2024]

69 National Audit Office. Transforming health assessments for disability benefits. 23 June 2023. Available at www.nao.org.uk/reports/transforming-health-assessments-for-disability-benefits [accessed 16/09/2024]

70 Department for Work and Pensions and Department of Health and Social Care. Fit Note Reform: call for evidence. GOV.UK, 25 April 2024. Available at www.gov.uk/government/calls-for-evidence/fit-note-reform-call-for-evidence/fit-note-reform-call-for-evidence [accessed 16/09/2024]

71 Department for Work and Pensions and Department of Health and Social Care. Fit Note Reform.

72 Sunak, R. Prime Minister's speech on welfare: 19 April 2024. GOV.UK, 19 April 2024. Available at www.gov.uk/government/speeches/prime-ministers-speech-on-welfare-19-april-2024 [accessed 16/09/2024]

seems possible that fit note reform may be taken forward in the Employment White Paper.

- Statutory Sick Pay (SSP) is paid by employers to employees from the fourth day of sickness, for up to 28 weeks.⁷³ The majority of employees receive more generous sick pay provided voluntarily by their employer, but somewhere around 16%-26% of workers only receive SSP.⁷⁴ SSP, in its current form, is criticised for being too low (£109.40 per week); for excluding some low earners due to the 'lower earnings limit'; for having an initial three-day 'waiting period' when SSP is not paid; and for being inflexible because it does not permit employees to receive a combination of normal wages and SSP.⁷⁵ In 2019 the government consulted on reforming SSP, but later decided not to proceed with these reforms.⁷⁶ Before the general election, the Labour Party committed to removing both the lower earnings limit and the three-day waiting period as part of the New Deal for Working People.⁷⁷ However, while broadening eligibility, these proposals did not include any policy changes specifically designed to improve job retention. According to Paul Gregg, recently appointed by Liz Kendall to chair a new Labour Market Advisory Board, employees working for SMEs "may receive little or no engagement or support for a return to work through the 28 weeks until they exhaust SSP".⁷⁸ Gregg suggests possible reforms connected to SSP, some of which are discussed in Section 3 of this paper.

THE GOVERNMENT SHOULD FOCUS ON RAISING AWARENESS OF EMPLOYMENT SUPPORT FOR DISABLED PEOPLE AND PEOPLE WITH HEALTH CONDITIONS

As the overview in this section makes clear, the policy landscape is complex, with numerous different programmes and initiatives commissioned by central government, Combined Authorities and Local Authorities, alongside support provided by employers such as occupational health and employment support provided by charities. There are important policy questions to ask about these individual programmes, and the quality and quantity of employment support provision. But regardless of overall provision, this paper argues that the government should have a greater focus on the key issue of raising awareness of employment support, for three reasons.

First, lots of employment support programmes exist, but each individually has low awareness among people who want to access support, advice or guidance. Reforming individual programmes, or adding new ones, is not going to solve this problem. Low awareness is a longstanding problem, and in the past previous programmes have been created and then scrapped a few years later due to low awareness. Focusing on increasing awareness can help more people access support, which in turn can help increase employment and contribute to the government's economic growth mission.

Second, given the difficult position of the public finances, the new government will want to make the best use of existing government spending. Increasing awareness of current employment support provision is a good way to achieve this. Due to the fragmented nature of the employment and skills landscape, provider organisations currently have to dedicate both money and time to promote/market specific programmes to individuals, in order to make them aware of the support available. A more coordinated approach could promote/market

73 House of Commons Work and Pensions Committee. Statutory Sick Pay. House of Commons, 28 March 2024. Available at <https://committees.parliament.uk/publications/44084/documents/218444/default> [accessed 16/09/2024]

74 House of Commons Work and Pensions Committee. Statutory Sick Pay.

75 House of Commons Work and Pensions Committee. Statutory Sick Pay.

76 House of Commons Work and Pensions Committee. Statutory Sick Pay.

77 The Labour Party. Labour's Plan to Make Work Pay. June 2024. Available at <https://labour.org.uk/wp-content/uploads/2024/06/MakeWorkPay.pdf> [accessed 16/09/2024]

78 Gregg, P. Employment, economic inactivity and incapacity: past lessons and implications for future policy. The Health Foundation, September 2024. Available at www.health.org.uk/publications/reports/employment-economic-inactivity-and-incapacity-past-lessons-and-implications-for-future-policy [accessed 16/09/2024]

employment support services *in general*, rather than individual programmes. This could help to make promotion/marketing more efficient, and to free up staff time to focus on providing support to people.

