

Designing and delivering employment support

How can government better support people out of work
due to ill health?



About this report

The government has said it wants to deliver an 80% employment rate, with employment support central to achieving this. This report explores how it could design and deliver more effective support for people out of work due to ill health and disability in England, including the opportunities and risks of devolving employment support to sub-national government.

It forms part of a wider Institute for Government project on how government could make better policy for people out of work due to ill health or disability. A second report on the design of incapacity benefits, and how policy making is shaped by the structure and culture of the Department for Work and Pensions (DWP), is due to be published in summer 2026.

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Summary

The number of working-age people out of work due to ill health has risen since the Covid pandemic to 2.8 million – equivalent to 6.4% of 16–64-year-olds.¹ The costs to the economy, the public finances and those people who are unable to work due to their health are huge.

In response, the government has put tackling health-related economic inactivity centre stage in its ambition to achieve an 80% employment rate (from 75% now) and, ultimately, boost economic growth. Reaching this target will likely require a greater number of those who are out of work due to ill health to enter the workforce than has happened in recent years.

This is not a new problem

Although the number of people out of work due to ill health has risen in recent years, the problem is not new. Over recent decades, a range of employment support programmes have tried to help people facing health-related barriers to get into work. Many have had positive effects among those who have participated. However, their scale has been small and the overall impact on the number of people claiming incapacity benefits has been minimal.²

A key reason for this is that past employment support initiatives have not effectively engaged people who are out of work due to ill health. Programmes have only reached a small minority of this group and not been focused on engaging with the large proportion who are less open to participating – in part due to limited understanding of this varied group and uncertainty about the government’s ability to best reach them. Distrust of the Department for Work and Pensions (DWP) is also a barrier to engagement.

DWP has tended to take a centralised, ‘programmatic’ approach to employment support to date. This has often been focused on designing and commissioning interventions on a national or regional level, drawing on an evidence base from past programmes, which has some key limitations. **While there are strengths to this centralised programmatic approach, it has held back the innovation needed to find new ways to support people out of work due to ill health and limited integration of support with other local services.** The highly centralised nature of DWP, and a focus on maintaining clear lines of centralised accountability, has also contributed to this programmatic approach.

But a new approach to employment support is needed

The *Get Britain Working* white paper recognised the need to get more people back into work than has previously been achieved and set the direction towards greater devolution of employment support in England. As part of this, DWP's Connect to Work programme is currently being rolled out, with local areas responsible for commissioning and delivering it within the terms set by departmental guidance.

This forms part of the government's broader Pathways to Work offer. The Office for Budget Responsibility (OBR) has estimated that the new elements of this offer could support 20,000 to 40,000 additional people claiming incapacity benefits.³ This is a welcome increase – but, in the context of 2.8 million people out of work due to ill health, will not make a substantial contribution to tackling health-related inactivity.

The government should use the opportunity of devolution to improve support

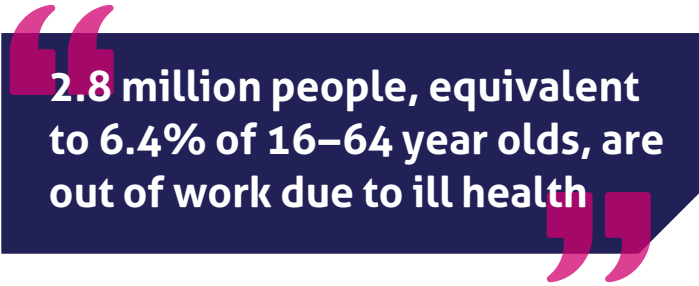
The government should go further in devolving responsibility for employment support. This would enable support to be **better tailored** to local areas' needs, **more integrated** with other services and may **improve engagement** with employment support among those out of work due to ill health.

Devolution could also **boost innovation** through evaluations of different approaches in different areas to improve understanding of what works.

The **key risk of devolving employment support is that it delivers worse**

outcomes than national provision – or, if not, that some areas will perform worse than others, which could widen inequalities. However, the evidence this would happen is limited and there are good reasons to think that devolving employment support could lead to better outcomes overall.

The government should give local areas greater responsibility for the design and delivery of employment support within a strong accountability framework. This report sets out the steps it should take to do this.



2.8 million people, equivalent to 6.4% of 16–64 year olds, are out of work due to ill health

Recommendations in brief

- 1. Central government should give strategic authorities responsibility for the design and delivery of local employment support.** Strategic authorities are best placed to design support that reflects the local labour market, ensure join-up with other public services and co-ordinate between constituent local authorities.
- 2. Strategic authorities should be given more flexible, multi-year funding for employment support through the integrated settlement.** This would enable strategic authorities to design employment support that is integrated with local services and tailored to local communities. This should include greater flexibility over funding allocated for Connect to Work and consideration of greater flexibility for other non-Jobcentre Plus employment support.
- 3. DWP and strategic authorities should agree a clear outcomes framework linked to the integrated settlement.** This mechanism for accountability should be focused on outcomes where possible, rather than input or output targets. If government sets out an employment support 'guarantee' of minimum provision, this should be agreed as part of this framework.
- 4. Central government should support and adequately resource strategic authorities to build capability to design, commission and evaluate locally delivered employment support.** In particular, policy design capability, commercial expertise and analytical skills should be prioritised. DWP should consider secondments to and from strategic authorities to support capability building and knowledge sharing as part of this.
- 5. DWP should support and co-ordinate evaluation of devolved employment support to ensure learning from local innovation is captured and shared.** In the future, the soon-to-be established What Works Centre for local employment support should play a central role in this.
- 6. Strategic authorities should explore a 'single front door' approach to improve engagement with employment support.** This should aim to help people access and navigate the range of support available that might best address the various barriers to work they face.
- 7. The economic inactivity trailblazers should prioritise understanding how to improve engagement with employment support,** by helping to address gaps in the evidence for how to reach people out of work due to ill health who are further away from the labour market.
- 8. Government should embrace the inevitable patchwork of national and devolved provision but have clear principles to help shape it,** including in any areas where it intends to continue taking a centralised approach.

The scope of this report

Employment support refers to “interventions that provide support, or training, to help people prepare for work or move closer to work”.⁴ The government has said that this support will be a key pillar of its plans for tackling health-related inactivity and achieving an 80% employment rate. This report explores how government could design and deliver more effective employment support for people out of work due to ill health and disability in England.

Employment support is one important tool within the broad and complex landscape of labour market policy. While this report attempts to place employment support within this wider context, its scope is focused on support for those out of work due to ill health or disability – rather than those who are ‘unemployed’. Broadly, this includes people assessed as having ‘limited capability for work and work-related activity’ (LCWRA) following a work capability assessment and excludes those with work-search requirements.

This report does not explore the role of disability or incapacity benefits in supporting people out of work due to ill health. This will be addressed in an upcoming Institute for Government report on the design of incapacity benefits and how policy making is shaped by the structure and culture of DWP. Relatedly, this report does not look at Jobcentre Plus in detail, given the majority of Jobcentre Plus activity is focused on those in the ‘Intensive Work-Search’ group.

The important role played by employers and occupational health, covered in detail by the Mayfield review published in November 2025, and specific in-work support, such as that provided by the Access to Work scheme, is also outside the scope of this report.

This report is focused on England, so employment support in Scotland, Wales and Northern Ireland is out of scope. However, many of the findings may be relevant to these three nations.

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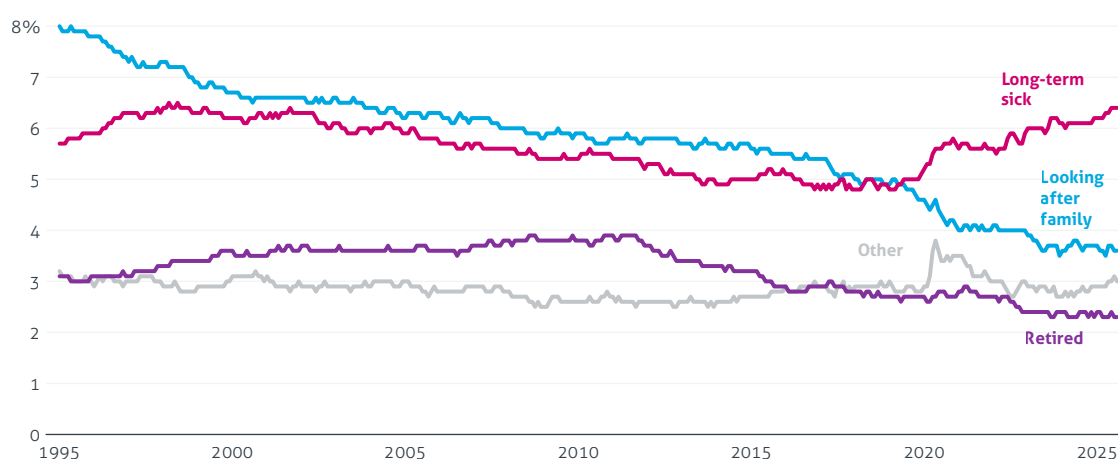
The challenge of economic inactivity due to ill health

There has been a large rise in economic inactivity due to ill health following the pandemic

In early 2023, the group of people outside the workforce for health reasons became, for the first time, the single largest segment of the economically inactive population (people who are not in work and not looking for work). According to the Labour Force Survey, 2.8 million people across the UK now report long-term sickness as their main reason for being economically inactive, over 6% of the total working-age population.¹

High levels of economic inactivity due to ill health have been a persistent problem in the UK, pre-dating the pandemic, which successive governments have attempted to address. In the late 1990s, a similar proportion (6%) of the working-age population was economically inactive due to ill health or disability. However, this had fallen to around 5% by the mid-2010s, where it plateaued until the eve of the pandemic. This was higher than the average level for European countries of around 4%.² This was most likely driven by several factors, including demographic changes and population health and lifestyle factors, such as obesity and high alcohol consumption.³ The incentive in the benefits system to be classed as economically inactive due to health reasons rather than unemployed – and therefore eligible for a higher rate of benefits and without conditionality – may also have played a role. The situation has, however, worsened since the pandemic. A rapid increase in economic inactivity due to ill health in the early stages of the pandemic was followed by a more gradual increase.⁴

Figure 1 **Economic inactivity rate among 16–64 year-olds, by main reason given, 1995–2025**



Source: Resolution Foundation analysis of ONS, 'Labour Force Survey'; Resolution Foundation, 'Estimates of UK employment'; ONS, 'Long-term international migration, provisional: year ending June 2025'. Notes: Data is from the Labour Force Survey (LFS) before 2020. After 2020, data is Resolution Foundation alternative employment estimates (with ONS population projections adjusted to reflect outturn net migration data) and the unemployment rate from the LFS, from which an inactivity rate is derived. To derive the share of the working-age population inactive by reason post-2020, the Resolution Foundation has applied the share of inactivity by reason from the LFS to the derived inactivity rate.

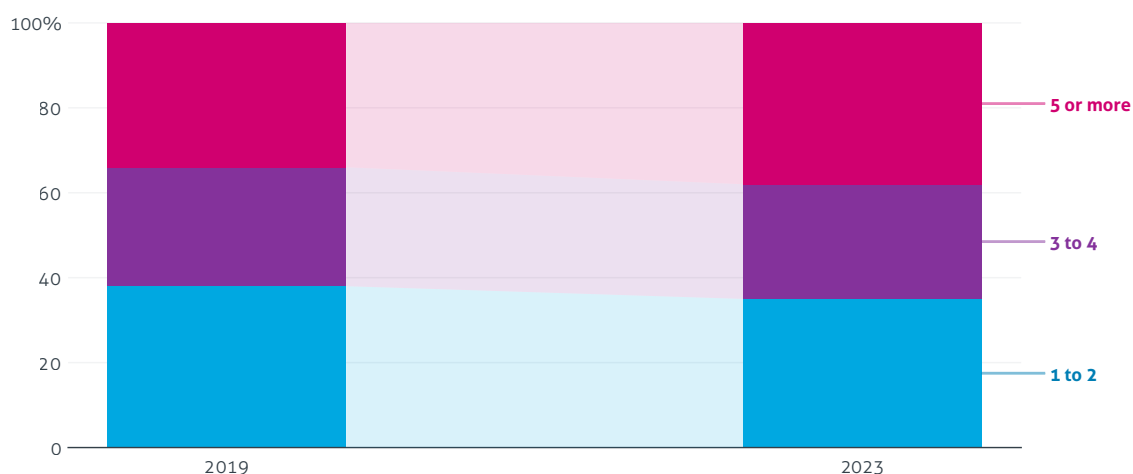
This is reflected in rising numbers of people receiving health-related incapacity benefits, which has increased since the pandemic by more than one million. This has been driven by large increases in incapacity benefit on-flows, while the rate of off-flows has remained relatively static.⁵ Around a third of the increase in incapacity benefit claimants reflects changes to the state pension age, and the roll-out of Universal Credit.⁶ Declining health for some groups of the population is unlikely to explain the rest of the rise, even if it has been a key contributor.⁷

Mental health conditions and multi-morbidity are driving the increase in economic inactivity due to ill health

Alongside an increase in the numbers of people out of work due to ill health, the nature of health-related economic inactivity has evolved in recent years. There has been a gradual increase in the prevalence of mental health problems among those out of work due to ill health, while musculoskeletal conditions became less prevalent in the mid-late 2010s, before increasing again post-pandemic.⁸ As a result, mental health problems have overtaken musculoskeletal conditions to become the leading cause of health-related inactivity. The category of 'unspecified other conditions' – which includes conditions such as long Covid and severe learning difficulties⁹ – also increased substantially between 2018 and 2022 to become the third most commonly reported group of conditions among people out of work due to ill health.

