

Areas of Research Interest framework

Final summary report

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Introduction

In 2024, the Government announced the creation of eight Economic Inactivity Trailblazers to test new approaches to address health-related economic inactivity and create more joined up health, employment and skill systems. Health-related economic inactivity is a significant challenge in the North East, with more people out of work due to ill health than in the rest of the UK.¹ The North East Combined Authority (NECA) aims to address this challenge by using more informed and evidence-based policy and delivery to improve employment support for North East residents.

Evidence-based policy making requires robust and credible evidence, however, evidence is often developed and generated to address national priorities. The creation of regional labour market evidence is needed to ensure policy and delivery are informed by robust and relevant evidence. To identify local research priorities, NECA commissioned the development of an Areas of Research Interest (ARI) framework. This co-developed framework highlights the existing evidence gaps and research priorities to deliver better employment support for residents out of work due to ill health. Three themes were identified to structure this framework:

Employers



How can we better engage employers?

People



What are people's preferences regarding employment support and job opportunities?

Systems/services



How can health, work and skills systems create a more coherent offer for people with health conditions to find and sustain employment?

This report includes:

- Background on how the framework was developed, its purpose and its users
- Key learnings about the engagement process and the existing evidence base in the North East
- An evaluation of the framework, including its limitations and opportunities, and
- Recommendations for NECA to embed the framework in their working practices.

The purpose of the ARI framework

The framework aims to identify regional research priorities related to economic inactivity. The priorities were identified and agreed by NECA, constituent local authorities, business

¹ North East Evidence Hub (2026) [Economic inactivity rate](#)

representatives, and representatives of the third sector. It is anticipated that three broad groups will use the framework for different purposes.

- **NECA and constituent local authorities:** They will use the framework to communicate their evidence needs to research organisations and delivery partners with a view to generating more robust evidence to design their policies, strategies and commissioned programmes to support economically inactive people.
- **Universities/research organisations:** They will use the framework to identify which research areas are the most valuable and provide a channel to share their findings with policymakers.
- **Third sector:** The framework will inform the design and delivery of programmes and help demonstrate their impact across the region by sharing evidence of good practices and effective approach with NECA.

How ARI frameworks can be used

There are different ways that organisations can implement and use ARI Frameworks. The ARI can be used primarily as a tool to communicate research priorities. This is the model adopted by Leeds City Council. Their ARI includes a broad high level articulation of their research priorities across a range of themes to invite collaboration from relevant organisations. In this way it provides a central portal to frame how researchers engage with the Council's policy development.² An ARI framework can also be used to create a repository of relevant research. This is the model adopted by UK government departments. Each government department sets out their current research questions to invite responses from researchers. These responses are then collated to create a publicly available evidence library.³

How the framework was developed

Defining the scope: The scope of the framework was defined in consultation with NECA and key stakeholders. The framework is focused on evidence to inform policy and delivery to support people currently out of work, and economically inactive, due to ill health to find sustainable employment. This is in line with the scope of the Trailblazer in the North East.⁴ However, the evidence needs identified across the three themes may also provide insight in supporting people with health conditions to remain attached to the labour market. This could be reviewed during the implementation phase.

Defining the three themes: The three themes (i.e., people, employers, and systems) that structure the framework do not completely align with the Trailblazer's priority areas. They were chosen to ensure relevance beyond delivery of the Trailblazer, and to be easily understandable by a wide audience of NECA's partners.

² <https://observatory.leeds.gov.uk/areas-of-research-interest/>

² CAPE (2024) [Areas of Research Interest: A Practical Guide](#)

³ <https://ari.org.uk/aris/242237>

⁴ North East Combined Authority (n.d.) [Economically Inactive Trailblazer Project](#).

Engagement process: L&W engaged with a range of policymakers, academics, representatives of public health, Integrated Care Boards, business organisations and the third sector, identified through a process of stakeholder mapping. This included one scoping workshop, eight scoping interviews, three thematic workshops, and one closing workshop. The list of organisations who engaged with the process is included in an appendix of this report. While academics and research organisations were engaged throughout, capacity constraints and changing priorities meant that their engagement was not always as significant as intended. NECA will need to strengthen these relationships in the future to ensure academics are aware of the framework and see the value in collaborating in its implementation and delivery.

Policy briefs: Alongside the development of the ARI framework L&W produced two policy briefs on effective employer engagement and people's motivations to engage with employment support. These addressed evidence gaps identified by the framework by synthesising available evidence and summarising key lessons for the North East. The policy briefs provide an example of the kind of evidence that could be generated as part of the ARI process. However, it is important to note that due to time constraints, these briefs did not include calls for evidence to synthesise local knowledge.

Feedback: Feedback was collected at the end of the development process to ensure partners had chance to provide comments on the framework. Engagement among stakeholders with feedback was varied. People with an initial understanding of the framework and its purpose were better equipped to provide meaningful feedback, while those who were less familiar with evidence and / or ARI process were less confident. NECA will need to create opportunities to raise awareness of the ARI and seek feedback from partners, who may wish to contribute further as they learn more about how the ARI can be used.

Evidence in the North East

Existing evidence

Participants in the workshops and interviews described a broad and well-established evidence base underpinning activity on health-related economic inactivity, including:

- National and regional datasets on labour market participation, health, skills, and deprivation
- Local administrative data and labour market intelligence
- Programme evaluations and commissioned research
- Qualitative insights from frontline delivery and lived experience.

Alongside these formal sources, there was a substantial body of practice-based knowledge held within local authorities, the Voluntary, Community, and Social Enterprise (VCSE) sector, and delivery organisations. However, while the volume and diversity of evidence were considerable, participants consistently emphasised that it was fragmented and unevenly distributed.