Third, increasing awareness is a policy measure which can be implemented relatively quickly and easily. Setting up new programmes may also be necessary, but it can take 2+ years before new programmes are designed, commissioned and operational. By contrast, measures to increase awareness can be implemented quickly, and can facilitate more effective use of resources across the public, private and third sectors by promoting awareness not just of programmes funded by central government, but also of support offered by Combined and Local Authorities as well as charities.

Awareness-raising policies should not be an afterthought, but at the centre of an overall strategy to increase employment among disabled people and people with health conditions. Section 3 of this briefing paper therefore turns to considering *how* the government, working with partners, can raise awareness of employment support.

SECTION 3

POLICY OPTIONS TO RAISE AWARENESS OF EMPLOYMENT SUPPORT

This section examines ways to raise awareness of employment support for disabled people and people with health conditions. These are policy options for consideration, rather than detailed recommendations, drawing on the two roundtable discussions held for this project.

RAISING AWARENESS OF EMPLOYMENT SUPPORT AMONG EMPLOYERS AS WELL AS INDIVIDUALS

There was a strong consensus in the roundtable discussions that, when thinking about raising awareness of employment support, it is important to consider both employers and individuals. Several roundtable attendees argued that in policy design there tends to be more focus on individuals, and not enough focus on employers. Clearly, raising awareness for the latter particularly matters for people who are in work, but it also matters for people who are out of work but want to access a good job which offers flexible working or with relevant workplace adjustments. Offering support to employers as well as individuals is therefore a general principle that runs through the rest of this section.

'PROACTIVE' AND 'REACTIVE' POLICY DESIGN

This section mostly focuses on 'proactive' policy design: looking for opportunities or 'engagement points' when people might be interested in accessing employment support. This is different to 'reactive' policy design, which can be characterised as designing a service which mainly waits for people to contact it. For example, JCP operates largely in a 'reactive' model: it waits for people to claim UC, and then offers them support. As one roundtable attendee put it: "At the moment, there isn't enough power in people's hands - especially people in work [...] at the moment you have to fall out of work to get the help, to be eligible."

Proactive and reactive approaches can be combined, but they are distinct. Previous Demos reports have included detailed recommendations on creating high-quality reactive employment support services through a 'Universal Work Service' and a 'digital front door'.^{79,80}

EFFECTIVELY RAISING AWARENESS OF EMPLOYMENT SUPPORT FOR DIFFERENT GROUPS OF PEOPLE

In the roundtable discussions for this project, four themes emerged regarding how to raise awareness of employment support effectively.

First, several roundtable attendees highlighted the importance of involving disabled people and people with health conditions when designing ways to raise awareness. There is some existing research which is relevant, for example on what support people in the LCWRA group within UC would be interested in accessing.⁸¹ But it would be valuable to have further research exploring how disabled people both in work and out of work would like to hear about employment support, and what would make them more likely to access it.

Second, it is important to look for multiple ways to raise awareness of employment support. Disabled people and people with health conditions are a diverse group, and there is no single method which will be effective for everyone. Therefore, policy makers should seek to use a range of different 'engagement points' (see below).

Third, roundtable attendees agreed that there is value in promoting/marketing both 'general employment support' and 'specialist employment support for disabled people or people with health conditions'. Several attendees said that some people would be more likely to use support if it was promoted as providing specialist support for disabled people, while other people might not think of themselves as being disabled, for example, and therefore might not want to access a specialist programme. The type of support people might want to access can also vary by other individual characteristics, such as age. Therefore, promoting both 'generalist' and 'specialist' support is likely to be more effective.

Fourth, there was a consensus among roundtable attendees that not all support should be 'routed' through JCP and/or DWP. Even with the forthcoming changes to create the new National Jobs and Careers Service, it will take a long time to change people's perceptions: some people are fearful or anxious about JCP, or do not trust JCP staff or DWP as an organisation. This can be a barrier which prevents people engaging with employment support services, for example if accessing a programme involves sharing personal data with DWP or having an initial meeting at a JCP building. It is, therefore, important to design a 'pathway' for disabled people and people with health conditions to access employment support which does not involve going to a JCP building or sharing data with DWP, at least to start with.