Importantly, people who are economically inactive due to ill health are more likely to report multiple health conditions than in the past – 38% of this group reported having five or more health conditions in 2023, up from 34% in 2019.¹⁰ This suggests that the nature of health problems affecting those who are economically inactive due to ill health has become more complex.

Figure 2 **Number of health conditions reported by those economically inactive due to ill health, 2019 and 2023**



Source: Institute for Government analysis of ONS, 'Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023'. Notes: Data is as a proportion of those aged 16–64 who report ill health as the main reason for inactivity. A very small number of people in this group did not provide any health conditions, and are excluded.

The largest proportional rises in health-related economic inactivity since the pandemic have been among younger (18–24) and older (50–64) age groups.¹¹ Among this older age group, musculoskeletal problems remain the most prevalent conditions; for younger people, mental health conditions predominate.¹² The government is particularly concerned about the lasting negative impact of young people not in education, employment or training (NEET) – and has set up a review to look at solutions to this problem chaired by the former health secretary Alan Milburn.¹³

Women are consistently more likely to be out of work due to ill health than men and accounted for more than two thirds of the increase between 2014 and 2022. The recent increase in health-related inactivity has also been disproportionately concentrated among those with lower levels of qualifications and those who have previously worked in lower-paid, customer-facing service industries. An increasing proportion of those out of work due to ill health have also never been in work – up to 23% in 2022 from 16% in 2016.¹⁴

Ill health-related inactivity is particularly concentrated in regions of economic deprivation in England. Health-related economic inactivity is 50% higher in northern regions than in the rest of England, and regional health inequalities account for over 40% of this gap, according to analysis by Health Equity North.¹⁵ Health-related inactivity makes up more than half the gap between overall higher rates of economic inactivity in the northern regions compared to the rest of England.¹⁶ London is the only major region where the number of people inactive due to long-term sickness has not increased significantly.¹⁷ This large regional gap in health-related inactivity partially reflects health inequalities across England more broadly; the gap between the local authority with the highest healthy life expectancy (Wokingham) and lowest (Blackpool) is 17 years.¹⁸

Health-related inactivity has huge costs for individuals, the public finances and wider economy

Being out of work is associated with a range of negative outcomes for individuals. Unemployment adversely impacts people’s mental health,¹⁹ and those who are out of work due to long-term sickness are more likely to report lower life satisfaction than those in work.²⁰ Economic inactivity also has big financial impacts for individuals. The independent *Keep Britain Working* review, by Sir Charlie Mayfield,²¹ estimated that a 22-year-old with a health condition who remains in work could be more than £1million better off over their lifetime compared with leaving work at this point.*

The Mayfield review also estimated that economic inactivity due to ill health costs the UK £212billion per year, equivalent to 7% of GDP or nearly 70% of income tax receipts.²² £132bn of this is due to lost output due to working-age ill health that prevents work, while a further £45bn is the fiscal cost of health-related benefit costs, which are forecast to rise another £20bn by 2030.

* The Mayfield review estimate is modelled on a ‘stylised persona’, with various characteristics such as being in full-time employment until state pension age, earning the median pay for their age and receiving PIP and Universal Credit when out of work. A change in certain variables such as earnings growth and savings could narrow or widen the gap.

The OBR has said that inactivity for health reasons is more likely to generate a fiscal cost than other inactivity.²³ Not only does health-related inactivity result in foregone tax revenue from people not working or working fewer hours, but fiscal costs arise from higher welfare spending on incapacity benefits and higher health care spending, given the negative effect of being out of work on people's health.²⁴ The OBR estimates suggest that if 400,000 people who are out of work due to ill health, equal to 14% of this group, moved into employment then this would save around £10bn per year through higher tax revenue and lower benefit spending.²⁵

£10bn per year: potential saving if 400,000 people out of work due to ill health moved into employment
– OBR estimate, 2024

The Mayfield review also estimated that poor workplace health costs employers around £85bn a year.*

Each sickness absence day costs on average v£120 in lost profit, with 150 million days lost annually. Sickness absence is now getting worse and is at its highest rate for 15 years, 50% higher than in 2019.

Most people out of work due to ill health are eligible for a higher level of benefits than the unemployed and have no conditionality requirements

People who are out of work due to ill health can apply for income support in the form of incapacity benefits. To do this, people are usually required to complete a work capability assessment (WCA), which will assess them as either fit for work, having 'limited capability for work' (LCW), or 'limited capability for work and work-related activity' (LCWRA).²⁶

If someone is assessed as LCWRA, they may be eligible for incapacity benefits. Depending on their history of National Insurance contributions, this will be either Universal Credit health element and/or New Style Employment Support Allowance (ESA). Universal Credit is means tested, whereas New Style ESA is not. From April 2026, the standard Universal Credit rate is £98 per week and its health element is an additional £50 per week.** These benefits are distinct from non-means tested disability benefits, the main one of which is Personal Independence Payment (PIP), which is paid irrespective of whether someone is working or not.

Over four fifths of those inactive for health reasons receive incapacity benefits, according to OBR analysis of the Labour Force Survey and DWP data.²⁷ The remaining one fifth of this group not in receipt of incapacity benefits might be considered LCW, and therefore not eligible for the additional health element of Universal Credit; they

* This estimate is the sum of estimates for Statutory & Occupational Sick Pay (£10bn), £47bn in lost output, £21bn in lost productivity from presenteeism, and £7bn in conflict resolution – estimates which themselves are based on certain assumptions. For a full breakdown, see the *Keep Britain Working Technical Note*, www.gov.uk/government/publications/keep-britain-working-review-final-report

** These numbers are for a single person over 25 in the LCWRA group from 6 April 2026 onwards. Changes announced in 2025 increased the standard Universal Credit amount from £92 to £98 per week for all claimants, while the Universal Credit health element was reduced from £97 to £50 per week for new claimants.

might not meet the means test (for example, due to having savings or a household member who works), or they might not yet have undertaken the assessment.

Once someone has had a WCA that finds they have a health condition that means they have limited capacity for work or work-related activity (LCWRA), they are often offered little support to get back into work.²⁸ Engagement with support is voluntary, since receipt of incapacity benefits is not conditional on participating in employment support or work search activity. This is in contrast to people in the 'intensive work search' group (often referred to as 'jobseekers'), who are not assessed to have work-limiting health conditions or disabilities and must attend regular jobcentre appointments with a work coach in order to receive Universal Credit.

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How is employment support policy made for people out of work due to ill health or disability?

Broadly, employment support for people out of work due to ill health or disability in England typically comprises:

1. DWP-commissioned support, which is designed centrally but may be commissioned and delivered on a regional basis. This support is typically offered through Jobcentre Plus or 'contracted employment provision' in the form of programmes delivered over 6–12 'contract package areas'.
2. Locally designed and delivered support, designed by local authorities or other levels of sub-national government, such as mayoral strategic authorities (MSAs).¹ In the past, the majority of this has been in the form of projects funded through grants to local or regional government.

The majority of Jobcentre Plus activity is focused on people with work search requirements, who are required to attend the jobcentre for regular work coach appointments as a condition of receiving Universal Credit. Jobcentre Plus can also help deliver centrally designed and commissioned programmes, some of which are targeted specifically at people with health conditions. Access to Work, for instance, is a Jobcentre Plus-delivered grant scheme designed to cover the practical costs of employment for those with health conditions.²

Contracted employment programmes are generally more intensive, specific support programmes targeted at those further away from the labour market, including those out of work due to ill health or disability. These programmes are typically designed by DWP but delivered locally by external providers under contract.³ Gradually, however, sub-national government has begun to play a more significant role in not only the delivery but also the commissioning of contracted provision. Launched in 2017 and closed to referrals in September 2024, the Work and Health Programme involved delegated delivery and commissioning of employment support to Greater London and Greater Manchester. It included giving the authorities substantial control of contracts, responsibility over performance management, and the freedom to prioritise specific customer groups in their areas.⁴ Restart is another major contracted employment programme, but unlike the Work and Health Programme it was specifically targeted at those with an intensive work search requirement.⁵

Grant-funded provision is mostly delivered at a sub-national level. In the past, most grant-funded provision was via the EU Social Fund and later the UK Shared Prosperity Fund – with areas receiving formula-based allocations, but with grants going to specific projects. The EU Social Prosperity Fund provided £3bn from 2014–20 for employment support-related activities, alongside £2bn of matched funding.⁶

More recently, DWP has grant funded employment programmes for disabled people and those with health conditions, delegating delivery responsibility to local authorities in England. This includes Local Supported Employment, Individual Placement and Support in Primary Care and, more recently, Connect to Work grants being given to groups of local authorities not covered by a strategic authority.⁷

In addition, there is a range of other government activity outside of typical 'employment support' that aims to help people into work. This includes NHS interventions, skills provision and support from the voluntary, community and social enterprise (VCSE) sector. This wider ecosystem of support for people who are out of work due to ill health is vital but will vary from place to place.

What employment support is currently available?

The majority of DWP spending on employment services is focused on jobcentres, to support those who are unemployed and actively seeking work. The main national employment support schemes that exist currently for those out of work due to ill health or disability are in England:

- **Connect to Work (2025–)**: a scheme that provides grants to strategic and clusters of local authorities to commission personalised support for those out of work or those in work but at risk of losing their job (in England and Wales).
- **WorkWell (2024–)**: a scheme that is designed to join up work and health support in local areas. It is delivered by local NHS integrated care boards in partnership with local authorities, jobcentres and community organisations. Having been piloted across 15 areas, the government announced in January 2026 that it will be rolled out across the whole of England.

Access to Work is another large national scheme that has been in operation since 1994 in England, Scotland and Wales for people with disabilities or health conditions that limit their ability to work. The programme aims to cover the practical costs of employment for those in work, including transport and accessible monitors.

The **Work and Health Programme** opened in 2017 and closed to new referrals in September 2024. However, there may still be a few people being supported through the programme up until June 2026. Below is a stylised overview of the journey someone referred to the Work and Health Programme may go through.

Figure 3 **Stylised journey of a person through the Work and Health Programme**

Step	What happens
1 Referral and eligibility check	A person is referred to a provider, most commonly by Jobcentre Plus, if they are assessed to meet the eligibility criteria (e.g. having a disability, not being in any paid work) and suitability criteria (e.g. 'have committed to the goal of finding employment within one year')
2 Introduction and onboarding	Participants typically have an initial conversation with the provider to confirm their circumstances and begin understanding their additional support requirements
3 Holistic assessment and action planning	A key worker supports the participant to develop a tailored 'action plan' of activities that move the participant closer towards the goal of entering employment
4 Ongoing key worker support	Participants have ongoing one-to-one support from a key worker for up to 15 months while out of work, including help with CV writing, contacting employers and matching skills to work that is available
5 Access to specialist support	Key workers can refer participants to specialist support, for example specialist mental health or addiction services
6 Completion	Participants complete the programme by entering employment, finishing the allotted duration (15 months +/- six months of in-work support), or if their circumstances change

Source: Institute for Government analysis of DWP, 'Work and Health Programme provider guidance', 2022; DWP, 'Work and Health Programme Evaluation', 2023.

In addition, the government is currently funding schemes in only some parts of England and Wales, with an emphasis on testing and learning what types of approach are most effective. These include:

- **Get Britain Working Trailblazers (2025–27):** DWP has provided funding to eight areas to deliver innovative schemes to increase employment rates among those inactive due to ill health.
- **Health and Growth Accelerators (2025–26):** a small number of pilots of an NHS-led intervention focused on treating and preventing health conditions that cause people to become economically inactive.

The government has set out its intention to bring together its employment support offer for this group under the banner of '**Pathways to Work**'.⁸ This will have several components:

- A 'support conversation' to signpost people in receipt of incapacity benefits to employment support. DWP has redeployed 1,000 Jobcentre Plus staff as 'Pathways to Work advisers' to begin doing this.
- 'Specialist one-to-one support' – including WorkWell and Connect to Work.
- 'More intensive longer term work, health and skills support' – which may also include Connect to Work.

The government intends to introduce a different offer for young people, including a Youth Guarantee – a commitment to provide paid work to young people not in employment, education or training for 18 months. This, and further support, is being explored as part of the Milburn review.⁹ In addition, the government is planning to reform Jobcentre Plus, combining it with the National Careers Service to form a Jobs and Careers Service.¹⁰

Employment support is more centralised in the UK than many other European countries

The highly centralised nature of employment support makes the UK an exception compared to many of its European peers. Over the past 40 years there has been a strong trend towards the decentralisation of employment support within Europe,¹¹ often supported by greater decentralisation in government more generally.