Evidence is typically used in a pragmatic and applied way, combining quantitative and qualitative sources to inform service design, commissioning, and delivery. Stakeholders described drawing on multiple forms of evidence simultaneously, reflecting the complexity of the target group and the interaction between health, personal circumstances, and local context.

Evidence gaps

Stakeholders identified key evidence gaps that they wanted the ARI to address which informed L&W's development of the framework. This included:

- **Limited insight into people's motivations and preferences:** While practitioners have strong on-the-ground understanding, this is rarely captured in a systematic or intersectional way.
- **Place-based variation:** Differences within the North East are often highly granular, with significant variation at neighbourhood level. These differences are not represented in national data sets or evaluation reports.
- **Employer behaviour:** Recruitment practices, expectations, and bias play a critical role but are underrepresented in existing evidence.
- **System coherence:** Effective integration depends on structures, processes, and cultural factors, including governance, referral pathways, and relationships

The need for intersectional approaches

Stakeholders identified the importance of moving beyond narrow or categorical understandings of the target group. Health conditions alone are not a sufficient basis for understanding motivations or barriers. Instead, outcomes are shaped by a wider set of interacting factors, including:

- Transport and infrastructure
- Childcare and caring responsibilities
- Financial circumstances and benefits systems
- Mental wellbeing and stability
- Local labour market conditions.

This points to the need for a more intersectional and whole-life approach to evidence generation and use.

Fragmentation and siloing

A central and consistent message from stakeholders was that the primary challenge is not a lack of understanding about what works, but the **difficulty of sustaining and building on that understanding over time**. Practitioners and organisations already hold substantial knowledge about effective approaches, but this knowledge is rarely consolidated into formal evidence and is frequently lost due to system instability. These dynamics disrupt continuity, undermine trust, and make it difficult to build a cumulative evidence base. Differences in evidence cultures between sectors further complicate shared learning.

Much of the most valuable insight exists in tacit or localised forms, such as practitioner experience and service-level data, rather than in synthesised or transferable formats. As a result, knowledge about what works is often held within organisations or individuals, rather than accessible across the wider system. Organisational change and staff turnover creates further risk that this tacit knowledge is lost.

Evidence on effectiveness tends to focus on individual programmes rather than long-term or cumulative outcomes. Evaluations are typically programme-specific and time-limited, with limited system-level evidence on how integration influences outcomes.

Implications

The implication for the ARI framework is that research priorities should not only address specific gaps in knowledge, but also the conditions under which evidence is generated, shared, and sustained. There is a need to understand how effective practice can be maintained over time, and how evidence can better reflect the complexity of people's lives, places, and systems.

Definition and hierarchy of evidence

The ARI framework identifies the research priorities for what evidence is needed to inform policy on addressing economic inactivity in the North East. However, when commissioning and evaluating the evidence generated in response to the ARI, NECA also needs to consider the type of evidence that is most useful to inform their policymaking. French and Hawkins (2024) categorised evidence into three different types to consider when designing an ARI:

- **Scientific evidence:** This assumes a hierarchy of evidence, ranging from experimental designs and systematic review to cross-sectional designs and case studies.
- **Narrative evidence:** This involves evidence that provides context and focuses on a particular question.
- **Experiential evidence:** This involves capturing the direct lived experience of people.

It is often expected that the kind of evidence that is collected and generated by an ARI framework should be *scientific evidence*.⁵ This is intrinsically linked to the purpose and nature of ARI frameworks which aim to inform “evidence-based policy”. The foundation of evidence-based policy assumes a hierarchy of evidence informed by medical studies. Experimental designs are seen as the gold standard with other types of evidence considered less “robust”. However, evidence-based policy as a concept has also been criticised, as it often fails to grasp the complexities and nuances of real-world policymaking.⁶ Furthermore, experimental designs are often not possible at a regional level due to constraints such as smaller sample size or a lack of resources. This is reflected in our assessment of existing evidence in the North East where there is considerable tacit local knowledge that needs to be synthesised and made more widely accessible. A wider definition of evidence is therefore likely to offer more substantive guidance for policy making. A guide on how to assess the reliability of evidence is included as an appendix.

⁵ CAPE (2024) [Areas of Research Interest: A Practical Guide](#)

⁶ Greenhalgh, T., & Russell, J. (2009) [Evidence-based policymaking: a critique](#)

Evaluation of the process of ARI framework development

Engagement process

Stakeholders were provided with the opportunity to provide written feedback on the draft ARI framework and to attend an online workshop to provide reflections on the process. Overall, participants were positive about the engagement process and felt that it had been constructive and worthwhile. Several stakeholders noted that they could see their input reflected in the framework, suggesting that the process successfully captured a range of perspectives and insights.

Key strengths of the engagement process included:

- **Breadth of engagement methods:** The combination of workshops and one-to-one interviews enabled both depth and range of input
- **Constructive dialogue:** Workshops supported open and candid discussion, with participants willing to reflect critically on both evidence and system challenges
- **Relevance of the themes:** Stakeholders broadly endorsed the framing of the ARI themes and research questions
- **Iterative development:** The process allowed for refinement over time, with later stages building on earlier insights.

However, a number of limitations were also identified through stakeholder feedback and reflections on the process.

- A key constraint was **timing**. The engagement process took place alongside a range of other regional and national activity, including funding cycles, strategy development, and programme design. This limited the capacity of stakeholders to engage fully and consistently throughout.
- Related to this, **participation was at times shaped by availability**, which may have limited the extent to which all relevant perspectives were represented across each stage. While those who engaged were knowledgeable and relevant, **there were some gaps in representation**, and participants reflected on whether the full range of relevant stakeholders was consistently involved across all stages.