THE GOVERNMENT SHOULD CONSIDER USING 'ENGAGEMENT POINTS' TO RAISE AWARENESS OF EMPLOYMENT SUPPORT

The next part of Section 3 is structured around a series of 'engagement points' which could be used to help raise awareness of employment support. There are three reasons to prioritise using 'engagement points'.

79 Phillips, A. Working Together: The case for universal employment support. Demos, 7 May 2022. Available at <https://demos.co.uk/research/working-together-the-case-for-universal-employment-support> [accessed 16/09/2024]

80 Phillips, A. Open Door Policy: Why the new government should introduce an Employment Advice Guarantee. Demos, 9 July 2024. Available at <https://demos.co.uk/research/open-door-policy-why-the-new-government-should-introduce-an-employment-advice-guarantee> [accessed 16/09/2024]

81 Department for Work and Pensions. The work aspirations and support needs of claimants in the ESA Support Group and Universal Credit equivalent.

First, there is the practical point that mass, untargeted marketing is expensive. Although the government could consider using some of these methods - such as TV, radio, billboard and bus adverts for example - the specific group being targeted is a small proportion of the overall population. (For example, the estimate of one million people from earlier in this briefing paper - people who are out of work, are disabled or have a health condition, and who want a job - represents around 1.8% of the population aged 16+.) Although mass marketing could play a role in a wider campaign, more targeted efforts to raise awareness are likely to represent better value for money.

Second, the 'engagement points' set out below are times when people are naturally thinking about their health and their work. It makes sense to try to raise awareness at points in time when people are more likely to be interested in having a conversation with a coach/adviser. In addition, in some of these systems, awareness-raising already happens sometimes (for example, in healthcare contexts). Building on existing practice is likely to be more cost effective than creating entire new programmes or services.

Third, an important general principle in the provision of employment support is 'the earlier the better'. A large number of studies have shown that the longer people are out of work, the harder it is for them to return. Using a framework of 'engagement points' can help identify opportunities to provide support/advice earlier, which in turn will improve long-term outcomes. This implies that efforts should be made to raise awareness first with people while they are still in employment; second, when they have recently left employment; and third, when they have been out of employment for a longer period of time.

ENGAGEMENT POINT #1: Leaving education

The point at which a young person leaves education - for example, aged 18, or after university - is sometimes a difficult period of transition. This particularly affects young people who are disabled or have a long-term health condition. Some young people lose access to support services provided by a school, college or university at the point they leave education.

There are already some initiatives which are designed to provide support to young people facing disadvantage. This includes, for example, the support Local Authorities provide to children and young people with SEND and/or with an EHCP, care-leavers and the Local Supported Employment initiative for young people with learning disabilities or autism.

There is potential to build on the above examples. For example, schools, colleges and universities could be asked to promote employment support to young people before or at the point they leave education. Careers Advisers working at educational settings could do the same if they meet with a young person who they think would benefit from accessing employment support. Similarly, Local Authorities could promote employment support to young people at the point their EHCP is coming to an end.

Demos research published in July recommended raising awareness of existing Youth Employment Hubs, which bring together multiple services for young people in one location.⁸² The report recommends that the new government should use Youth Employment Hubs to help deliver the Youth Guarantee for 18- to 21-year-olds. For example, Youth Employment Hubs could be the main service recommended to young people leaving education to enable them to access employment support and careers advice.

⁸² Phillips, A. and Malik, N. Launch Pads: The future of Youth Employment Hubs. Demos, 23 July 2024. Available at <https://demos.co.uk/research/launch-pads-the-future-of-youth-employment-hubs> [accessed 16/09/2024]

ENGAGEMENT POINT #2: Starting a new job

When a disabled person or somebody with a health condition starts a new job, it is possible that they and their employer will have a conversation about how to manage this in the context of their responsibilities at work. Supporting both the employer and the employee is an important part of the IPS model, for example, which has high-quality evidence of being effective for people with mental health conditions. Similarly, Access to Work can be used to help both employer and employee at the start of a new job, albeit the long waiting times to process claims are a problem at the moment (see below on Access to Work).