The Netherlands and Denmark – which both have forms of sub-national regional government – have a more decentralised employment support system than the UK. The Netherlands has adopted a form of ‘regulated decentralisation’,¹² with central government enacting statutory regulations and national laws, while municipalities carry out social support in partnership with employers and employees in ‘Werkbedrijven’, or employment agencies.¹³ Denmark allots even more responsibility to municipalities, after a series of radical reforms in 2002 in response to high unemployment. Now, local areas have full autonomy in service design and delivery; today, there are 98 municipal job centres responsible for employment services and 51 youth guidance centres supporting young people under 25.¹⁴

In part, England’s greater centralisation of employment support than other European nations reflects a more centralised state in general. But, even within England, employment support is unusually centralised compared to other policy areas and services. Planning, commissioning and delivery is typically controlled by the core DWP department. This is in contrast to many other services, where the department sets overall policy and standards, but then delivery responsibility is held by an executive agency, such as His Majesty’s Prison and Probation Service (HMPPS) or the Driver and Vehicle Licensing Agency (DVLA), or local delivery organisations such as local authorities, schools or integrated care boards (ICBs). Jobcentre Plus was previously an executive agency of DWP, and was responsible for delivering some employment support, but was brought entirely within the department in 2011.¹⁵

This highly centralised approach to employment support is driven by several factors, including:

- A focus on drawing on the evidence base for existing interventions over innovation that can generate new evidence for what works
- A policy design process based around a programmatic approach
- A preference from ministers and senior officials to maintain existing, clear mechanisms for central accountability
- Experience of delivering centralised support for jobseekers through DWP-run jobcentres
- The link between employment support and benefits spending, for which DWP is responsible.

There has been substantial churn in national employment support programmes

Several national employment support programmes designed to support people who are out of work due to ill health or disability have been started and then wound down over the past 25 years. These include the New Deal for Disabled People, a labour market programme for disabled people who wanted to find work (1998–2009), the Work Programme (2011–17), Work Choice (2010–19) and the Work and Health Programme (2017–24).^{*} There are a number of reasons for this churn in programmes:

1. Changes in the evidence-base that suggest a different approach would be more effective
2. Labour market changes that prompt a reallocation of resource to other areas, such as the Covid-19 pandemic prompting DWP to set up Kickstart to address a forecast rise in youth unemployment¹⁶
3. A desire to reduce costs, which leads to the scaling back or stopping of a programme
4. Changes to funding flows – for example, with the loss of the EU Social Fund and soon the UK Shared Prosperity Fund – or greater devolution
5. A shift in political priorities or leadership, such as politicians wanting to put their own stamp on employment support.

All of these are reasonable motivations for changing policy direction. Within the UK's programmatic approach to employment support, this has typically meant shutting down one commissioned programme and setting up another. However, in some cases, this churn – and the relatively short-term funding attached to these programmes – has made it more difficult for government to integrate employment support with other services, support a strong market of providers and build partnerships with employers. The churn has also likely contributed to confusion about what support is available among the people who the programmes are trying to reach. And in some cases, it has resulted in a gap between one programme ending and another starting.

^{*} Not all of these programmes were targeted solely at people out of work due to ill health.

Figure 4 **A selection of employment support programmes for those out of work due to ill health or disability, 1998–present**

Period	Programme	Key features	Target group
1998–2011	New Deal family and Flexible New Deal	Workfare programme providing training, subsidised employment and voluntary work	Initially the young unemployed, then long-term unemployed, single parents, people out of work due to ill health and other groups
2001–2010	WORKSTEP, Work Preparation, Job Intro Scheme	WORKSTEP: In-work support for disabled people. Work Preparation: helping disabled people prepare for work. Job Intro Scheme: incentives for employers to hire disabled people	Disabled and people out of work due to ill health
2010–2017	Work Choice	Combining pre-employment and in-work support into single pathway. Sat alongside Work Programme.	Disabled people
2011–2017	Work Programme	Helping long-term unemployed move into sustained employment	Primarily long-term unemployed
2017–2024	Work and Health Programme	Integrating employment support with health interventions	Ill health / disabled / long-term (>24 months) unemployed
1994–present	Access to Work	Employment support grant scheme to support people to start or stay in work	Disabled people
2016–present	Disability Confident Scheme	Gives employers techniques and skills to retain people with disabilities	Employers
2023–present	IPSPC	Personalised employment support	Disabled people and people out of work due to ill health
2024–present	WorkWell	Early-intervention work and health assessment; gateway to services for needs	Disabled people and people out of work due to ill health
2025–present	Connect to Work	Supported employment programme	Those with complex barriers to entering the workforce (primarily health conditions/disabilities)

Source: Institute for Government analysis of various DWP, Hansard, and National Research and Development Centre for adult literacy and numeracy (NRDC) documents. Notes: This is a selection of various employment support programmes since 1998, and is not a comprehensive list of all relevant programmes over this period.

While DWP has talked about further devolution, changes have been relatively limited

While most contracted employment support provision for those out of work due to ill health or disability over the past 20 years has been centrally designed and commissioned, there has been a recent move towards greater devolution of these responsibilities. In general, this partial devolution has been focused on MSAs and reflects a similar approach to other policy areas in recent years. Local transport, for instance, is largely devolved to MSAs where they exist, which have powers over local transport planning, bus franchising and integrated ticketing¹⁷ – while national transport infrastructure is still managed centrally.

Under the Sunak government DWP said, in evidence to a select committee inquiry, that a “blend of centrally designed and commissioned and locally designed solutions” is likely to provide an optimum model for employment support, with central control important where there are strong links with benefit entitlement conditions, and local provision working well where it can be integrated with wider local support services.¹⁸ The November 2024 *Get Britain Working* white paper, the first white paper published by the Starmer government, set out its intent for greater devolution of employment support.¹⁹ The white paper acknowledges that local leaders are “best placed to shape a coherent offer” to meet the needs of local people and that they would “support and enable local areas in England to take the lead”.²⁰ This would involve, the paper says, a “Get Britain Working Plan” for all areas, which the government expects to be developed by combined authorities where they exist and across groups of local authorities elsewhere.

As part of this, DWP has devolved £115m of funding to local areas in 2025/26 to deliver Connect to Work, a new supported employment programme for people who are economically inactive, which aims to support up to 100,000 people per year from 2026/27.²¹ A further £978m for the programme was provided through the 2025 spending review.²² Connect to Work is DWP-designed, but commissioned and delivered locally across 15 areas – including a number of strategic authorities. In 2025/26, the two most advanced mayoral strategic authorities – Greater Manchester Combined Authority (GMCA) and West Midlands Combined Authority (WMCA) – received the funding for Connect to Work via the integrated settlement. From 2026/27, a further four strategic authorities are due to receive Connect to Work funding within their integrated settlement funding.²³ Although local areas can tailor who gets invited to participate in Connect to Work to “reflect local need”, most have very little flexibility over the way the programme is delivered.* This reflects DWP’s intention for Connect to Work to be a ‘high fidelity’ intervention, that is an intervention delivered in a specific way as intended, based on evidence for the Individual Placement and Support (IPS) and Supported Employment models.²⁴

In 2024, the government announced eight economic inactivity trailblazers: place-based local programmes testing innovative methods of employment support, to run during 2025/26. The government initially announced £125m in funding for these eight place-based trailblazers in 2025/26, following up with an £80m funding boost in October 2025 to extend them for another year up to March 2027.²⁵ More recently, DWP has said that the WorkWell programme will be extended from 15 initial pilot areas to the rest of England and Wales – however, there are currently limited details available on how this will be done.²⁶

* Notably, GMCA has been given flexibility to deviate from the high-fidelity Connect to Work model as part of its integrated settlement.

DWP has tended to take a cautious approach to decentralisation of employment support, and highlighted various risks in its submission to the 2024 Work and Pensions Committee inquiry into devolution of employment support.²⁷ These included:

- 'Value for money' – more local delivery could reduce the ability to use economies of scale, leading to less competitive unit costs and increased resources required to manage contracts. Teams commissioning support locally would also be less likely to benefit from the knowledge and experience of DWP.
- 'Variation in quality and consistency' – inconsistent delivery across areas, which may have different approaches, capabilities and capacities, may lead to differing quality of support provided in different areas.

Where elements of programmes have been devolved, DWP has tended to put in place relatively strict guidance and heavy reporting requirements that can limit flexibility and be burdensome for local government. For example, the two areas with devolved responsibility for the Work and Health Programme – Greater Manchester and London – were subject to centrally defined eligibility criteria, payment models, and performance frameworks being set centrally.²⁸ Connect to Work gives local areas responsibility for commissioning and delivery, and substantial flexibility over eligibility criteria, but still has detailed guidance regarding delivery, which limits local flexibility.

The eight 'economic inactivity' trailblazers have enabled more of a 'test-and-learn' approach but have still been subject to significant central government oversight and sign-off, which has been burdensome and disruptive in some cases. While there are other examples of local schemes that have been run as centrally approved pilots, these have mostly been small; Greater Manchester has the most prominent example of such a scheme, through Working Well.^{29,30}

Pathway to Work

Made in South Yorkshire, for South Yorkshire



Why has past employment support provision failed to shift the dial on tackling health-related inactivity?

Reducing economic inactivity due to ill health to help the government meet its target of 80% employment is a huge task. The government's employment support offer in the past has struggled to shift the dial on health-related inactivity. Only 1% of people who are economically inactive due to ill health move into employment within six months, compared to 33% of those who are unemployed.¹ Employment support programmes have tended to be relatively small in scale, and the OBR concluded in 2024 that they have not had a significant impact on people moving off incapacity benefits.²

Programmes typically only reach a select group of people who are economically inactive and also keen to engage with support (due to the lack of conditionality for incapacity benefit claimants). For example, those joining the Work and Health Programme had mostly been identified by a Jobcentre Plus (JCP) work coach as being people who a) would benefit from the programme; b) were "committed to the goal of finding employment within one year" and c) consented to participate. This typically excluded those closest to the labour market (judged as being more likely to find work without additional support) but also those furthest away.

This is reflected in the relatively small number of referrals to these programmes. For example, the Work and Health Programme had 81,302 disabled people referred to it in 2021,³ its peak year, just 3.5% of the 2.35 million people out of work due to ill health at any point in that year on average.⁴ For this select group who do access employment support, the programmes have generally been found to have a positive impact on employment rates. However, the absolute size of the effect on employment is often small – and limitations of the study design means these effects may have been overestimated in some cases.

Reducing levels of health-related inactivity is difficult. People out of work due to ill health often face substantial and varied barriers to employment. Some may be able to work with additional support, and indeed want to, but some will not. Providing the right people with the right support to address their complex needs is not straightforward – particularly when the benefits system crudely categorises people as having 'limited capacity for work-related activity'.

This government has said it aims to reach and support a larger number of people into work through its new and expanded 'Pathways to Work' programme, backed by increased spending.⁵ The OBR's assessment of the new elements of the Pathways to Work initiative in November 2025 suggested it could support 20,000 to 40,000

additional incapacity benefit claimants back into work by 2029/30.^{6*} This is a welcome increase but, in the context of 2.8 million people out of work due to ill health, will not substantially contribute towards achieving the government’s ambition for an 80% employment rate. In addition, it is unclear that the funding directed to new employment support through Pathways to Work represents a substantial increase in spending – the OBR has said that employment support spending will remain broadly the same as over the past decade.⁷ Instead, this may just be a reallocation of funds previously spent through the UK Shared Prosperity Fund, the Work and Health Programme and Jobcentre Plus.

A government looking to use employment support, and related interventions, to meaningfully reduce health-related inactivity will need to better understand the answers to these three questions:

1. How many more people could be supported into work by the existing employment support offer if it was scaled up (with additional funding) to reach more people?
2. Would new approaches to employment support be more effective at engaging people and getting them into work?
3. Which non-employment support interventions would be more effective instead of, or alongside, employment support?

The following section discusses why government has struggled to find answers to the first two of these important questions – exploring how the difficulties of engaging this group are potentially a limit on scaling up support, and how DWP’s centralised approach to employment support has limited innovation. The third question, on the effectiveness of non-employment support interventions, is important but is not explored specifically within this report.

* This assessment only includes policies added to the OBR’s scorecard in March 2025.

The challenge of engaging people out of work due to ill health with employment support

Employment support has only reached a small minority of those out of work due to ill health

People out of work due to ill health who engage in employment support are typically doing so on a voluntary basis, given there is no conditionality for incapacity benefits receipt. Despite two in 10 people out of work due to ill health or disability saying they want to work, only one in 10 engage with employment support each year, according to Learning and Work Institute analysis.¹ The fact that only half of those who want to work are choosing to engage with the support available suggests a problem with engaging even those who may be most open to it.

However, even more important is the eight in 10 people out of work due to ill health who do not currently want to work. A recent DWP survey found that 49% of people on incapacity and/or disability benefits felt they would never be able to work in the future² – equivalent to over two million people if extrapolated to the wider population. To date, the large national employment support programmes have not focused on reaching this group. It is currently unclear whether DWP intends for its Pathways to Work support offer to engage with people who do not feel able to work, and if so whether particular sub-groups of this cohort will be targeted.

A potentially important barrier to government making a more concerted effort to support this group has been uncertainty about the ability to engage more people out of work due to ill health. The OBR highlighted this in its assessment of the Pathways to Work offer in November 2025, saying that “uncertainty around the level of engagement from the target population” is a risk to the accuracy of its estimates for how effective the programme will be.³ Relatedly, there is also uncertainty about whether the additional people who might be supported by an expanded support offer would be helped by it to the same extent as those who engaged in the past.