Participants highlighted several areas where engagement could have been strengthened:

- **Greater involvement from a wider range of stakeholders**, including: VCSE organisations, academic and research partners, data and evidence teams within local authorities and NECA

- **Stronger integration with existing regional forums**, to avoid duplication and ensure alignment with ongoing work
- **More opportunities for collective sense-making**, rather than relying primarily on one-to-one engagement.

In practice, factors such as staff changes, competing priorities, and end-of-year pressures influenced the extent to which this could be achieved. However, these factors also reflect the wider system conditions within which the ARI is intended to operate.

Overall, the engagement process can be seen as effective in generating a robust and credible framework, **while highlighting important lessons for future work** around timing, stakeholder selection, and system ownership. These findings reflect the complexity of coordinating engagement across a large and evolving regional system.

Engagement process of people with lived experience

Direct engagement with people with lived experience was not undertaken as part of the ARI development process. Stakeholder views on this issue were mixed on the need to engage people with lived experience in the ARI process. While there was strong support in principle for incorporating lived experience, participants questioned how and at what stage this should take place. There was a view that:

- Engaging people with lived experience in defining high-level research priorities may be challenging, as these can feel abstract and removed from immediate concerns.
- The value of lived experience is often greater in generating data (e.g. through qualitative research, case studies, participatory methods), testing and validating findings and informing service design and delivery, rather than strategic framing.

Participants also noted that lived experience is often already represented indirectly through VCSE organisations and frontline services, which hold close relationships with communities and service users.

Opportunities for the framework

Participants were broadly positive about the potential of the ARI framework to improve how evidence is used across the North East system. In particular, the ARI was seen as offering several opportunities:

- **Clarifying shared research priorities**, providing a common reference point for stakeholders
- **Strengthening alignment between policy and research**, particularly for academic partners seeking to understand regional needs
- Supporting more strategic commissioning of research and evaluation
- Providing a structured way to identify and articulate evidence gaps
- **Acting as a “check and challenge” tool**, prompting greater reflection on the role of evidence in policy and programme design.

There was also recognition that the ARI could help increase the visibility of evidence and create clearer pathways between research and decision-making. This aligns with wider evidence that ARIs are intended to act as a bridge between research and policy, helping to strengthen connections between policymakers and the research community.⁷

Considerations for strengthening the framework

Participants identified a number of areas where the ARI framework could be strengthened to maximise its usefulness and impact. **A central theme was the need for clarity on implementation, including how the framework will be used in practice and by whom.**

Key suggested improvements included:

- **Clarifying ownership and governance** through clear identification of where the framework sits within NECA, defined roles and responsibilities across partners and an appropriate level of senior engagement. This was seen as critical to address concerns about capacity constraints across the system, including limited time and resource for evidence generation, analysis, and use as well as variation in capability between organisations.
- **Aligning the ARI with existing evidence infrastructure.** Stakeholders recognised that evidence and data systems were currently fragmented with evidence held across multiple organisations and platforms, and limited interoperability and data sharing. However, [The North East Evidence Hub](#) was highlighted as a valuable resource which successfully synthesised multiple data sources. Consideration was therefore needed on how to align the ARI with the evidence hub.
- **Aligning the ARI with policy and commissioning cycles.** A key identified challenge was the difficulty in aligning evidence with decision-making timelines, with evidence often produced too late to inform key decisions and commissioning cycles not aligning with research timelines. Forward planning was therefore needed to ensure that updates and outputs are timed to inform key decision points such as succession planning following year two of the Economic Inactivity Trailblazer.
- **Strengthening visibility and accessibility** by presenting the framework in formats that are usable for different audiences and by ensuring transparency in how it is applied. This was informed by the recognition that there was substantial variation in evidence-use culture, with differences between sectors and tension between evidence, experience and political priorities.
- **Ensuring the ARI is dynamic** and regularly updated by establishing clear processes for review and revision to avoid the framework becoming static or outdated. This

⁷ Boaz, A., Fitzpatrick, S. and Shaw, B. (2023) 'How well do the UK government's "Areas of Research Interest" work as a tool for connecting research and policy?' *Policy & Politics*, 51(2), pp. 314–330.
<https://bristoluniversitypressdigital.com/view/journals/pp/51/2/article-p314.xml>

should also include evaluating how the ARI has been used, and its potential impact on the quality of policy making.

- **Expanding and clarifying user groups** to include employer representative bodies and sector partnerships, as well as recognising the role of national government.

Recommendations

The development of an ARI framework is a welcome opportunity to embed evidence-based decision making into NECA's approach to addressing economic inactivity. However, there are key decisions that NECA and partners need to make on the ongoing use and integration of the ARI, to ensure that it achieves its intended aims and ambitions to enable more evidence based policy and practice. This reflects wider observations that while ARIs can strengthen connections between research and policy, their impact depends heavily on clear ownership, active management, and sustained engagement in practice.⁸ These considerations are set out below and then summarised as three different options for NECA to consider and implement based on their assessment of what is realistic and proportionate. The different options provide different opportunities to address the challenges outlined above in relation to creating a more coherent system, reducing fragmentation, and enabling longer term evidence use.