Providing support to employer and employee when starting a new job is also related to recruitment processes. Roundtable attendees noted that sometimes employers lack confidence regarding how they can adapt recruitment processes for disabled people, or lack confidence having initial conversations with new employees about their health and work, for example because they are unsure what they are legally allowed to do. This is more likely to be the case when the employer is an SME, without an HR department.

Since it is probably not easy to 'target' people starting a new job, this engagement point should probably focus on promoting support to the employer. In turn, the employer could suggest an employee get in touch with a support service, like Access to Work for example.

ENGAGEMENT POINT #3: Finding work difficult due to disability or ill health

At the point somebody is facing difficulties at work, roundtable attendees strongly emphasised that earlier support is better. Attendees advocated trying to enable people to access support at this stage, *before* being off work sick or relying on Statutory Sick Pay, for example. Several attendees said that waiting until somebody had gone to a GP to ask for a fit note was potentially waiting too late, since people might put off requesting a fit note from a GP until things had got worse.

There are existing services which could help in this situation, such as occupational health (where available), Access to Work and WorkWell as well as NHS services. What might be needed is a way of drawing all these together - perhaps into two separate offers, one for employers and managers, and another for individuals.

There are also opportunities to learn from previous programmes. For example, Work Choice included a category of 'Retention Customers', who were workers at risk of leaving employment due to disability or ill health, although the Retention group was a small proportion of people on the programme.⁸³ There should also be an opportunity to learn from the WorkWell pilots, which are partly designed to support disabled people and people with health conditions while in employment.

The challenge is that it may not be easy to raise awareness with individuals at this earlier stage, because it might be difficult to 'target' people in this situation. Raising awareness with employers and managers might, therefore, be the better option to focus on.

⁸³ Department for Work and Pensions. Work Choice: Official Statistics. GOV.UK, May 2013. Available at https://assets.publishing.service.gov.uk/media/5a7c456a40f0b62dffde0fa3/wc_may13.pdf [accessed 16/09/2024]

ENGAGEMENT POINT #4: Being off work due to ill health, receiving a fit note or receiving Statutory Sick Pay

Although roundtable attendees advocated for trying to provide support earlier (see above), using the fit note system to raise awareness of employment support among employees is still worth exploring. Clearly for some people this will not be necessary, but for others it could be useful. It is also a natural engagement point at which people will be thinking about their health and their work.

There was a consensus among roundtable attendees that the role of a GP should be to refer or signpost an individual to find out more about work and health support, rather than trying to deliver support/advice themselves, due to the time pressures on GPs. Roundtable attendees confirmed that some GPs already do this, so there is a foundation upon which to build. There are a variety of options available depending on contextual factors:

- A GP referring someone to a healthcare professional with knowledge of work and health in the same primary care setting
- A GP referring someone to an employment support professional with knowledge of work and health in the same primary care setting
- A GP referring someone to an online or in-person service, separate from the primary care setting

Roundtable attendees noted the value of the first two options in enabling people to have a conversation with someone more easily. However, since these cannot always be available in every primary care setting, the third option is important as well.

To make it as simple as possible, the referral should be to a single website, service or person (rather than relying on a GP to have detailed knowledge of all the different employment support programmes available). In pilot areas, the obvious service to refer people to would be WorkWell, and the Sunak government expressed an interest in trialling integrating WorkWell with the fit note process.⁸⁴

The new government should also learn from previous research conducted by Public Health England called *Work conversations in healthcare* published in 2019.⁸⁵ This was part of a wider programme which aimed to “promote healthcare professionals’ (HCPs) understanding of the health benefits of good work and encourage HCPs to have supportive conversations about work and health.”⁸⁶ One roundtable attendee said that, in their view, this had not led to many meaningful changes, but it is of clear relevance for the new government with its focus on the connections between work and health. Reviving this initiative could be useful given the number of different professional roles that might involve ‘work and health discussions’ including GPs, physiotherapists, social prescribing link workers, mental health staff, IPS Employment Specialists, occupational health staff and professionals working for employment support programmes/providers.