The government recognises that “increasing levels of engagement with support” will be vital to improving the employment rate for people out of work due to ill health.⁴ But to achieve this, there are several barriers that the government must address.

A limited understanding of those out of work due to ill health has made employment support less targeted

The group of people out of work due to ill health is very diverse. It includes people with severe, lifelong disabilities who do not expect to ever work again, others with short-term illnesses that are only temporarily limiting their ability to work and others still with fluctuating conditions who may be able to work intermittently. Understanding this complexity is important to targeting support, and allocating the

necessary resources for it, at those who are most likely to benefit from it. However, large employment support programmes for those out of work due to ill health have not typically been targeted at particular sub-groups within this cohort and have tended to reach only a small subset of people.

A key reason for this is the limited understanding government has of the drivers of economic inactivity due to ill health. Although national survey evidence provides some information about the characteristics of people within this group, it does not give the government much insight into the different support needs that specific individuals or subsections of the group have. The OBR has highlighted that a lack of data on Universal Credit health caseload, by health condition or benefit journey, limits understanding of recent trends.⁵ Understanding the drivers of these trends is key to designing and targeting support effectively. There are parallels with chronic policy problems tackled by the Social Exclusion Unit in the late 1990s, such as teenage pregnancy and school absence, where a strong understanding of the root causes of worsening trends was key to developing policies for reversing them.⁶

A further problem is that the fragmented landscape of employment support for people out of work due to ill health has meant there is not good data on who is engaging with various forms of employment support across central and local government. This makes it more difficult to learn lessons about what improves engagement. Some strategic and local authorities say they have a stronger understanding of this group within their local area, based on both quantitative data, which is more widely available, and knowledge of local communities developed over several years. However, there is little publicly available evidence that either DWP or any individual area has a good understanding of how to engage those further from the labour market.

The OBR has estimated that the new elements of the Pathways to Work offer added to its scorecard in March 2025 will help an additional 20,000 to 40,000 people into work. However, because government has not said how many people Pathways to Work is aiming to reach in total, it is not clear what proportion of the total 20,000 to 40,000 people represents – which makes it difficult to assess how effective the programme is. If the target population is all people on incapacity benefits, then the additional people supported into work would be less than 2% of this group. More likely, Pathways to Work only intends to reach a small proportion of this group. But there is uncertainty about how support will be targeted and whether it will be able to engage the right target groups – as the OBR recognises.⁷

Awareness of the employment support available is low

People's lack of awareness of the employment support that is available can also be a barrier to engagement.⁸ Given there are no conditionality requirements for people on incapacity benefits, they do not necessarily have routine contact with DWP. A Joseph Rowntree survey found that 30% of people on incapacity benefits had never been contacted by DWP or a work coach since starting to receive benefits.⁹ Awareness that support is available is often dependent on individuals being contacted as part of specific programmes.

One obvious way to improve voluntary engagement is to increase the level of proactive outreach. However, there is variation in how much people want to be contacted. In a DWP survey in 2025, 51% of the small group of people on incapacity benefits who reported feeling ready to work thought it would be appropriate for DWP to contact them with an offer of support with employment, benefits or health and disability once per month. This fell to 37% among people who felt they were ready to work if their health improved and down to 12% among those who felt they would never be able to work in the future; 49% of this latter group felt it would never be appropriate for DWP to contact them with offers of support.

Half of DWP survey respondents had concerns about losing benefits if they tried paid employment and it did not work out
– DWP 'Work aspirations' report, 2025

The lack of openness to being contacted by DWP is likely, at least in part, due to distrust, as discussed below. However, there is evidence that an offer of more holistic support, that does not come from DWP and is not framed specifically around employment services, can help people to engage with employment support.¹⁰

The low level of trust in DWP limits engagement with employment support

Distrust of DWP is widespread, with 34% of the general population and 39% of those with disabilities and long-term health conditions saying they do not trust DWP to take customers' needs into account in how it provides its services.¹¹ The Learning and Work Institute research has found that a 'one size fits all' approach to support discourages some people from engaging with it.¹²

Claimants of incapacity benefits highlight two key concerns that relate to engagement in employment support: being forced into unsuitable work and losing access to benefits. A recent survey of 3,401 people claiming incapacity or disability benefits found that 60% of people out of work, but who had not ruled out working in the future, said they were worried that DWP would make them look for work they felt was not suitable if they asked for employment support;¹³ 50% had concerns about losing benefits if they tried paid employment and it did not work out.¹⁴

Some of the concern about DWP forcing people into jobs that are not suitable is likely driven by the department pushing an 'ABC' approach: 'Any' job leads to a 'Better' job, which leads to a 'Career'. The focus on 'any job' has been a long-standing DWP policy, but was expanded in 2022 when the 'permitted period' (when a jobseeker can look for work in a preferred sector, after which they must take any available job) was reduced from three months to four weeks.¹⁵ People on incapacity benefits are not required to attend regular work coach appointments or take up an offer of work under the current system, and would therefore not be forced into 'any job'. However, for some in this group the perception that DWP does not understand what would constitute a suitable job for them acts as a barrier to engaging with any DWP support.

The fear of losing access to benefit entitlements is a common barrier to engaging with employment support and has a number of elements.¹⁶ Partly, it is a fear of losing access to the means-tested Universal Credit health element due to getting a job but then losing it and having to start the assessment process again. This risk is somewhat mitigated in practice through the work allowance and taper, which means people can begin to earn while still claiming Universal Credit, and the six-month period during which people can stop claiming Universal Credit but then return to claiming on the same level of award as they were on before.¹⁷

Another key aspect of this fear of losing access to benefits is the concern that working or being seen to work could trigger a reassessment that would remove entitlement to some benefits. This is a valid fear to have. Although DWP guidance says that re-entering work should not necessarily trigger functional reassessment,¹⁸ there are still routes for this to happen. The government intends to further counter this concern by introducing a 'right to try guarantee' that would establish in legislation the principle that getting into work will not, by itself, trigger reassessment of benefits eligibility.¹⁹ However, this concern is not purely about work or engaging in employment support. In this research, we heard of people not wanting to put their bins out or attend a concert due to fear of this being used as evidence that they should have their benefits removed. This suggests a wider fear about the assessment process and DWP more broadly.* Attempts to improve engagement should come alongside efforts to address these concerns.

There are risks to using conditionality to increase the reach of employment support

The Pathways to Work consultation suggested that the government is considering introducing conditionality for some people on incapacity benefits,²⁰ although the minister for employment, Dame Diana Johnson, has more recently said that no decision has been taken on this.²¹ The theory is that making benefits receipt conditional on participating in support of some form will help address the problem of low levels of engagement. It is reasonable to explore whether conditionality could help improve engagement with employment support, but there are a number of risks to introducing conditionality for this group that should make government cautious about doing so.

The international evidence for conditionality among jobseekers, rather than the economically inactive, shows that conditionality requirements can be effective at getting people into work, but that these jobs tend to be of lower quality.^{22,23,24,25} In the UK, which has some of the strictest work search requirements in the Organisation for Economic Co-operation and Development (OECD),²⁶ the IFS Deaton review concluded that the evidence "casts some doubt on the value of conditionality in recent years".²⁷

While there is less evidence on the effect of conditionality for disabled people compared with jobseekers, there are good reasons to think that conditionality would be less effective. The greater complexity of need and wider range of barriers to employment faced by this group, and the weaker evidence base for what support is effective, could make conditionality more difficult to apply in a way that is fair and genuinely helps people into work.²⁸ This is supported by a 2017 review of the available

* The design of incapacity benefits, including the role of assessment and the approach taken by DWP, will be explored further in a second report as part of this project, due to be published in summer 2026.

evidence, which found that conditionality has a less positive impact on employment rates for disabled than non-disabled people.²⁹ Two studies found it had negative effects (including one UK-based study),³⁰ four studies found mixed results and one study showed positive effects.³¹ Interestingly, the studies with negative effects were looking at welfare systems with more demanding conditionality requirements and the study that found positive effects was for a less demanding regime. In addition to the lack of strong evidence for positive effects on employment, there is extensive evidence of conditionality having negative impacts on wellbeing for this group, including in the UK context.³²

There is also a risk that conditionality makes employment support provision itself less effective. Making participation in support a condition of incapacity benefits receipt would likely further increase existing concerns about having benefits withdrawn or being forced into 'any job'. To an extent that is a feature of conditionality, not a bug. An intended effect of making benefits receipt conditional on engagement with employment support is predicated on people being sufficiently concerned about losing their benefits that they choose to engage. However, there is evidence that the quality of relationship between the employment adviser and the person out of work is important for supporting effective engagement with support.^{33,34} The introduction of conditionality would risk increasing distrust and damaging the quality of these important relationships, which could, in turn, make the support provided less effective, even if more people are compelled to engage with it at some level.

Together, the evidence suggests that introducing conditionality alone – at least in the form used for jobseekers to date – is unlikely to substantially shift the dial in tackling health-related inactivity. Even if it increased the reach of employment support, there is no guarantee this would translate into high quality engagement with support and more people on incapacity benefits getting into work. In looking at whether conditionality of some form for those on incapacity benefits could be used to address the challenge of engagement, government would need to carefully consider exactly *what* activity it is requiring, of *whom* (i.e. who within the existing LCWRA group will be required to engage), and *how* it introduces this.

The effectiveness of conditionality is predicated on people being encouraged to participate in activity that will get them into work. However, the evidence for what activity would help most people on incapacity benefits into work is limited since it has so far been largely based on the small sub-group that has engaged in support voluntarily. Relatedly, the government would need to define who in this group would be subject to conditionality. For example, some people with severe, life-long disabilities may never be able to work again; placing conditionality requirements on them would be unreasonable. Similarly, the complex and varied barriers to employment faced by individuals in this group suggests that different people will be better helped by different support. People's differing needs and suitability for conditionality would likely need to be reflected in how conditionality is implemented – including in the use of sanctions, which are a necessary element of a conditionality regime, and in relation to the wider benefits system – for example, in how eligibility was assessed (as is being explored in the Timms review of PIP).



GORTON HUB

The limits of a centralised approach to employment support

DWP's focus on evidence has driven a programmatic approach to policy design

Evidence and evaluation play a stronger role in employment support policy design than for many policy areas across government, including others within DWP, such as some areas of benefits policy. This not only reflects the focus on evidence by policy makers in this area, but also the fact that national, centrally designed and commissioned employment programmes are well suited to evaluation. To back this up, DWP has a strong analytical capability in place to conduct high quality evaluations. This includes approximately 400 staff in the central analysis and science directorate and a further 600 members of the 'analytical community' elsewhere in the department.¹ Good working relationships between relevant operational, policy and analysis professionals are a strength of policy making across many parts of the department.

The DWP's evidence-based strategy has enabled the continuation of a more 'programmatic' approach to employment support – that is, one focused on designing specific programmes that deliver particular evidence-based interventions. While the support offered within these programmes may be personalised to individual participants, this approach differs from the broader 'service' oriented model seen in some other public services, which supports a wider range of needs. Policy design has been focused on replicating certain aspects of past interventions, or international examples,² that have been shown to be effective, such as the Work Choice programme, and doing so within a programme format that can be robustly evaluated.

A criticism of this programmatic approach is that it is inflexible and so not well suited to the complex needs of many people out of work due to ill health, who may be best supported by tailored support over a longer period. However, the evidence for what support will be best suited for a large proportion of those out of work due to ill health – rather than just those who chose to voluntarily engage – is limited.

In addition, the population of people out of work due to ill health has increased in size and changed in structure in recent years. Mental health problems are more prevalent and people are more likely to have multiple conditions. NEETs and those closest to retirement age are most likely to be in this group, and an increasing proportion have never had a job. There have been changes to the nature of work since the pandemic too, with remote and hybrid working now much more common.³

Following an evidence-based approach to policy development is important, but relying entirely on evidence from past programmes when that evidence is patchy, based on small participant pools, and when the world of work is changing, is unlikely to yield optimal outcomes. While evidence from past programmes will continue to be

important in informing future employment support, there is a need to look beyond the existing evidence base to design support that is of the right shape and scale to tackle economic inactivity today.

DWP draws on an evidence base for employment support design, but this has limitations

DWP has published a number of impact evaluations of past national employment support programmes, with value for money estimates – some of which have been peer reviewed. Many of these evaluations have found positive effects on employment outcomes and other relevant metrics, although the size of effect has varied. They've also found them to be good value for money. For example, an evaluation of Work Choice found that, eight years after starting the programme, the employment rate was 10.9 percentage points higher for participants than the control group (37.9% vs 27.0%) – the largest effect from any of the large employment support programmes in recent years.⁴ An evaluation of the Work and Health Programme, which used a randomised design, found a three percentage point increase in the employment rate after 18–24 months compared to a control group (19% vs 16%). Pathways, which ran from 2009–13, did not have a statistically significant impact on employment.