How to use the ARI

ARIs can be used in different ways. The ARI could be used primarily as a tool to communicate NECA's research priorities. This is the model adopted by Leeds City Council who use an ARI framework to set out their key priorities and invite collaboration from relevant organisations.⁹ An alternative approach is to not only use the ARI to communicate research priorities but also as a way to create a repository of relevant research. This is the model adopted by UK government departments.¹⁰

Using an ARI as a repository comes with significant time and cost implications but with the potential to develop a resource with long term value to NECA and partners. Conversely, using the ARI as a communication tool would be significantly easier to implement and maintain.¹¹

Ownership

NECA needs to own the ARI framework at a sufficiently senior level to ensure adoption and integration. This would sit best within the relevant programme team. However, there could be a separate function for a secretariat who have responsibility for managing communication, keeping the ARI updated and reviewing its effectiveness. This function could sit within NECA's evidence and data team or be led by an external partner. NECA's evidence and data team would have the experience and expertise to act as secretariat as well as potentially being able to integrate the ARI with the North East

⁸ Waddington, A. (2024) 'Behind the scenes of the government's areas for research interest', *Wonkhe*, 8 October.: <https://wonkhe.com/blogs/behind-the-scenes-of-the-governments-areas-for-research-interest/>

⁹ <https://observatory.leeds.gov.uk/areas-of-research-interest/>

¹⁰ <https://ari.org.uk/aris/242237>

¹¹ Recent research suggests that UK government departments do not all consistently update and maintain their ARI frameworks <https://bristoluniversitypressdigital.com/view/journals/pp/51/2/article-p314.xml>

Evidence Hub. However, they may find it challenging to prioritise the ARI alongside their existing work. Devolving this function to an external partner could make responsibilities more explicit and therefore more likely to be executed. However, an external organisation would need to be reimbursed for their participation. There is also a risk of a conflict of interest if the organisation acting as a secretariat has an interest in being commissioned by NECA to conduct research.

Wider engagement

The success of the ARI depends on meaningful engagement from the right stakeholders. A range of organisations need to be involved, including, the NHS, local authorities, academics, third sector organisations, and sector bodies. As a first step NECA should develop a stakeholder map for the ARI framework to help visualise roles and responsibilities. An example has been included as an appendix.

A small group of stakeholders are needed to support NECA with the ongoing management of the ARI. This could be achieved through setting up a new working group or by embedding the ARI within NECA's existing meeting structures. Setting up a new group would have the significant advantage of building a coalition of the willing; those who are the keenest to drive the ARI forward and act as champions. However, embedding within existing NECA structures, for example the work and health transformation group or the relevant advisory board, would help to streamline rather than add complexity as well as keep the ARI linked to strategic decision making.

Wider engagement is also needed to make sure the ARI is visible so that organisations submit evidence to the ARI and make use of the evidence that is generated. This should include engagement with community, faith-based and disability-led organisations to ensure that the views of people with lived experience are incorporated. NECA should consider a range of communication methods to promote the ARI framework, including a launch event bringing together relevant stakeholders and direct engagement with key stakeholders to ensure reach. As the framework is embedded this could also include targeted calls for evidence on particular research priorities. A priority would be collecting evidence from practitioners in delivery organisations to synthesise their tacit knowledge about what works.

Types of evidence to include

To fully embed the framework in their ways of working **NECA should consider the types of evidence to be collected and generated through the ARI process** as outlined by French and Hawkins (2024) e.g. whether this should include experiential evidence as well as scientific.¹² One approach would be to refine this over time, allowing for an initial broad evidence base before moving to a more prescriptive approach. Our suggestion is that a

¹² CAPE (2024) [Areas of Research Interest: A Practical Guide](#)

broad definition of evidence should be used given the emphasis from stakeholders on the importance of synthesising the tacit knowledge held in the region.

NECA should also evaluate the impact and effectiveness of the evidence collected.

The decision over what types of evidence to include will also inform the decision on who to engage, for example universities would become a priority partner if higher standards of evidence are prioritised. Further guidance on how to evaluate the relevance and quality of evidence is set out in an appendix.

Potential models

The three models set out below are examples of how NECA could implement the ARI framework. They are illustrative of how the different dimensions can be combined. A more resource intense model would lead to more impact, but sustainability must be a key consideration in implementation.

Option 1

NECA programme team owns the ARI framework which is published on their website. It is maintained by a new working group and used as a tool to drive forward the use of evidence in the region. The working group meets quarterly, and issues calls for evidence so researchers and practitioners working in related areas can respond. It also commissions discrete research projects where the need for evidence is strongest. This would enable the creation of a library of resources to sit alongside the North East evidence hub. The ARI could be launched through an in-person or online event to promote to key stakeholders.

This option should only be chosen if there is sufficient resource to maintain the ARI and the accompanying evidence library. If implemented effectively it would provide the opportunity to embed evidence into how NECA responds to economic inactivity, and act as an exemplar to other Combined Authorities. In particular, it would address the concerns expressed by stakeholders that the current evidence is fragmented and siloed as well as surfacing tacit knowledge held by stakeholders.

Option 2

NECA programme team has ownership of the ARI which is published on their website and appoints an external partner to act as the secretariat. This organisation sets up a new working group who are responsible for assessing the relevance of the priorities and ensuring these priorities are communicated effectively. The group will be composed of policy makers, third sector organisations and researchers with an understanding of the North East context. The group publicises calls for evidence based on the ARI and shares responses with relevant policy teams.

This option will ensure that the ARI is maintained by organisations with the right skills and experience to discuss the evidence and keep the ARI as a living document while requiring much less resource than option 1. However, it will not address the issues with

evidence being siloed and fragmented across the region or change the culture of how evidence is used.

Option 3

NECA programme team owns the ARI framework which is published on NECA's website. NECA's evidence and data team act as the secretariat, ensuring it is reviewed and updated within NECA's existing meeting structures, potentially the work and health transformation group. The ARI is used to communicate NECA's interests to researchers so they can share relevant emerging research and to inform NECA where further research needs to be commissioned. Collected evidence is shared with relevant stakeholders but not published.

This is the most efficient option. It would enable NECA to clearly communicate their evidence priorities but is unlikely of itself to lead to changes in the culture of evidence. The model could be easily scaled up and applied to other policy areas such as inclusive growth or transport.