84 Department for Work and Pensions and Department of Health and Social Care. WorkWell prospectus: guidance for Local System Partnerships. GOV.UK, 7 May 2024. Available at www.gov.uk/government/publications/workwell/workwell-prospectus-guidance-for-local-system-partnerships [accessed 16/09/2024]

85 Public Health England. *Work conversations in healthcare: How, where, when and by whom?* GOV.UK, August 2019. Available at https://assets.publishing.service.gov.uk/media/5d8399ace5274a2038154464/Work_Conversations_in_Healthcare_How_where_when_and_by_whom.pdf [accessed 16/09/2024]

86 Public Health England. *Work conversations in healthcare.*

On the employer side, the new government could learn from the previous Fit for Work programme, which provided work-related health advice via telephone, web chats and website, as well as OH assessments for employees who had been off work for four weeks.⁸⁷ Fit for Work ran from 2015 to 2018, but was closed due to low referral numbers.⁸⁸ Referrals from SMEs and from GPs were low.⁸⁹ Roundtable attendees said that the service had some potential, but it was not given enough time to be “networked in”. The closure of this service due to low uptake highlights the importance of prioritising raising awareness, not just creating new programmes.

Statutory Sick Pay (SSP) could also be used to promote awareness of employment support. For example, it might be possible to automatically send an employer information about available support at the point at which an employee has been receiving SSP for a given period of time. It might also be possible to send this to the employee as well (perhaps via their employer). Support could be given automatically to some people - for example, people in employment receiving PIP could be ‘fast tracked’ to accessing support without any eligibility tests. This kind of approach could be supported by placing a stronger legal duty on employers to facilitate an employee’s return to work after a period receiving SSP, as suggested by Paul Gregg.⁹⁰

ENGAGEMENT POINT #5: Leaving a job for a health-related reason

The point at which somebody leaves their job for a health-related reason is potentially a key engagement point at which to offer support, drawing on the ‘earlier is better’ principle. In previous Demos research, we heard examples of people who had left their job partly or wholly due to a health-related reason who were unhappy about leaving (for example, because they didn’t feel supported by their line manager).⁹¹

Promoting awareness that support is available should be targeted at individuals at this stage. What might not be known, however, is the role somebody’s health played in them deciding to leave their job. There are a few possible options to explore here:

- A duty could be placed on employers to provide information about what support is available to an employee if they have left partly or wholly due to a health-related reason. The information itself could be written by, for example, DWP or the relevant Integrated Care System.
- It might be possible to use HMRC datasets to send information to people automatically as soon as possible after they have left a job. Of course, support related to work and health would have to be one part of a wider package if this were to be sent to everyone leaving a job.
- GPs and other healthcare professionals could raise awareness of support if they know that somebody recently left their job and that their health contributed to this decision (the process would be similar to the proposed fit note referral process, as described above).
- A ‘digital front door’, as proposed by Demos, would be an easy way to enable people to find support if they have recently left their job, since this is likely a point when people will be interested in looking themselves online for a new job and/or support and advice.⁹²

87 Department for Work and Pensions and Department of Health. Improving Lives: The Future of Work, Health and Disability. Cm 9526. November 2017. Available at <https://assets.publishing.service.gov.uk/media/5a74af20e5274a529406956a/improving-lives-the-future-of-work-health-and-disability.PDF> [accessed 16/09/2024]

88 Gloster, R., Marvell, R. and Huxley, C. Fit for Work: Final report of a process evaluation. Department for Work and Pensions, June 2018. Available at <https://assets.publishing.service.gov.uk/media/5b23ca4940f0b634b73dbf5b/fit-for-work-final-report-of-a-process-evaluation.pdf> [accessed 16/09/2024]

89 Gloster, Marvell and Huxley. Fit for Work.

90 Gregg. Employment, economic inactivity and incapacity.

91 Phillips and Dawson. Understanding ‘Early Exiters’.

92 Phillips. Open Door Policy.

ENGAGEMENT POINT #6: Going through the benefits application and assessment process

When somebody makes an application for a health-related benefit, this is an obvious 'signal' that they might be interested in accessing support or advice relating to health and work. Most roundtable attendees, however, felt that the design of the benefits system, particularly Universal Credit and the Work Capability Assessment, significantly reduces the potential for using the benefits application and assessment process to raise awareness of employment support. This is because there is an inherent tension between the WCA, where people are asked to explain how a disability or health condition prevents them from working, and encouraging people to access employment support.