Cost benefit analyses of these programmes have typically demonstrated good value for money. For example, for every £1 spent on Work Choice, cost benefit analysis showed benefits worth 99p for DWP and £1.67 for the exchequer over 12 years,⁵ and the benefits of the Connect to Work programme are similarly expected to cover programme costs.⁶

The design of Connect to Work partly reflects international evidence for the Individual Placement and Support (IPS) model, the model of employment support for which there is arguably the strongest evidence. The 'accountable bodies' responsible for delivering the Connect to Work programme are required to monitor fidelity of delivery against the specific IPS model using an external benchmarking system.

Many impact evaluations of past employment support programmes – including Work Choice – have used a quasi-experimental approach, which uses 'propensity score matching' to compare outcomes of programme participants to a group of similar people.* Propensity score matching is effective at controlling for specific observable characteristics. However, it cannot control for differences that are not directly observable. This is a particular problem for voluntary employment support programmes where choosing to participate is an act of self-selection. But without knowing who chose not to participate and why, it is not possible to control for the difference in participants' motivation to find work.

* This approach aims to create a comparison of two groups with similar characteristics to mimic a randomised trial. This involves comparing the outcomes of programme participants to outcomes for a group of similar non-participants, controlling for any observable characteristics such as employment history and age. For example, the Work Choice evaluation used a matched group of people who were referred for the programme but did not start.

It is possible that this limitation of propensity score matching may have resulted in an overestimation of the positive effect of employment support programmes. The Work and Health Programme evaluation used a randomised control trial design – which does not have the same limitation – and found positive effects but, notably, these were of a smaller magnitude than some other past interventions.

A focus on following the evidence base in policy design has limited innovation

The focus on ensuring employment support programmes are designed from evidence about what has worked in the past can limit innovation by making it harder to deviate and trial new approaches that lack a strong evidence base. This has, not unreasonably, been justified on the grounds of 'value for money'; a reluctance to spend the marginal taxpayer pound on a programme that may not deliver results.

This focus on value for money is important. However, given that employment support interventions to date have had a limited impact on shifting the substantial numbers of people on incapacity benefits into employment,⁷ there is a strong argument for taking greater risk in trialling new approaches as it seems unlikely that the old approaches will achieve the outcomes the government seeks. This was recognised by the previous Conservative government, which set in train the WorkWell pilots⁸ – and was taken further by the current Labour government with the Economic Inactivity Trailblazers and Health and Growth Accelerators.^{9,10} These new programmes should, hopefully, help to grow the evidence base for what works.

A potential barrier to innovation at a local level is that the centralised, evidence-focused approach to date has limited the development of essential expertise and experience within local government to deliver and evaluate local initiatives. As a result, locally-led employment support can lack effective and comprehensive evaluation, hindering the justification for further investment. This 'catch-22' situation is seen in other aspects of devolution.¹¹ Individual local areas may also struggle to generate the same type of evidence as central government because smaller scale and more flexibly integrated local employment support interventions may be less well suited to randomised control trials or quasi-experimental approaches than national programmes. However, a reason that more devolved employment support can enable innovation is that the variation in how interventions are designed and delivered across regions creates a natural 'policy lab'. It can, in effect, produce the kind of quasi-experimental approach pursued by researchers that can help improve understanding about what works for different groups. This kind of variation is not generally present when a programme is delivered at a national scale.

The government's desire to have policy 'scored' by the OBR has further driven centralised programme design

One of the key objectives of employment support programmes is to increase the supply of labour, which is good for economic growth. The OBR's biannual economic forecast takes account of permanent effects that government policy might have on the supply side of the economy, including those that increase the labour supply in a way that is expected to permanently raise potential economic output. For the OBR to 'score' a policy's supply side impact, it must meet four tests, namely whether the economic

impact is: significant in size, durable, additional to previous policy and evidence-based.* Policies that meet these tests are incorporated into the OBR's economic forecast and therefore contribute to the OBR's assessment of whether the government is likely to meet its fiscal rules.

This scoring process has created strong incentives for government to design policy that the OBR will score as having a positive supply side impact. For example, in 2023, the government announced a new employment support programme called 'Universal Support' – later tweaked and renamed 'Connect to Work' by the Labour government in 2024. Its design was based on the Work Choice programme, which DWP evaluations found had a positive effect on employment support outcomes. The OBR's assessment of this evidence base for the programme, and DWP assurance that Universal Support would be similar in design and delivery to Work Choice, led it to estimate that it would increase GDP by 0.02%.**

Policies that have been scored are subject to 'monitoring and evaluation' during delivery using a set of pre-agreed metrics. The monitoring and evaluation of various policies feeds into the OBR's annual 'supply stocktake', which includes a broad judgment about whether previously estimated policy effects have materialised. This could, in turn, lead to changes to the economic forecast.

While there are benefits to an OBR process that incentivises use of evidence in policy making, there are also important downsides.¹² First, it can disincentivise the design of novel policy ideas that may have a strong theoretical underpinning but lack a robust evidence base from evaluations of similar policies – although the OBR does consider other forms of evidence, as was done for the scoring of planning reforms in March 2025.¹³ It may also have biased government towards larger-scale, national programmes that are more likely to meet the OBR's significance threshold than local initiatives. A further potential downside is that it may limit innovation by incentivising government to tightly define plans for implementation of policy upfront, in line with what has worked previously, and then closely follow them. This could risk making it harder to take a 'test and learn' approach.

Some have cited OBR supply side scoring as a reason why local areas cannot have more flexibility over design and delivery of Connect to Work. The reasoning has been that, since the OBR has scored Connect to Work based on DWP's plans for evidence-based, high-fidelity delivery across England and Wales, any local deviation from those plans could be reflected in the forecast through monitoring and evaluation. The concern is that this could lead to a potential downgrade to the economic forecast, reducing the headroom the OBR assesses the government has against its fiscal target. This concern is reflected in the accounting officer assessment of Connect to Work, which explicitly says that ministers requested OBR scoring be prioritised, and that "the Programme will

* Further information can be found in OBR, *Accounting for the supply-side effects of policy*, 2025, https://obr.uk/docs/dlm_uploads/Briefing_paper_No.10_Accounting_for_the_supply-side_effects_of_policy.pdf

** The estimated 0.02% impact on GDP includes the OBR assessment of both the initial programme and its subsequent expansion, as set out in OBR, *Accounting for the supply-side effects of policy*, 2025, https://obr.uk/docs/dlm_uploads/Briefing_paper_No.10_Accounting_for_the_supply-side_effects_of_policy.pdf

maintain the OBR scoring by ensuring the fundamentals of the supported employment approach are maintained".¹⁴ However, this concern has likely been overstated – and is unlikely to apply for future employment support policy.

In November 2025, the OBR announced it was updating its criteria for supply side scoring of government policy – including increasing the significance threshold for a new policy to be scored to 0.1% of GDP.¹⁵ The new increased threshold is justified by the "significant time and resource to produce robust estimates of these very small supply-side impacts". In addition, the old threshold of 0.01% of GDP required the OBR to come to precise judgments about the impact of policy, when this impact is often hard to quantify and highly uncertain. For policy covered by departmental spending (i.e. within departmental expenditure limits, DEL), as opposed to tax and welfare, it is particularly difficult to estimate additionality.¹⁶ Of the seven DEL policies scored by the OBR since it began supply side scoring in 2023, five would not have been scored under this higher threshold – including Connect to Work, which was significantly below this higher threshold. Employment support programmes are therefore much less likely to be scored in the future.

This increase to the significance threshold is welcome. In recent years, the OBR's scoring process and the interaction with the fiscal rules has loomed large over policy development across government. Whether the OBR will score a policy has been used as an imprecise proxy for whether it is good value for money. But the OBR's supply side assessments are intended to improve economic forecasting, not directly drive policy making. Policy making should be guided by the government's assessment of what is the most effective policy, rather than what allows a policy to jump through OBR hoops. The focus on getting a policy scored has created an unhelpful dynamic where substantial energy is directed towards designing and packaging individual policy measures to meet the OBR's four tests, sometimes at the expense of better, longer term, collaborative policy making.

Policies that have been incorporated into the forecast prior to the new increased significance threshold being introduced will continue to be subject to monitoring and evaluation. If their impact differs from that expected, this could feed into the OBR's annual supply stocktake review.¹⁷ This means that if Connect to Work, scored in 2023, is found to have less impact than previously estimated, this could – in theory – contribute to a potential forecast downgrade.

However, it is unlikely that devolution of employment support would have a substantial impact on the economic forecast. The OBR's monitoring and evaluation process and supply stocktake should be sufficiently flexible for greater devolution not to automatically lead to a forecast change, given the lack of good empirical evidence over whether national or local support is more effective. There is evidence that this flexibility exists, to at least some extent. When the Labour government introduced more local delivery of employment support after the 2024 general election as part of the transition from Universal Support, which has been previously scored, to Connect to Work, this did not appear to lead to a downgrade in the forecast. If the monitoring

and evaluation process for Connect to Work does risk biasing national over local delivery, the OBR should consider working with DWP and the Treasury to mitigate this. In addition, it is highly unlikely that, for a given amount of spending, changes to employment support following devolution would have a large enough impact on labour supply to substantially change the forecast in either direction. For example, the OBR estimated that the increase in labour supply from introducing Connect to Work would have only a 0.02% increase in potential economic output – compared to a 1.5% overall increase.

Regardless of OBR scoring, however, the chancellor's increased headroom against her fiscal rules in March 2026, more than double that a year earlier, should help government focus on what is judged to be effective policy, rather than just what scores. And for future employment support programmes, this change to the significance threshold for supply side scoring should enable government to design policy that is less highly specified. It should also reduce the disincentive to trial and test new approaches, including looking at whether more local design and delivery could improve outcomes. Whatever the OBR's treatment of Connect to Work, the government should be actively trying to generate better evidence about what works in employment support.

A programmatic approach to employment support has limited integration of employment support with other services at a local level

People who are out of work due to ill health often interact with multiple services

People out of work due to ill health and disabilities will often have multiple touchpoints with the state, in particular with health professionals, given that over half of people in this group report three or more concurrent health conditions.¹⁸ A substantial proportion of this group are also likely to interact with local authority housing services or a housing association, since over 38% of people on Universal Credit live in social housing.¹⁹ Other services that people in this group are likely to interact with include adult social care,* adult skills and education providers, and neighbourhood services such as libraries and community centres. Many will be connected with other services, including those provided by the voluntary sector.

All those on incapacity benefits will also have interacted with DWP at some level in undergoing a work capability assessment. Although the lack of conditionality requirements means they will not necessarily have ongoing contact with jobcentres, many will be in contact with DWP regarding other benefits they receive. Some will also have engaged with DWP or local government commissioned employment support.

* In March 2025, 277,000 working-age adults were receiving long-term care and 183,000 underwent adult social care assessment, having not received care in the 12 months to March 2025. See www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-july-2025/adult-social-care-in-england-monthly-statistics-july-2025

Public services too often operate in silos

The range of services people interact with in their local area reflects the fact that an individual will often have multiple, interconnected needs that are not met by a single service. However, too often these services are organised in silos with limited co-ordination between them, which can result in duplication and ineffective allocation of resources.²⁰ Problems with data sharing across services, and different services often being located separately to each other, are key contributors to a lack of effective co-ordination.

A particular problem is that the services for addressing the upstream drivers of need operate separately from those for tackling acute demand. For example, an employment support programme trying to help someone with severe anxiety back into work may not be connected with the NHS mental health service that might stand the best chance of making that happen. This means services can tend to focus on the symptoms of problems, without addressing their causes.

When it comes to the planning of services, a consequence of poor integration is that the wider benefits of an intervention in one specific service may remain unrecognised. For example, the NHS mental health service that helps someone with severe anxiety get back into work may not notice the wider benefits getting back into work has for that individual and for the state in terms of fiscal and economic benefits. The result is that this, combined with duplication across services, means the services government provides are less cost-effective in the round. And from the perspective of a service user, the fragmented landscape of different services can be difficult to navigate.

Local join-up can help services better meet the needs of users

Siloed service provision at a local level reflects the way central government is organised, and in particular the fact that funding is typically allocated to specific departments and services.²¹ Planning services at a local level can help services to integrate effectively, target the right support at the right people, and recognise the wider system benefits of this. The programmatic approach to employment support taken by DWP has often meant support is not designed to work flexibly alongside other services in local areas. This has likely limited effective integration with other public services that people use and may be as, or sometimes more, important for getting someone into work.

Better join-up of public services is often best done within the local area where people use the services. Examples of this place-based approach being effective include the 'Wigan deal'²² and health outcomes in Greater Manchester.²³ Employment support is somewhat of an outlier among public services in the degree to which it is often designed, commissioned and delivered at a national level. There are always challenges to integrating local services, including funding silos, data sharing and location of infrastructure. But integrating national employment support programmes with local services is particularly difficult. For example, even where other services have been able to refer people on to national employment support programmes, such as local organisations referring to the Work and Health Programme, they have tended to account for a relatively low proportion of referrals.