Appendices

Appendix 1 The North East Areas of Research Interest Framework

Areas of Research Interest framework North East



Introduction

[Learning and Work Institute \(L&W\)](#) was commissioned by North East Combined Authority (NECA) to support the co-development of an **Areas of Research Interest (ARI) framework** for the region. It is a statement of research priorities that will support evidence-based policy and strategic decision making to better support people who are economically inactive due to ill health.

Purpose

The framework has been designed to:

- Guide the production and coordination of regional labour market intelligence to inform policy design and delivery
- Signal where new or improved evidence is most needed. It invites partners to align research, evaluation, and analytical activity with the identified priorities.

The framework will be refined over time as new evidence emerges and systems evolve, offering a dynamic and responsive tool for policy and practice. It has been developed through a structured and collaborative approach. More details on how the framework has been developed can be found in the appendix.

Our approach

NECA is interested in any evidence that relates to one of the three themes that compose the framework.

Employers	People	Systems/services
How can we better engage employers?	What are people's preferences regarding employment support and job opportunities?	How can health, work and skills systems create a more coherent offer for people with health conditions to find and sustain

During the initial development stage, several knowledge gaps and research priorities were identified under each theme. **These indicate broad high-level priorities for the region. They are not specific and actionable research questions.** Research projects may address several priorities at the same time, across different themes or knowledge needs.

Evidence can be defined as insights that are used to inform policy and practice. Evidence can be produced through:

- Research (e.g. empirical evidence from programme evaluations, time series analysis, qualitative studies)
- Consultation with networks/groups (e.g. call for evidence, consultation meetings, conversation with experts)
- Monitoring data and information (e.g. administrative data about residents to inform programme).

NECA wants to collaborate with other partners, such as universities, civic institutions, and third sectors to gather and generate evidence. Once the framework is finalised, you will be able to contact the designated owner if you or your organisation has evidence that relates to any of the research priorities highlighted in the framework.

Context

Health-related economic inactivity challenge

The North East is facing significant challenges in relation to employment and health-related economic inactivity.

- In the North East, 70% of working age residents (aged 16-64) are in paid employment. This is below the average UK level of 75% (excluding London).
- The proportion of [economically inactive](#) people in the North East is among the highest of all combined authorities (27% of the working age population).
- The proportion of economically inactive people has also risen significantly since the pandemic. In 2025, it was at the highest rate since 2011.
- One third of economically inactive residents report sickness as their reason for being out of work, a higher proportion than across the rest of England (excluding London).
- Disabled residents are significantly less likely to be in work than elsewhere in England. The disability employment rate is lower than in the rest of England excluding London (47% compared with 56%).
- The disability employment gap is one of the widest in the country (34 percentage points), and almost half of disabled residents are economically inactive.¹³

¹³ Sources: <https://evidencehub.northeast-ca.gov.uk/report/economic-inactivity-rate>

Policy and programmes

Three regional programmes to address health-related economic inactivity have been introduced in recent years:

- The [Health Accelerator](#) trial (launched in December 2024), aiming at boosting health and supporting people in work.
- [Connect to Work](#) (launched in November 2024), offering supported employment programmes to help people with health conditions find sustainable employment.
- The [Economic Inactivity Trailblazer](#) (launched in March 2025), bringing together health, employment and skills services to test new approaches to supporting residents with long-term health conditions.

A range of Voluntary, Charity and Social Enterprise (VCSE)-led programmes also provide support to people with health conditions.

These new and continuing programmes represent opportunities to build understanding of which models are most effective in supporting people with health conditions to find and sustain employment.

Theme One: Employers

How can employers be better engaged? What are employers' motivations, benefits and needs in relation to engaging with employment

Context

In its strategy "[New Deal for North East workers](#)", NECA has identified that strengthening employer engagement is essential for addressing health-related economic inactivity. Employers shape the conditions under which people enter, stay in or return to work, particularly those living with long-term health conditions. However, employer capability, confidence, and capacity vary widely across the region. Many employers operate in sectors with persistent skills shortages, recruitment difficulties, and limited access to occupational health support; particularly among micro, small, and medium sized enterprises (MSMEs).

The region's sectoral composition also shapes employer needs and engagement. The North East has [higher proportions of employment in health, education and manufacturing than nationally](#), alongside a large foundational economy employing many women and part time workers. These patterns influence job design, progression opportunities and the types of workplace adjustments that residents may require. Employers also face differing recruitment pressures, with some advanced manufacturing and growth sectors reporting strong demand for technical skills, while foundational sectors experience longstanding challenges around retention, job quality, and workforce stability.

Through the [Economic Inactivity Trailblazer](#), NECA commissioned several employer focused initiatives, testing new ways to support recruitment, retention, and inclusive workplace practices. Early projects include personalised employer consultations and approaches to embed inclusive cultures. Learning from these programmes will provide important insight into employer needs, behaviours, and barriers, and how employers interact with the wider health, work, and skills systems in the region.

While employers are recognised as critical partners, current insight is fragmented. There is limited understanding of what employers currently do, know or need, and where variation in capability or confidence creates barriers to engagement. There is a scarcity of evidence on how employers connect with other parts of the system, and what conditions or incentives (if any) support sustained employer engagement. New insight can help identify effective models of engagement and support the design of practical policy solutions.

To ensure evidence and research are aligned with the needs of the region, the following research priorities have been identified. These relate to the knowledge needs set out below, where the absence of robust insight prevents progress toward a more coherent and inclusive approach to reducing economic inactivity.