It is also vital to carefully consider the language and practical implementation of using this 'engagement point', given that people applying for benefits will include vulnerable people and those facing challenging circumstances. Any information provided - whether orally in writing - must emphasise that talking about health and work at this stage is an option available for people to take up voluntarily.

Taking into account these considerations, there are some policy options which DWP should explore as it develops the Employment White Paper:

- Learnings from the Employment and Health Discussion pilots should be taken into account. An Employment and Health Discussion involves having a work and health-oriented discussion before the WCA, but with a separate professional in order to create distance between the Employment and Health Discussion and the benefits assessment process itself.⁹³ This could be a good opportunity to raise awareness of other support someone could access, although the tension with the WCA process remains.
- Since PIP is a disability benefit, and is not linked to an individual's ability to work, there is more potential for integrating the promotion of employment support into the application process itself. For example, a voluntary Work and Health Discussion, as above, could be added to the application process. Indeed, the opportunity could be used to emphasise the fact that an individual can work and receive PIP at the same time.
- Many people who apply for benefits are not successful in their application. The proportion of applicants who are awarded PIP is around 40%.⁹⁴ This leaves the other 60% who are unsuccessful: raising awareness of employment support to the unsuccessful group has clear potential, and would be inexpensive. This likely requires promotion of a national service: this could be the new National Jobs and Careers Service and, ideally, a 'digital front door' equivalent. Alternatively, localised information could be sent to people based on their postcode. In practical terms, this could be done by sending people an email or a leaflet (or both). The same points could apply to people who are unsuccessful when applying for UC.

⁹³ Department for Work and Pensions. Back to work boost for disability benefit claimants as ground-breaking employment scheme expanded. GOV.UK, 26 October 2023. Available at www.gov.uk/government/news/back-to-work-boost-for-disability-benefit-claimants-as-ground-breaking-employment-scheme-expanded [accessed 16/09/2024]

⁹⁴ Joyce, R., Ray-Chaudhuri, S. and Waters, T. The number of new disability benefit claimants has doubled in a year. Institute for Fiscal Studies, 7 December 2022. Available at <https://ifs.org.uk/publications/number-new-disability-benefit-claimants-has-doubled-year> [accessed 16/09/2024]

INCREASING AWARENESS THROUGH COMMUNITY ENGAGEMENT IN PARTNERSHIP WITH OTHER ORGANISATIONS

Although not an 'engagement point', another way of raising awareness is through community engagement in local areas in partnership with other organisations. These could include, for example, Local Authorities, housing associations, disability and health charities, Citizens Advice, and community centres.

Raising awareness through community engagement is particularly important for people who are out of work and not looking for work. Direct engagement activities, for example by employing 'outreach workers', is often a feature of local programmes (currently funded by UK Shared Prosperity Fund, for example).

This kind of approach can take two forms: the first is providing information to the staff of existing organisations and then relying on them to raise awareness of employment support, and the second is employing staff associated with an employment support organisation or programme to speak to people directly. Both approaches can also be used. As an example, at the roundtable discussion one attendee mentioned that a WorkWell pilot is using its communications budget to fund local community organisations to promote the programme, rather than using more traditional advertising, for example. Another attendee pointed to Working Well in Greater Manchester, which includes several programmes that rely on 'community outreach' to raise awareness and encourage people to access support.⁹⁵

Stakeholders often mention that the landscape of employment support services is constantly changing and that as a consequence it is hard to remember which different support programmes are available. Therefore, it likely makes sense to promote awareness of a 'front door' or 'portal' service: this means that each individual organisation and each staff member does not need to be aware of every different type of employment support programme, but just has to refer someone to a single service or location. Several attendees noted the importance of starting with a holistic conversation with an individual, and said that this is hard to achieve while services are organised 'vertically' by each individual programme or initiative.

To change this would require either a 'digital front door' as suggested by Demos, or the physical equivalent, a 'hub' in a local area.⁹⁶ There is also the suggestion that WorkWell might be a 'portal' or 'front door' service, although this depends on how each pilot area designs its service. In theory, the National Jobs and Careers Service could also play this 'front door' role, ideally with a specific Health and Work Adviser taking the initial conversation.