Integration of employment support for people out of work due to ill health would be easier if responsibility for designing and delivering this support was devolved to regional or local government level, with planning done over the same geography as for other services. The potential benefits of getting this right are recognised in the *Get Britain Working* white paper, which says government wants employment support to be “integrated with local provision” and highlights this as a key focus for the Economic Inactivity Trailblazers.²⁴

Some local areas are trying to improve integration through a ‘single front door’ approach, which signposts people to a wide range of services, and can help them access the most appropriate service for them – sometimes also providing more hands-on support to navigate various services or help co-ordinate between them. This is the model being used in Greater Manchester, where GM Live Well aims to be a single front door for employment support alongside a range of other prevention-focused services (see box below).²⁵ In west London, Shaw Trust has been commissioned to provide this ‘single front door’ service.²⁶ ‘Citizen hubs’ are a different model for this single front door approach; these are volunteer-driven and bring together a range of support, including with employment, under one roof. There are currently two of these hubs, in Cambridgeshire and Wimbledon.²⁷

Similarly, youth employment hubs, often simply called youth hubs, are an example of constructive collaboration at a local level. Youth hubs provide employment support and other services, including mental health and housing support, under one roof. In these hubs, DWP work coaches support participants to address their key barriers to work. A 2024 Demos report found that users were very positive about their experience of the hubs and that they enable better partnership working between DWP, local authorities, charities and other local organisations.²⁸ The government has said it intends to expand youth hubs to more than 360 locations from 2026.²⁹

Given the impact of health on employment – and indeed vice versa^{30,31} – the government has particularly highlighted the importance of better joining up of employment support with health services.³² Improving NHS and employment support integration has been a focus of the Health and Growth Accelerators³³ and some of the Economic Inactivity Trailblazers in MSAs. A key opportunity of this join-up is the ability to intervene at an early stage – when someone first goes off work due to their health, or shortly after.³⁴ The likelihood of someone returning to work declines rapidly the longer they are out of work.³⁵ The potential benefits of providing someone with the right support to sustain, or rapidly get back into, employment are therefore huge.

Regional and local government will often be better placed to tailor support to local needs than is possible within a national programme. This might include working with regional employers to address vacancy gaps in particular sectors, or designing support that better reaches people from minority ethnic groups. Local government is also often well connected with local VCSEs that can provide support.

Case study **GM Live Well – Greater Manchester Combined Authority (GMCA)**

GM Live Well was launched in 2023 as a “framework to further develop existing neighbourhood and prevention approaches across Greater Manchester”, with the aim that “every resident has the resources and connections to Live Well”.^{36,37} In 2025, it was expanded with additional funding and now forms a key part of GMCA’s strategy for employment support.

Live Well represents a broad strategic move away from individual ‘programmes’ with fixed end dates towards longer term, place-based, integrated support. It is particularly aimed at those further away from the labour market, including those who are out of work due to ill health. Key principles of the ‘Live Well journey to employment’ include taking a longer term, holistic view of health-related barriers to work, such as poor housing and connecting people to opportunities through “local networks and trusted community spaces”.³⁸

Live Well centres, community hubs that can act as a single front door, play a core role in Live Well, bringing together various organisations providing employment, health and other support. For example, the Gorton Hub is a Live Well centre within Manchester City Council and hosts a library, a Jobcentre Plus centre, GP surgery, adult education services and housing support, among other services.

Live Well aims to support the broader Greater Manchester Strategy, and all 10 local authorities in Greater Manchester have created local implementation plans. The initiative is supported by a £10m joint investment fund from GMCA and NHS GM, alongside an additional £10m through the DWP-funded Economic Inactivity Trailblazer. Live Well is also the framework for delivery of the ‘Prevention Demonstrator’.³⁹

Running both national and local employment support programmes risks duplication and confusion

Many combined and local authorities already have their own employment support initiatives, funded by the UK Shared Prosperity Fund or other grants.⁴⁰ Central government implementing national programmes in local areas can lead to duplication and less joined up services than if a more co-ordinated approach has been taken.⁴¹

One example of this is in Greater Manchester, where the strategic authority (GMCA) had designed an employment support programme through the People and Skills element of the UK Shared Prosperity Fund for economically inactive residents, with the participants joining the programme via active outreach. Weeks later, however, DWP announced the introduction of Pioneer as part of the Work and Health Programme – another programme targeted at economically inactive residents, with referrals designed to come via outreach. This competing offer created, according to GMCA, “duplication, confusion, and unnecessary competition”, and negatively impacted

the roll-out of the Pioneer programme in GMCA.⁴² As GMCA has argued, giving local government greater responsibility for planning employment support alongside other services could help to avoid this risk of duplication.

DWP is an experienced commissioner of employment support, but there are limitations to its approach

Many employment support programmes for people out of work due to ill health are delivered by private or voluntary sector providers. In these cases, DWP has typically commissioned a provider to deliver a centrally designed programme at a regional level – a ‘contract package area’. For example, the Work and Health Programme was delivered by five prime providers across six areas: Central England, North East, North West, Southern, Home Countries and Wales.^{43,*}

There are a number of benefits to DWP commissioning employment support at a national or regional level. It can enable economies of scale, potentially improving value for money. Many of these large suppliers have extensive experience delivering DWP-designed employment support, are well set up at a national and regional level to deliver a new programme, and are in many cases well positioned to work with a range of local providers. DWP has argued that this approach also enables the department to maintain strong relationships with these providers – which can support effective service delivery and ensure providers are delivering good value for money.⁴⁴ DWP has also said that this approach helps to ensure a “consistent and universal offer” across the country.⁴⁵

A further benefit of large scale, DWP-led provision is that it has made DWP an experienced commissioner of employment support and helped it to develop extensive capability internally to manage this process. This includes a strong commercial team to support service and contract design and regional directors with experience overseeing service delivery. This capability also means DWP is well placed to respond to unexpected changes in the labour market, as the government did during Covid-19 in establishing the Kickstart and Restart programmes.

DWP-led commissioning of employment support has limited integration

DWP-commissioned employment support programmes have tended to have a ‘payment by results’ element to them to encourage high quality, effective support. However, in the past this has incentivised ‘cream-skimming’ – whereby providers prioritise supporting people who are easiest to help into employment, including those who would get into work anyway, rather than those for whom support might make the most difference (i.e. those who could get into, or substantially closer to, employment with support, but would not do so otherwise).⁴⁶ For example, this was highlighted by the National Audit Office (NAO) as a weakness of the Work Programme, which ran from 2011 to 2017.⁴⁷

* Greater Manchester and London were given funding under devolution powers, and commissioned Work and Health Programme provision separately.

To counteract this, DWP has tended to define the eligibility criteria for programme participants tightly to ensure resources are directed to the desired groups. However, this also has drawbacks. Tightly defining the eligibility criteria tends to mean distinguishing between groups of people based on a set of observable characteristics, which inevitably excludes some people who might benefit from the support provided.

This large-scale commissioning of employment support with tightly defined eligibility criteria or design specifications at a national level has been a key driver of this programmatic approach to employment support, which has limited integration with other local services. It has also made it more difficult to take a flexible 'test and learn' approach to policy making, including looking at ways to improve engagement.

More local commissioning of employment support could, in theory, enable better integration. If the strategic authority, or local authority, commissioning employment support is also commissioning other services and engaging with local NHS providers then it may be better placed to commission in a way that enables join up. However, local government commissioned employment support will not be able to provide the same economies of scale achieved through larger-scale programmes. At present, they are also likely to lack the same commissioning skills and experience held by DWP. This may present a risk to contracted employment support delivering good value for money.

Connect to Work has been designed centrally but commissioned and delivered at a regional or local level. Although this gives strategic authorities and groups of local authorities greater flexibility than in the past, flexibility is still limited by detailed requirements regarding how the programme is delivered, including monitoring delivery against the high fidelity Supported Employment model.

Centralisation of employment support enables clear lines of accountability, but has important limitations

Permanent secretaries are personally accountable to parliament for their department's spending as accounting officers.⁴⁸ The centralised approach to the employment support programme, and the running of more than 600 jobcentres across the country, allows DWP to have tight control and oversight of value for money.

The DWP also has responsibility for benefits spending, although the department 'jointly manages' this with HM Treasury since DWP has no delegated authority to make changes to it.⁴⁹ There is a clear link between incapacity benefits and employment support – effective employment support for people out of work due to ill health could be expected to reduce incapacity benefits spending, while DWP would bear some of the costs of ineffective support in the form of increased welfare spending. Given this link, having DWP responsible for both benefits and employment support should incentivise it to design and deliver employment support that helps it reduce incapacity benefits spending. Indeed, the motivation behind the creation of DWP from the Department of Social Security and part of the Department for Education and Employment in 2001 was to enable "a single approach to the development of employment, disability and benefit policies".⁵⁰

Although the centralised model for employment support makes accountability more straightforward in a narrow sense, the upsides of this can be overstated and the downsides under-recognised. DWP is more centralised than most other departments responsible for delivering public services. Service delivery in health, education, criminal justice and social care is managed by arm's length bodies, sub-national government or delivery organisations – with various arrangements to enable accountability to parliament. It is not clear that the more direct and straightforward

From the centre DWP runs over 600 jobcentres across the country

accountability DWP has over employment support has meant better outcomes compared to other services that departments are less directly responsible for.

Importantly, some of the tools for achieving the government's objective of improving the employment rate may sit outside DWP – for

example, mental health interventions in the NHS. And, furthermore, an effective employment support programme might improve the employment rate and reduce the benefits bill for which DWP is responsible, but it is likely to have other benefits for people's health and wellbeing, as well as for economic growth – outcomes for which other departments are primarily responsible. When government considers the costs and benefits of particular policy interventions to improve the employment rate, it cannot be limited to those that sit within a single department. The theory of clear lines of accountability between specific programmes and outcomes does not reflect how services and outcomes work in practice. There is a risk that prioritising a straightforward, single departmental approach biases against policies that sit outside of DWP but could be as, or more, effective at increasing the employment opportunities for people out of work due to ill health.

Together, this points to the need for a more cross-government approach to accountability for employment outcomes, including between central departments and levels of sub-national government. Where local government has been given grant-funding for employment support – for example, through the UK Shared Prosperity Fund (UKSPF) – formal mechanisms for accountability have typically been limited.⁵¹ This is changing, with the inclusion of Connect to Work funding in the integrated settlement for Greater Manchester (GMCA) and the West Midlands (WMCA) requiring them to report both output and outcome metrics for employment. Accountability through the integrated settlement has been extended, in some form, to four further strategic authorities from 2026/27. The framework of the integrated settlement is an opportunity to provide assurance to central government and the public that money spent at a devolved level is delivering value for money. However, as the *English Devolution* white paper recognised, there is more to be done to clarify how this accountability will work effectively in practice.^{52,*}

* This will be explored further in upcoming Institute for Government work on the integrated settlement.



The opportunities and risks of devolving employment support for those out of work due to ill health

The government has already begun to shift towards more local design and delivery of employment support – as set out in the *Get Britain Working* white paper. This shift, as well as going further and faster in devolving employment support, holds opportunities to improve employment outcomes for people out of work due to ill health. However, there are also important risks that must be managed and mitigated.

The opportunities

There are good reasons to think that devolving employment support for those out of work due to ill health will create opportunities. Broadly, these are four-fold:

- The greater ability to **tailor support** to local factors when support is designed and delivered at a small scale, and by people who hold relevant local knowledge. This includes designing support that is accessible to local communities, engages local businesses and VCSEs and addresses local labour market challenges.
- Regional and local government may be better able to **improve engagement** with employment support. Distrust of DWP results in limited engagement, with people often more trusting of local than central government¹ – where incapacity benefit claimants may be particularly distrustful of DWP. This suggests that regional and local government may be better able to engage those who are further from the labour market.
- **Integration of services** can better meet the needs of users and is often best done at the local level. Join-up of employment support with regional and local skills and health services can be particularly valuable.
- Devolution can support **innovation**, through creating a 'policy laboratory' where understanding *what works* can be improved by areas taking different approaches. This has been a weakness of large, centralised employment support programmes to date.

Together, these opportunities provide a strong theoretical basis for pursuing further devolution. However, there are risks to this approach.

The risks

The key risk is that this leads to worse outcomes overall than national provision. For example, local areas may find they are unable to improve join-up and engagement, or delivery at a local or regional level may be less effective than at a larger, national scale. This would mean worse value for taxpayer money from spending on employment support. In addition, it could potentially mean increased welfare spending through fewer people moving off incapacity benefits and into work – a cost that would be borne by central government.

Even if devolved employment support delivers the same or better outcomes on aggregate, it could increase inequality of outcomes across England. Devolving responsibility inevitably means the approach taken in some areas will be more effective than others. This is a feature, not a bug, of devolution. But it does point to the importance of effective accountability, the value in sharing best practice and suggests a system to ensure minimum standards may be required.

The way forward for devolution of employment support

Although there are good reasons that locally designed and delivered employment could lead to better outcomes than the more centralised approach taken to date, insufficient experimentation and evaluation means there is not a strong empirical evidence base for this. In contrast, the more centralised approach to employment support taken to date is built on an evidence base – albeit one with limitations, as discussed above.

Despite this, the government's employment support offer for those out of work due to ill health has not been up to the nature and scale of the challenge to date. Health-related economic inactivity has risen and employment support programmes have not significantly reduced the numbers claiming incapacity benefits. This points to the need for a different approach to employment support.