Knowledge needs

1	Understanding of the employer landscape and capability
Gaps	There is a patchy understanding of what employers across the region currently know, do, and need in relation to supporting residents with long-term health conditions. Insight into the employer landscape is fragmented and uncoordinated, with regional organisations (e.g. Chambers of Commerce) or industry-led groups (e.g. the North East Automotive Alliance or the Advanced Manufacturing Forum) holding strong but siloed knowledge. Programme timelines and funding cycles rarely align with employer needs, meaning they cannot be certain that a government funded programme will still be running when they next want to recruit. Existing analysis included in Local Skills Improvements Plans (LSIPs) and local plans is insightful but incomplete, leaving gaps in understanding employer capability, confidence, and capacity across the North East. Evidence points to significant variation by sector and size, particularly in HR capacity, job design, and access to occupational health support. Larger employers often have established practices and better awareness, while MSMEs typically lack specialist HR or occupational health expertise and operate under significant resource constraints. There is limited insight into what good practice exists, where capability gaps lie, and which forms of employer support have been effective, ineffective, or underused.
Research priorities	What does the current employer landscape in the North East look like by size and sector? How do employers' capabilities to support people with health conditions differ by size and sector? What do employers currently know about supporting people with long-term health conditions, and where are the gaps in capability, confidence, or resources? How do short-term funding cycles affect employers' capacity and confidence in supporting people with long-term health conditions? What employer-focused support has been effective, ineffective, or not taken up, and why? What support is most effective for sub-groups, such as people with caring responsibilities?

2

Understanding how employers interact with the health, work and skills systems

Gaps	Employers sit within a wider ecosystem that includes health professionals, the Integrated Care Board (ICB), Department for Work and Pensions (DWP), Voluntary, Community and Social Enterprise (VCSE) partners and commissioned employment support providers. Strong collaboration examples already exist, for example training providers, DWP, and employers working together through bootcamps and recruitment drives to help people with limited work history access jobs. However, employer engagement is fragmented, especially in the voluntary sector. It is not clear where relationships work well, where they break down, or what system conditions help or hinder employer participation in integrated activity. There are also significant differences depending on sectors and business size. Employers' preferences for engagement with the health and employment support system is unknown, particularly among MSMEs. The drivers of employers' engagement differ depending on their needs. Employers connect with health systems for employee retention/wellbeing and skills systems for recruitment. However, short-term thinking limits the impact and long-term benefits of their engagement.
Research priorities	How do employers currently interact with the health, work and skills systems in the North East? What are employers' attitudes towards engaging with the health and employment support sectors? Where are connections functioning effectively, and where do practical, cultural or process barriers prevent joined up working? How can fragmented employer engagement efforts can be streamlined to reduce duplication and improve coordination? What system conditions, expectations or processes support meaningful employer participation?

3

Understanding the conditions and factors that drive employer engagement and behaviour

Gaps	There is limited evidence on what encourages or discourages employers from engaging in activities that support residents with long-term health conditions. It is recognised that employers focus on short-term recruitment, which makes planning longer-term pipelines challenging. Additionally, there is a perceived risk among employers of high attrition rates from individuals with health conditions. However, there is limited evidence on how to change these ways of thinking. There is also a lack of evidence on which incentives, support, or models of engagement encourage employers to create more inclusive recruitment and offer flexible job design as well as effective health and wellbeing support. MSMEs in particular face constraints relating to time, resources, uncertainty, and recruitment pressures which undermine their ability to offer extended onboarding and employment support. Evidence is also fragmented on which incentives, support, or models of engagement generate sustained changes in employer behaviour. This is compounded by multiple agencies approaching employers separately which creates duplication and confusion.
Research priorities	What conditions, incentives, or forms of support encourage employers to participate in health, work, and skills activity in the North East? To what extent does this vary across sectors and business size? What barriers or pressures discourage employers from engaging with health, work, and skills activity in the North East? To what extent do these barriers vary across sectors and business size? Which models of employer engagement have proved effective in the North East or elsewhere, and why?

Theme two: People

What are people's preferences and expectations for work and how can they be better supported into work?

Context

Understanding people's preferences, expectations, and barriers to finding sustainable employment can help maximise the reach and effectiveness of services that support people who are economically inactive. The [North East Evidence Hub](#) already provides valuable data on residents' health, skills, job quality, and other key measures. This sheds light on which groups are less likely to be in work than national averages and the barriers they face in accessing employment.

The most effective approaches to support people into sustainable employment are already well evidenced. For example:

- [Person-centred, personalised, and holistic support is recognised as being particularly effective](#)
- Proven models such as Individual Placement and Support (IPS) and Supported Employment have been shown to be effective in different contexts and with different populations. This will be further tested through the delivery of Connect to Work in the region
- [Co-locating services in community](#) settings can improve the quality of employment support by expanding reach and improving provision of holistic support.

Through its [Economic Inactivity Trailblazer](#), NECA is also testing new approaches to support specific cohorts, including young people (16 -24 years old), neurodiverse residents, women, social housing tenants, people with mental or physical health barriers, hard to reach economically inactive people with diagnosed or undiagnosed health conditions, and parents with health conditions.

However, more granular evidence exploring the preferences and motivations of different sub-groups is needed to inform future policy and delivery.¹⁴ Health conditions are often over-generalised and wider factors which impact people's job prospects are often overlooked such as transport, housing, childcare, and financial pressures. More insight is

¹⁴ In this framework, the emphasis is on people's motivations and preferences, as these are under-researched compared to barriers.

also needed on how different characteristics intersect, how barriers vary by place, and how barriers and preferences for work vary by health condition.¹⁵

Local authorities, VCSE, and employment support providers already hold and share valuable evidence of good practice in the North East. However, the evidence is dispersed and often consists of case studies rather than more rigorous forms of evaluation. Short-term funding and political cycles undermine the development of a secure evidence base to explore the long-term outcomes of different approaches.