ACCOMPANYING POLICIES FOR EMPLOYERS AND MANAGERS

As mentioned at the beginning of this section, roundtable attendees emphasised the importance of engaging employers as well as individuals. Below are three options which were discussed at the roundtables as accompanying policies aimed at employers and managers.

Creating an in-work support service for employers to use, or an HR consultancy service

Roundtable attendees noted that SMEs sometimes lack confidence regarding recruiting and supporting disabled employees and employees with health conditions. SMEs are less likely to have access to occupational health services, and less likely to have a formal HR department or experienced managers. Several attendees suggested there was a need for an in-work support service of some kind for employers, perhaps especially focused on SMEs. This could be a 'health

⁹⁵ Greater Manchester Combined Authority. Work and Health Mapping Dashboard. (no date). Available at www.greatermanchester-ca.gov.uk/what-we-do/work-and-skills/working-well/dashboards [accessed 16/09/2024]

⁹⁶ Phillips. Open Door Policy.

and work service', or perhaps a broader 'HR consultancy service'. Attendees suggested this could provide advice to employers and managers on recruitment and management of staff, as well as providing an expert who could help them contact other types of support which might be available for the employer or the individual. If the government does want to introduce a service like this, it needs to take into account:

- Lessons from the Fit for Work programme (2015-2018)
- Lessons from the pilot programme of People Skills, run by the CIPD⁹⁷
- Pilots and consultations on expanding occupational health coverage, especially for SMEs
- The role of Acas

Reforming and making better use of Disability Confident

There was a strong degree of consensus among roundtable attendees that the government should consider reforming and making better use of the Disability Confident scheme. This scheme, which launched in 2016, "aims to influence, promote, and educate employers on the benefits of recruiting and retaining disabled employees."⁹⁸ In 2021, the scheme had over 20,000 employers signed up, covering over 11 million employees.⁹⁹

Several of our roundtable attendees expressed the view that the scheme had not "fulfilled its potential", and in some cases, was "more tick box than requiring fundamental change to support people". Attendees' views were similar to those expressed in the Work and Pensions Committee's report on the disability employment gap from 2021, which stated that "organisations blamed the lack of accountability on the overreliance on self-certification as a means of awarding employers Disability Confident accreditation."¹⁰⁰

The advantages of Disability Confident are that it has built up some brand recognition over time, and that it has around 20,000 employers in the UK signed up. Roundtable attendees suggested several ideas:

- Reform the scheme to create higher expectations of employers in return for Disability Confident accreditation
- Linking up Disability Confident employers with employment support programmes and providers (such as JCP, Restart, Work and Health Programme and Universal Support). At the highest accreditation level of Disability Confident Leader (level 3), engaging with these employment support programmes could be made obligatory.
- Linking an advisory service to Disability Confident, so that employers have a service to contact if they want advice, guidance or support

Promoting advice to employers and managers, including to encourage disclosure among employees

Roundtable attendees noted that there are a large number of different resources and websites offering advice on a variety of topics related to recruiting and employing disabled people and people with health conditions. Despite this, managers sometimes still lack confidence or are uncertain how to have conversations about work and health, or are unsure which organisation to

97 Atkinson, C. and others. People Skills: building ambition and HR capability in small UK firms. CIPD, September 2017. Available at www.cipd.org/globalassets/media/zzz-misc---to-check/hr-capability-small-firms_2017_tcm18-27313.pdf [accessed 16/09/2024]

98 House of Commons Work and Pensions Committee. Disability employment gap. House of Commons, 30 July 2021. Available at <https://committees.parliament.uk/publications/7005/documents/72950/default> [accessed 16/09/2024]

99 House of Commons Work and Pensions Committee. Disability employment gap.

100 House of Commons Work and Pensions Committee. Disability employment gap.

work with if they are looking to recruit disabled people. Employees, for their part, are not always confident to disclose a disability or health condition to their employer, sometimes citing worries about being “pushed out” of work by their employer or manager, for example.¹⁰¹