Government should devolve responsibility for employment support for those out of work due to ill health. Sub-national government should have flexible funding so that local knowledge can be used to design tailored support that is integrated with local services, while drawing on available evidence. This should come with robust evaluation of local interventions, and an effective accountability framework, focused on long-term outcomes over short-term outputs. This will involve central government taking greater risk with regards to devolving employment support – recognising that the potential benefits of a more local approach are worth the risks from diverging from the more programmatic approach taken to date. DWP should maintain a key role as a 'system steward' – setting strategic outcomes for employment support from the centre, enabling local areas to deliver effective support and ensuring accountability for outcomes being met.

However, doing this within an incomplete map of devolved power in England – with only just over half the population covered by a strategic authority while local government is undergoing substantial reorganisation – will not be straightforward. Yet even within this context, the government has already taken welcome steps towards a better, more devolved system for employment support for those out of work due to ill health.

The following section sets out the next steps government should take to go further and faster in improving this system.

How can government deliver a renewed local approach to employment support?

1. Central government should give strategic authorities responsibility for the design and delivery of local employment support

The government's plans for further devolution of powers in England create both opportunities and challenges for the devolution of employment support. While local authorities should continue to play an important role in delivering employment support, there are a number of reasons why strategic authorities are likely to be the best level of sub-national government to devolve funding and responsibility for employment support to.

First, the areas covered by strategic authorities are designed to reflect local labour markets.¹ This may be more easily done for the more monocentric, metropolitan strategic authorities, but is also the intention for strategic authorities that are more polycentric and/or include large rural areas. Strategic authorities are also well placed to engage with local employers of different sizes and the voluntary sector, which play a key role in improving employment. This will support effective labour market planning by the strategic authority, including employment support, as has already been taking place through the production of local growth plans and Get Britain Working plans in each area.

Second, strategic authorities already have responsibility for related policy areas, such as adult skills, local growth and business support. Giving strategic authorities greater responsibility for employment support would complement these other areas. Relatedly, plans to align NHS integrated care boards with existing strategic authorities, making them 'coterminous',² would support integration between the NHS and locally delivered employment support. This could include co-commissioning of support in some cases. Strategic authorities are also of the right scale to provide more specialist employment support and associated services. For example, the Youth Guarantee may operate more effectively at a strategic authority than local authority scale, as could some specialist provision such as IPS for severe mental health conditions or specialist adult skills training.

And finally, strategic authorities are well placed to co-ordinate between constituent local authorities to ensure adequate depth and breadth of provision across the geography. A risk of more local design and delivery of employment support is that government loses its overview of what provision is available and whether there is a healthy market to deliver commissioned employment support that is cost-effective. A cautionary example comes from children's social care, where the government is

currently shifting commissioning from local authorities to a regional level. There were concerns that local commissioning was reducing bargaining power, and leading private providers to build-up accommodation where it was cheapest for them, rather than where there was local need.³ The dynamics of employment support for this group are different, particularly because inappropriate location would reduce demand since, unlike children’s social care, employment support is voluntary. However, this example highlights the importance of maintaining strategic oversight for provision, a role that strategic authorities are well placed to play, alongside using local knowledge. Local authorities, however, will remain critical to the delivery of employment support.

The Get Britain Working plans are a strong foundation for strategic authorities to use to guide design and delivery of support. Similarly, central government should use these plans to help guide the process of devolving responsibilities for employment support. Starting with the most mature strategic authorities would help mitigate the risks of devolving employment support. More mature strategic authorities are likely to have stronger capability to design, commission and deliver employment support effectively. The integrated settlement means a system of accountability – albeit an evolving one – is in place to ensure value for money. Some ICB boundaries already match those of MSAs in many cases, which should support integration.

2. Strategic authorities should be given more flexible, multi-year funding for employment support through the integrated settlement

The commitment to include aspects of employment support in the integrated settlement for leading MCAs was welcome. However, the lack of flexibility within Connect to Work for local design and delivery limits the ability to innovate and better integrate services at a local level, some of the key potential benefits of devolution.

Flexible funding for employment support for those out of work due to ill health or disability should be included in the integrated settlement. This would be an important step towards giving local areas meaningful responsibility for designing and delivering employment support. This should begin with GMCA, WMCA (which has already received Connect to Work funding through the integrated settlement in 2025/26) and the strategic authorities receiving a multi-year integrated settlement from 2026/27. After this, devolution of funding and responsibility for employment support should be rolled out more widely alongside the government’s plans to complete the map of English devolution. For areas receiving an integrated settlement, the default should be to devolve responsibility for all employment support for those out of work due to ill health that has typically been delivered through national programmes in the past.

This should include greater flexibility over use of money currently allocated for the Connect to Work programme, as well as funding for WorkWell. To maximise the benefits of devolution of employment support, the ambition should be for strategic authorities to have full flexibility in how these funds are spent within a system of a strong outcomes-focused accountability framework, as outlined below. If government allocates additional funding to employment support for those out of work due to ill health, then the default should be for it to go to strategic authorities as part of the integrated settlement. DWP should similarly consider the opportunities of devolving

funding for employment support targeted at other groups that are further from the labour market – such as the long-term unemployed, who are the target group for the Restart programme that is currently due to end in June 2026.

Giving strategic authorities multi-year funding for employment support through the integrated settlement will also enable them to focus on longer term outcomes. This is vital for support focused on those furthest from the labour market, who are less likely to enter sustained employment within a year. Multi-year funding also provides greater certainty that will enable strategic authorities to invest in developing more integrated support, including partnering with other organisations. Where possible, funding should be agreed well in advance of the start of the multi-year funding period beginning to enable strategic authorities to plan effectively how to spend this money well. The short time between allocation of funding for the Economic Inactivity Trailblazers and when the funds need to be spent has been a challenge for some strategic authorities.

The proposal of further devolution of employment support for those out of work due to ill health, and the government's recent progress towards this, begs the question of whether government should also devolve jobcentres. Doing so could have some similar benefits to those discussed for employment support – such as greater integration of services. However, the role that jobcentres play in benefits administration would complicate the devolution settlement. For conditionality to work, there must be a process by which engagement in the 'conditionality-linked activity' is fed back to the body that administers benefits, a process currently almost entirely managed by jobcentres for those in the intensive work search category. Devolving jobcentres would mean either giving local areas responsibility for administering benefits, including sanctions, or developing a process for engagement in local 'conditionality-linked activity' being fed back to DWP. Devolution of jobcentres would pose additional complications not present for the devolution of employment support for a group – those inactive due to ill health – which doesn't have work search requirements. It is therefore outside the scope of this report. However, the piloting and planned roll-out of a new Jobs and Careers Service to potentially replace Jobcentre Plus should be used to test the benefits and risks of more local control over jobcentres.

3. DWP and strategic authorities should agree a clear outcomes framework linked to the integrated settlement

Alongside devolving funding and responsibility for employment support to strategic authorities, a clear framework must be in place to assess whether employment support is delivering the desired outcomes and good value for taxpayer money. The metrics should be outcomes, rather than inputs or outputs, wherever possible to avoid activity being overspecified by central government and reduce the risk of 'gaming'. It is welcome that many of the employment support metrics in GMCA and WMCA's integrated settlement outcomes framework for 2025/26 are focused on outcomes, rather than narrow inputs and outputs.

Accountability should run through the outcomes framework set as part of the integrated settlement. Linking accountability to multi-year funding agreements will enable a focus on longer term outcomes. This is particularly important for employment support focused on those furthest from the labour market, who are more likely to need sustained, tailored support over a prolonged period to get into work. This accountability framework must be sufficiently flexible and sophisticated to reflect the dynamic nature of the labour market.

A key concern about devolution of employment support is that it could increase the variation in the support available across the country, with the risk of some areas having very poor provision. The *Pathways to Work* green paper proposed addressing this risk by building towards a “guarantee of personalised employment, health and skills support for anyone on out of work benefits with a work-limiting health condition or disability who wants it”.⁴ This echoes the Institute for Employment Studies’ recommendation of an ‘employment support guarantee’.⁵ While clearly setting out a minimum offer of provision that people should have access to could be valuable, it will be important that this ‘guarantee’ is defined as broadly as possible. The risk of a highly specified ‘employment support guarantee’ for local areas is that it unhelpfully drives a focus on inputs over outcomes and constrains local design and delivery of support.

The terms of any guarantee should be agreed as part of an outcomes framework set alongside the integrated settlement for strategic authorities to help ensure appropriate funding is provided to deliver on the guarantee. There is a history of requirements being placed on local government without adequate funding to meet them given the level of demand. This frequently leads to rationing and acute services being funded over preventative interventions.⁶ A similar dynamic is already playing out within jobcentres. A lack of funding and challenges with recruiting and retaining staff has meant jobcentres have not had enough work coaches to meet demand.⁷ This has led DWP to reduce the support jobcentres provide, such as through shorter or less frequent appointments for jobseekers and the postponing of support for those not in the intensive work search group.⁸

Part of an effective accountability framework for devolution of power should be the ability to intervene if outcomes are not being met. Although the ‘best value’ duty and the ability to intervene when this is not being met (as happened in Cambridgeshire and Peterborough Combined Authority in 2023) is a more long-standing mechanism for doing this, the accountability framework for the integrated settlement is in the early stages of implementation. Getting this framework right is a challenge across the breadth of devolution, not just employment support, but will be vital for ensuring effective accountability.*

Through a clear outcomes framework for devolved employment support, DWP should feel more comfortable taking the risk of giving local areas greater responsibility for employment support. This set up will allow DWP to take on the role of ‘system

* This will be explored further in upcoming IfG work on the integrated settlement.

stewardship^{9,10} – setting clear outcomes and empowering local areas to deliver them while also having a mechanism for holding them to account if outcomes are not being delivered.

4. Central government should support and adequately resource strategic authorities to build capability to design, commission and evaluate locally delivered employment support

Strategic authorities' capacity has increased significantly in recent years.¹¹ However, the centralised approach to employment support to date means that they are less likely to have the necessary capability to design and deliver employment support compared to other policy areas. This challenge is exacerbated by the context of local authorities, which will be key to employment support delivery, having experienced deep cuts to funding over the past 16 years¹² and a 31.5% reduction in headcount between 2012 and 2023.¹³

Further devolution of employment support will therefore need to be accompanied by efforts to build the necessary capacity and capability in strategic authorities. This was recognised by DWP in its submission to the 2024 Work and Pensions Committee inquiry into devolution of employment support, where it said the department would “need to be assured that any areas it delegates delivery to have a minimum capability and capacity and a governance plan to address issues and risks”.¹⁴ Submissions from the majority of strategic and local authorities also acknowledged capacity as a potential challenge for greater devolution of employment support to them, and the Local Government Association (LGA) identified capacity as the “most significant” challenge.¹⁵

It is important that strategic authorities are prepared to design and deliver employment support when it is devolved. But making devolution of responsibility dependent on strategic authorities having the full, necessary capability in place risks creating a catch-22 situation: strategic authorities can struggle to develop the necessary capability within a centralised system, while the system cannot be decentralised until the necessary capability is built up. This points to the need for close working between DWP, the Ministry of Housing, Communities and Local Government (MHCLG), and strategic authorities to help develop the necessary skills and capability alongside devolving responsibility.

While there will be variation in the specific capacity gaps faced by different strategic authorities, some of the gaps that should be filled to enable effective devolution include:

- Strategic policy capability to design a local offer
- Commercial expertise to support commissioning and contract management
- Analytical capability to ensure a data-led approach to targeting support and evaluating interventions.

A benefit of devolution is the ability to design an employment support offer that is tailored to a local labour market and joined up with other services. Doing this well requires policy design expertise, but this will be limited in some strategic authorities. This is a challenge faced across devolved responsibilities, including local growth.¹⁶ The process of developing local Get Britain Working plans, as all areas of England have been required to do,¹⁷ should have helped strategic authorities build greater policy expertise in employment support and identified gaps in policy capability that need to be filled.

Effective commissioning of employment support is crucial to ensuring the service provided is focused on delivering the desired outcomes. To do this well, strategic authorities should build appropriate commercial expertise to harness the benefits of strong local connections with providers, including in the voluntary sector, while ensuring good value for money. This expertise is important not just at the commissioning stage, but also as part of contract management to ensure that desired outcomes are actually achieved.

Having strong analytical capability will be vital in the policy making process in providing data on the local labour market and estimating the impact of potential policy options. A strong analytical function will also be important for monitoring and evaluating local employment support to enable a test and learn approach and provide insights that could help improve employment support across the country. However, central government should continue to play a strong role in sharing this learning.

The extent of gaps in capability in strategic authorities will vary. Areas with experience of having responsibility for employment support – or potentially related policy areas such as skills – are likely to be better equipped. Greater Manchester, for example, has a long history of devolution of a range of powers, including employment support through experience such as taking on responsibility for the Work and Health Programme. Others may have very few people with any experience designing employment support – which is a particular risk to effective devolution. London Councils has highlighted challenges with the roll-out of the Work and Health Programme where it was devolved in parts of London “due in part to the lack of experience in designing and managing large cross-borough employment support programmes”.¹⁸

Each strategic authority that takes on responsibility for employment support should work with DWP to develop a plan for ensuring adequate capability is in place across key domains. DWP should support capability building in strategic authorities; for example, through training, advising on the use of labour market data and providing contract document templates. DWP should also play a role in facilitating knowledge sharing between strategic authorities as they build up their capability, potentially working with the UK Mayors Group to do so.