Knowledge needs

1	Preferences and motivations of people out of work due to ill health
Gaps	Service providers, including VCSE and local authorities, have substantial tacit knowledge about what motivates people with health conditions to find sustainable employment. However, this knowledge is not consolidated as formal evidence. There is also a lack of intersectional evidence that integrates health with race, gender, caring status, deprivation, educational background, and place. Furthermore, more granular analysis on how different health conditions interact with job requirements is needed without over-medicalising barriers to work. More insight into people's preferences about the different aspects of job quality is needed. It is known that the dimensions of job quality include terms and conditions (e.g. security or hours, pay and benefits), job design and nature of work (e.g. control at work or opportunities), voice, and representation (e.g. union representation). However, more evidence is needed on what dimensions of job quality are important for different groups of people. Self-employment was also recognised as being well-suited for some people with health conditions and/or complex barriers to work. However, employment support services are often focused on existing employment opportunities. Research on effective approaches to support self-employment and remove barriers to take up self-employment could provide valuable insights for the sector. There is reliable evidence that voluntary employment support programmes have better outcomes in terms of participants finding employment. However, more understanding of what motivates people to engage with voluntary programme is needed.

¹⁵ While understanding the impact of different health conditions on employment outcome is needed, it is important to avoid the over-medicalisation of barriers to employment. [Research](#) has demonstrated that people face many barriers to employment and those are often wider than their health conditions.

Research priorities	What motivates people with health conditions to engage with employment support programmes? How does this vary for mandatory or voluntary programmes? What job features are the most important to people with health conditions? How does this vary for different groups, e.g. by health conditions, race, ethnicity, gender, caring responsibilities? What sectors and job roles are the most appealing to people with health conditions? How does this vary for different groups, e.g. by health conditions, race, ethnicity, gender, caring responsibilities?
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2

Placed-based and neighbourhood level analysis

Gaps	Representatives from local authorities and the VCSE sector highlighted the need for a deeper understanding of how barriers and challenges vary between places and demographic groups. The employment support system is fragmented in the North East, with some places lacking access to quality employment support. Understanding where services are unavailable for residents and the impact of service deserts on the level of economic inactivity due to ill health in the region can inform future planning. Neighbourhood-level analysis can be insightful, but it is often difficult to translate into policy due to variation between areas and the challenges of scaling up local approaches.
Research priorities	How do people's barriers and motivations to work vary by geography in the North East? What explains these variations? How can the delivery of active labour market policies be better informed by neighbourhood-level analysis? What neighbourhood-level analysis is needed to inform policy development? What is the impact of service deserts on the level of economic inactivity? How far can variations in levels of economic inactivity be attributed to variations in availability of services?

3

Outcomes, effectiveness, and sustainability of employment support programme and pathways to employment in the North East

Gaps	There is currently insufficient evidence, for some interventions, on whether they lead to return-to-work or sustained employment due to short programme timescales and funding cycles. It is also important to evaluate approaches proven nationally or internationally in the North East context. Learning from approaches adapted to the local context as well as social innovation need to be more systematically captured. This will help secure longer-term funding and scale up effective interventions. For example, rural areas in the North East and in the UK can learn from interventions embedded in rural communities, such as the Northumberland Rural Employment Hubs. Short-term funding, political cycles, and programme rebranding continually disrupt: ▪ Relationship-based support ▪ Continuity of services ▪ Ability to measure long-term outcomes ▪ Trust between residents and providers ▪ Staff retention ▪ Evidence accumulation.
Research priorities	What can we learn from the current implementation of the employment hub in NECA's rural communities? How can evidence and evaluation be gathered and shared to inform policy and practice? Given the short-term funding cycles, how can the long-term outcomes of employment support programmes be evaluated? What are the barriers for measuring longer-term (5 + years) outcomes? What are the processes that can be put in place to measure long-term outcomes?

Theme Three: Systems and services

How can health, work and skills systems create a more coherent offer for people with health conditions to find and sustain employment?

Context

In its strategy "[New Deal for North East workers](#)", NECA has identified that better integration of the health, employment, and skill systems is needed to address health-related economic inactivity.

Systems are complex and dynamic, and composed of [three elements](#):

- Structures (e.g. organisations, forums, teams, targets and goals)
- Processes (e.g. how people journey through the system and how data flows)
- Patterns (e.g. attitudes, culture, tacit knowledge).

Improved system integration can lead to more holistic support for people who are economically inactive due to ill health. It can also ensure more effective delivery by avoiding competition, duplication and gaps. System integration and joined up working need to happen at all levels; strategic, managerial, and operational.

In the North East, key local strategies and the evidence hub provide information on the health-related economic inactivity context in which the systems operate. Learning from regional programmes with a focus on improving systems integration and supporting systems change (e.g. the Economic Inactivity Trailblazer, Connect to Work and WorkWell) will provide strong insight on how to foster systems change.

Partners in each system already have a strong understanding of the barriers preventing system integration. For example, joined-up working between health practitioners, employment support providers and DWP can be challenging for a range of reasons, including the lack of a common culture and language as well as practical factors (e.g. data sharing).

New insight can help overcome these barriers. From identifying good practice to trialling new ways of collaborating, research and evaluation projects can help inform practical policy solutions to foster systems change. The research priorities will be developed based on the knowledge needs set out below.