Promoting high-quality advice to employers and managers, including ways to encourage employees to disclose a disability or health condition, could be helpful in supporting people to remain in the workforce for longer. Roundtable attendees said it would be ideal to simplify finding this advice for employers by bringing it together into one place. Previous Demos research has shown that line managers are particularly important in determining disabled people’s experiences at work, so it is important the advice is accessible for all line managers, including those who are not HR professionals.¹⁰² A central source of information could also link to organisations that provide advice on specific health conditions, or to other organisations that offer advice to employers and managers, like the Age-friendly Employer Pledge from the Centre for Ageing Better.¹⁰³

BROADER POLICY REFORMS TO ACCOMPANY MEASURES TO RAISE AWARENESS OF EMPLOYMENT SUPPORT

Roundtable attendees raised several broader policy reforms, which should be considered alongside the measures in this briefing paper to raise awareness of employment support. It is beyond the scope of this paper to consider these in detail, but they are important topics for policy makers and for future research.

- **Improving the Access to Work programme:** specifically, roundtable attendees said that the waiting times to process claims, of around 22 weeks, are too long at the moment. One attendee said that, in their region, they have stopped referring people to Access to Work because of the delays. The Labour Party’s manifesto included a commitment to “tackle the backlog of Access to Work claims”. The government should set out how it is going to achieve this in the Employment White Paper when it is published later this year.
- **Increasing the quantity of employment support to ensure there is support available for all:** although attendees agreed that increasing awareness was important, some also thought that, if these measures were successful, the supply of places on the various existing employment support programmes would be insufficient. One attendee also noted the importance of ensuring there is always some kind of support available, even if only an adviser/mentor to talk to, in order to avoid the situation where someone is referred and then finds there is no support available for them, or only a long waiting list.
- **Reform of the social security system:** attendees noted that various design features of the social security system mitigate against people accessing employment support, even if they are aware of it and want to access it. This especially applies to people in the LCWRA group, who worry that even expressing an interest in getting a job might result in their benefits being cut. For people often living in poverty, this makes accessing employment support a high-stakes decision. One suggestion from roundtable attendees was to separate employment support and work-related activity from UC entirely, such that it would have no effect on people’s benefits, but this would require reforming the current three-group system into which people are allocated after the WCA. The policy of not running benefit reassessments for people receiving health-related benefits when they move into work should also help address some of these barriers.

101 Moulard, J. Health warning for employers: Supporting older workers with health conditions. Centre for Ageing Better, April 2018. Available at <https://ageing-better.org.uk/sites/default/files/2018-04/Health-warning-for-employers.pdf> [accessed 16/09/2024]

102 Phillips and Dawson. Understanding ‘Early Exiters’.

103 Centre for Ageing Better. Age-friendly Employer Pledge. (no date). Available at <https://ageing-better.org.uk/age-friendly-employer-pledge> [accessed 16/09/2024]

- **Training for professionals:** given the variety of different types of professional potentially engaging in ‘work and health discussions’, roundtable attendees discussed creating a “clear educational pathway” for different staff having ‘work and health discussions’. This could build on the existing training for some roles, such as IPS Employment Specialists.¹⁰⁴ There should be different levels of training for professionals to reflect the variety in levels of speciality in providing disability and health-related support.
- **Simplifying and integrating the system of employment support:** attendees noted that the landscape of employment support services is extremely complex, and suggested that there is a risk that adding more programmes, such as WorkWell and Universal Support, would also add to the complexity. Several attendees said they thought that devolution to Combined and Local Authorities offered an opportunity for improving integration between different services. However, this is by no means inevitable: policy makers need to make it an explicit aim of reforming and devolving employment support. In a previous research report, Demos explored the landscape of service provision by focusing on one local area, East Birmingham and North Solihull, as a case study of how complex the current system is.¹⁰⁵ The design of Demos’s policy proposal for a Universal Work Service would also be a way of achieving integration through devolution.¹⁰⁶ The new government has committed to working with local areas to join up work, health and skills support/advice, and will set out further details in the Employment White Paper. Vague aspirations will not be sufficient to create genuine integration. The White Paper should include detailed proposals on how central government, Combined Authorities and Local Authorities will work together to achieve integration at the regional/local level, for the benefit of both individuals and employers.

¹⁰⁴ IPS Grow. Training courses. (no date). Available at <https://ipsgrow.org.uk/providers/training-courses> [accessed 16/09/2024]

¹⁰⁵ Phillips and Stephenson. A Tapestry of Services.

¹⁰⁶ Phillips. Working Together.

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