DWP should also consider a wider secondment scheme for civil servants to work in strategic authorities, and vice versa.¹⁹ These kinds of secondments already take place across a range of departments – but with officials in DWP more dispersed around the whole of England than almost any other department, DWP is particularly well placed

for secondees to bring relevant experience across a range of domains (such as running a jobcentre or commissioning regional employment support), alongside knowledge of a local area. A secondment scheme would not remove the need to develop permanent capability, but it would facilitate knowledge sharing and at a minimum provide additional temporary capacity. Some secondees may of course move into permanent roles in strategic authorities. A secondary benefit to DWP could be that a scaled-up secondment scheme may help the department meet its ambitious plans to cut its administration budget by 15% over this parliament.²⁰ However, this secondment scheme should also provide opportunities for strategic authority officials to work in DWP, supporting knowledge sharing in both directions.

5. DWP should support and co-ordinate evaluation of devolved employment support to ensure learning from local innovation is captured and shared

A strength of DWP's centralised approach to employment support in the past has been the ability to set up large-scale evaluations of programmes with quasi-experimental or even randomised control trial formats, using data collected through these large programmes. Conducting robust evaluations can be more difficult on a smaller scale. However, devolution of employment support should not mean disregarding the evidence for what works – both past and future evidence. Indeed, a key opportunity of devolving employment support is the chance to assess the impact of different approaches and share learning to inform local design and delivery of employment support,²¹ alongside evidence from evaluations of past national programmes.

To do this well, DWP should support local areas to put in place robust plans for evaluation as a key part of its 'system stewardship' role. These evaluation plans should be agreed upon upfront to avoid additional complexity for local areas after they have begun designing and delivering employment support locally. This may include deciding whether procured evaluation support, or further central DWP evaluation, is needed. Where possible, these evaluations should aim to look at relevant health outcomes alongside employment outcomes.

A tender for a 'What Works Centre (WWC) for local employment support' was published in January 2026,²² following its mention in DWP's Evidence and Evaluation Strategy.²³ The idea is for it to operate as a "central evidence 'hub'" – convening key partners, synthesising existing evidence and evaluating innovative intervention. There are examples of such centres performing an invaluable role in ensuring interventions are supported by a strong evidence base. For example, an evaluation of Family Group Conferencing co-ordinated by 'Foundations', the WWC for children and families, showed it to be an effective intervention that played a key role in unlocking significant funding for the wider roll-out of the intervention.²⁴ The WWC for local employment support should play a leading role in co-ordinating evaluation across different areas, ensuring opportunities to improve the evidence base are taken and that learning is shared. However, the WWC is unlikely to be operational until late 2026 at the earliest, meaning that DWP will need to continue playing a more proactive role in supporting evaluation and sharing learning in the interim.

Good labour market data is important for planning effective employment support. However, falling response rates to the Labour Force Survey have meant this key data source is less likely to reflect trends in employment rates and economic inactivity accurately.²⁵ DWP has large amounts of other relevant data, much of which is shared publicly. However, it has been criticised in the past for not publishing some potentially relevant, local-level data that it holds – for example, on jobcentre demand and performance.²⁶ Policy in Practice said in 2025 that DWP shares data on only 40% of Universal Credit recipients for an average council, despite having the powers to share 100%. The DWP's previous commitment to share 100% of this Universal Credit data by 2026, or the system that will allow that, has now slipped to 2027.²⁷

There has been progress over recent years in using data to drive decision making, including through its Employment DataLab,²⁸ which provides impact assessments for organisations supporting people into or to progress into work. One of the principles in DWP's data strategy is that "fluid data exchange is the norm". Adopting this open approach to data sharing with strategic authorities will be vital for ensuring effective design of employment support and robust evaluation of them.

6. Strategic authorities should explore a 'single front door' approach to improve engagement with employment support

No single employment support programme will be suitable for everyone who is out of work due to ill health. This means that a patchwork of different initiatives – including health interventions or skills training, alongside more standard employment support interventions – is inevitable. Indeed, DWP has said that this diversity of support is a "strength".²⁹ However, a barrier to engagement highlighted by many interviewees is that people find it difficult to navigate this patchwork and identify what support is available that is suitable for them.

To address this, employment support should explore taking a 'single front door' approach. This means people who are looking for help with finding work have an accessible and open route through which they can be matched with appropriate support and helped to navigate the various elements of support they may access. DWP recognises this, saying that people need help to "understand the options and identify the best support available for their needs and to help people to connect to that support".³⁰ The 'new support conversation' outlined in the *Pathways to Work* green paper will help to signpost people to the right support, potentially fulfilling part of this role.

An effective single front door and navigation system must have a number of features. It must be able to identify the needs of people who are out of work, knowledge of the support available to them and be able to connect them to appropriate support. It should enable people to engage constructively with support, at the point of initial engagement – but also ideally through an individual's journey towards employment, as they potentially navigate a range of services. It should be accessible to people with a range of disabilities and health conditions. Another key benefit of a simplified single point of access for support could be making referral more straightforward, which could potentially increase the range of sources beyond jobcentres that refer people for support.

In some respects, work coaches in Jobcentre Plus, such as those in new 'Pathways to Work adviser' roles, would be well placed to do this. Jobcentres are well established with existing staff who have training in identifying people's needs and access to some of the data to enable this. The planned transition to a new Jobs and Careers Service could also be an opportunity to introduce this function. However, there are also disadvantages to giving this role to jobcentres. Negative perceptions of DWP are a barrier to engagement, so having a DWP operated 'single front door' might make people less likely to walk through it. In addition, jobcentres are managed directly by DWP, and in some cases are insufficiently integrated with local government services and the NHS.

A local government delivered service may be less likely to face these barriers. However, any organisation taking on this 'single front door' responsibility will need to set up a new, proactive approach of reaching out to this group, given they do not have any conditionality requirements that mandate regular contact with jobcentres or other employment services. Indeed, the new Pathways to Work advisers were asked to do just that in September 2025³¹ – although it's unclear how many people they have contacted.

Some have suggested government should build a 'digital front door' for employment support.^{32,33} The ability to get further information and advice online should be part of the solution to this problem. But an online front door will not be appropriate for everyone, given the range of health conditions and disabilities people have, and varying levels of access to digital platforms. Additionally, it may be difficult to have accurate, up-to-date information about the local services available (although local government should try where possible to make this information easily available online). Importantly, the evidence shows people seeking employment support value conversations and the chance to build rapport with an individual³⁴ – something a digital platform cannot do. A digital front door may be part of the solution, but it should not be the full extent of it.

This approach echoes the 'one-stop shop' recommended by the Local Government Association's 'Work Local' proposal³⁵ and the approach being taken in north-west London provides a model for how a 'single front door' could be implemented. The West London Alliance, a partnership between seven London borough councils, commissioned Shaw Trust to provide this 'single front door' service.³⁶ Planned at a north-west London sub-region-wide level, this is DWP-funded but then delivered on a smaller scale in partnership with local authorities. Shaw Trust has leveraged its expertise delivering a range of national employment support programmes, and relationships with local providers, to navigate people to the appropriate support.³⁷ The Live Well initiative in Greater Manchester (described earlier) is also a good example.

This single front door should be accessible at a local level. As outlined above, this could be through jobcentres – depending on changes to conditionality and whether DWP is able to improve trust in jobcentres. Alternatively, this service could be delivered at a local authority or neighbourhood level, close to where people live and the other services they use to make it accessible. However, designing and potentially

commissioning this single front door at a strategic authority level would enable better co-ordination with NHS services through a coterminous ICB, employers across the region and specialist services (such as those provided by a hospital or further education college), which might exist in the strategic authority area but not in a single local authority.

7. The economic inactivity trailblazers should prioritise understanding how to improve engagement with employment support

The government's expanded employment support offer for people out of work due to ill health will only translate into improved employment outcomes if government can increase engagement with this support. This is true whether it is nationally or locally led. However, at present, government does not have a clear strategy for exactly who it intends to reach with this support, or indeed how to increase engagement with it.

The Economic Inactivity Trailblazers being run in eight areas across England and Wales are a big opportunity to better understand how to improve voluntary engagement, through assessing the impact of different approaches being taken in different areas. If negative perceptions of DWP and Jobcentre Plus are key contributors to low levels of engagement, then we might expect to see higher levels of engagement with non-DWP delivered support – for example, local government-led programmes, such as those being trialled through the trailblazers. However, it is likely that negative perceptions of DWP would also indirectly reduce engagement with non-DWP-led employment support. This is partly because people's negative experiences may be viewed as being towards employment support generally, rather than DWP specifically, but also because the patchwork of employment support available means it's unlikely people will have a comprehensive understanding of which support is DWP-led and which is not. Mitigating this effect would likely require non-DWP provision to be very clearly labelled as such.

Although there are some reasons to expect engagement with non-DWP-led provision to be higher than DWP provision, which could be a key factor in making local provision more effective overall, there is very little evidence of whether this is true in practice. This gap in the evidence base is something the Economic Inactivity Trailblazers are aiming to address.³⁸

As part of the Economic Inactivity Trailblazers, and devolution of employment support more widely, DWP and strategic authorities should seek to better understand how to better engage different groups of people. This could include what works for engaging those who have recently become economically inactive due to ill health – and likely stand a better chance of getting back into work – and the large proportion who have not been in work for multiple years and are generally much further from the labour market.

One way in which some of the Economic Inactivity Trailblazers have been seeking to improve engagement is through delivering 'hyperlocal' employment support in small local venues. Almost 80% of people who are out of work due to a health condition or disability say they would be more likely to access employment support if it were available closer to home.³⁹ Given the impact of many health conditions on a person's ability to travel, this is not surprising. In 2016, the NAO estimated that the average journey time on public transport to a local jobcentre was 25 minutes in England.* This is longer than for many other key services that people use, such as the closest GP surgery (11 minutes) or the local town centre (22 minutes), but is closer than the nearest hospital (37 minutes).⁴⁰ This suggests that delivering employment support outside of jobcentres in more local settings, such as community centres or primary care, would bring support closer to where people live and could improve engagement.

However, the aim of this more hyperlocal approach is not only to offer employment support that is physically closer to home, but in locations and venues that people in a given local community feel comfortable going to. In these cases, local knowledge of not only the existence of particular venues, but also how suitable they are to encourage engagement from local people, is valuable – and difficult to replicate at a national or regional level. However, there is no direct evidence about the benefits of this approach. This gap in the evidence is something the Economic Inactivity Trailblazers should attempt to remedy.

8. DWP should embrace the inevitable patchwork of national and devolved provision, but have clear principles to help shape it

The default position should be for government to devolve employment support for those out of work due to ill health to any strategic authority that receives an integrated settlement. However, in practice the incomplete map of English devolution means that large areas of the country will not be covered by a strategic authority. These areas would ideally still benefit from more flexible funding to enable integrated, tailored employment support – but they do not have the systems for allocating this funding, and ensuring accountability for it being well spent, that strategic authorities have.

This means a mix of national, regional and local government provision of employment support will exist for the foreseeable future. Although this may mean greater complexity than either a fully national or fully devolved system, DWP must embrace this inevitable patchwork.

The biggest driver of this mixed national and local offer is the incomplete state of the map of English devolution. Just over half of England's population is now covered by mayoral devolution.⁴¹ Previously, plans had been in place for this figure to reach 70% in 2026 – but the government recently delayed plans to establish strategic authorities in a number of areas.⁴² In the years ahead, large parts of the country will not have a strategic authority to which employment support can be devolved, or the associated accountability framework around the integrated settlement. For these areas, DWP should aim to pursue a co-commissioning model – working closely with councils to

* There were substantial variations in this – with journey time being much higher for rural than urban areas (43 vs 22 minutes).

set up employment support in a way that gives these areas some of the benefits of local design and delivery, while retaining stronger oversight given the lack of structures for accountability compared to strategic authorities. Where possible, this should be done at a similar geography to that planned for future strategic authorities. This is broadly in line with the approach DWP is taking to Connect to Work in working with clusters of local authorities across a region, with one local authority acting as the 'accountable body'. DWP should use this experience to better understand the risks and opportunities of this model for local delivery, and how local areas not covered by a strategic authority can be given further responsibility for employment support where it is beneficial to do so.

In addition, DWP should have a clear set of principles to guide decisions about when it plans to retain control over an employment support programme rather than devolving responsibility to strategic authorities. For example, this could include programmes where there is: a) a strong evidence base for a high-fidelity intervention for a specific group that local areas are not set up to deliver; and b) evidence that attempts to run this differently in local areas have been less successful. Another set of principles could relate to interventions that are linked to benefits conditionality. Clarity and transparency about these principles and the application of them will be important for avoiding duplication of national and local support and in maintaining trust in DWP's commitment to greater devolution of employment support.

Conclusion

Tackling rising levels of health-related inactivity will have benefits for the economy and public finances, and for the many people facing health-related barriers to work. However, the centralised approach to employment support taken to date has not been up to the shape and scale of the challenge. This is recognised in the government's *Get Britain Working* white paper, which sets out an ambition for more local and joined-up support.

To make this ambition a reality, government should grasp the opportunity of English devolution, enabling strategic authorities to take new approaches to employment support and increase engagement from those furthest from the labour market.

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