Knowledge needs

1	Understanding the health, work and skills systems, monitoring system reform and identifying factors to support system integration
Gaps	Knowledge of partners and service providers that comprise the systems will help strengthen collaboration. This is not simply about mapping the different services, it includes understanding the scope and purpose of each service and ensuring changes are captured and reflected in a single and live document. While organisations tend to understand their own systems and local activity well, regional visibility is limited. Knowledge becomes weaker across boundaries, including: ▪ Across local authority areas ▪ Between sectors (health, employment, skills) ▪ Between local and national agencies (e.g. DWP) ▪ Across delivery versus commissioning structures. While barriers are understood, factors facilitating systems change need to be further explored to ensure resources are invested in activities that truly facilitate collaboration between partners, to avoid competition and duplication.
Research priorities	Who are the key stakeholders in the North East's health, work and skills systems? What are the key actors, processes, and collaboration points across the systems? To what extent do partners across the health and work systems currently collaborate? What good practices support the integration of systems elsewhere in the UK, and could they be replicated in the North East?
2	Evaluating, learning and demonstrating the impact of a coherent system on rates of health-related economic inactivity
Gaps	The need for integrated systems to provide holistic and coherent support to economically inactive people with long-term health conditions is well evidenced. Robust evaluation is required to ensure progress is monitored and the impact on people who are the beneficiaries of the systems is documented.

	Shared system level outcomes and a robust data infrastructure can help evaluate progress, identify best practice to facilitate integration and support longer term strategies. Residents' voices are also critical to identifying what works well and areas for improvements as well as evaluating system change. It is therefore important to develop mechanisms to engage residents with lived experience. Residents' voices are a powerful information source to assess whether people in the North East have access to a coherent offer and are supported meaningfully to get closer to work.
Research priorities	What system-level outcomes can be tracked to measure the impact of system change? What outcomes could be shared across public health, local authorities, and VCSE to measure system change? What factors/parts of the system are driving improvements in health-related economic inactivity? How can residents' voices be embedded in the evaluation of systems change? What are the mechanisms that support better integration of residents' experiences?

3

Attitudes, culture, knowledge and behaviours needed for better system coherence.

Gaps	Systems change requires changes in people's attitudes, behaviours, and understanding. Competing priorities and differing languages and culture can undermine systems change. However, there is currently a limited understanding of which attitudes, culture, knowledge, and behaviours are the most important. Understanding barriers that prevent behavioural and attitudinal change is needed, as well as how pressure, fear of risk, and organisational constraints shape behaviours. Systems dynamics are likely to differ across the different contexts with the North East, including rural, coastal, urban, and deindustrialised areas. This requires a nuanced and deeper understanding tailored to the local context.
Research priorities	What are health practitioners' attitudes and constraints towards work and employment support? What are the most effective practices to ensure health practitioners refer people to employment support? Do health practitioners in the North East trust the employment system?

What is employment support providers' understanding of health conditions and health sector? What are the best practices to improve their understanding and connections with the health sector?

Which programmes and activities are the most successful in changing behaviours and attitudes that support system change?

Methodology

The ARI framework was developed through a structured and collaborative approach that brought together existing evidence, local insight and cross-system collaboration. The methodology aligns with the [CAPE ARI framework](#) and good practice [guidance from the Office for Science](#) while being tailored to the specific needs of the North East.

1	Evidence and system review	Rapid review of strategic documents and local labour market data to build a shared understanding of health-related economic inactivity in the region. This included developing high-level system and stakeholder maps.
2	Scoping engagement	Early engagement with stakeholders helped to shape the ARI's focus. This included a scoping workshop with North East CA and representatives of local authorities and a series of in-depth interviews with representatives from health, work, skills, employers, academia and the VCSE sector.
3	Thematic workshops	Three thematic workshops, aligned to the ARI's themes (Employers, People and Systems Coherence). Workshops focused on where evidence gaps lie and which research priorities would make the greatest difference to reducing health-related economic inactivity.
4	Refinement of research priorities	Insights from the workshops, scoping activity and labour market analysis were synthesised into a long-list of potential research priorities. These were assessed against feasibility, relevance and alignment with North East CA's ambitions, then refined into a small number of research priorities for each theme.
5	Production of the framework	The final ARI document brought these elements together. It sets out the three themes, the research priorities, and the evidence context, providing a clear and coherent statement of the region's research needs. It is designed to support collaboration, guide future inquiry and strengthen evidence-informed policymaking across the North East.
6	Learning and evaluation	A light-touch evaluation will explore how well the ARI approach supports evidence use in practice, informing how the model might be sustained and improved over time.

Appendix 2 Evaluating and using evidence generated by the ARI

NECA will need to agree a process to evaluate the evidence generated by the ARI. This could include three aspects:

- Evaluating the robustness of the evidence produced
- Evaluating its accessibility and relevance to inform policy and practice
- Evaluating its actual impact on policy and practice.

Key considerations for this process are outlined in the next section accompanied by a diagram of the evaluation process.

Robustness and reliability of the evidence

A judgement on the reliability of the evidence needs to be made. Research published in academic peer-reviewed papers can often be regarded as reliable and robust. When research or evidence has not been peer reviewed, further consideration is needed to ensure its reliability, credibility, and replicability. Different tools exist to evaluate the quality of different types of evidence. This includes the [Youth Endowment Fund Evidence Quality Assessment](#) to assess primary research or the [CASP checklist for evidence reviews](#). These provide structured questions to test the quality of evidence, for example whether the researchers have clearly explained the research design and whether recommendations are clearly based on the evidence provided.

Relevance to inform policy and practice

It is important to understand whether the evidence addresses one of the key gaps outlined in the ARI framework.

- This could be achieved by asking the organisation generating the evidence to link their submission to the relevant evidence gap.
- Alternatively, this could be completed by the owner of the framework and the working group.

If the evidence is not directly relevant to a gap identified in the ARI, the team will need to further explore its policy relevance. This could be achieved by engaging with strategic partners to explore whether or not this evidence provides useful information for their policy and delivery teams. If the evidence is not in line with any of the strategic priorities, it is unlikely to be useful at this stage. However, it may become useful as and when priorities change.

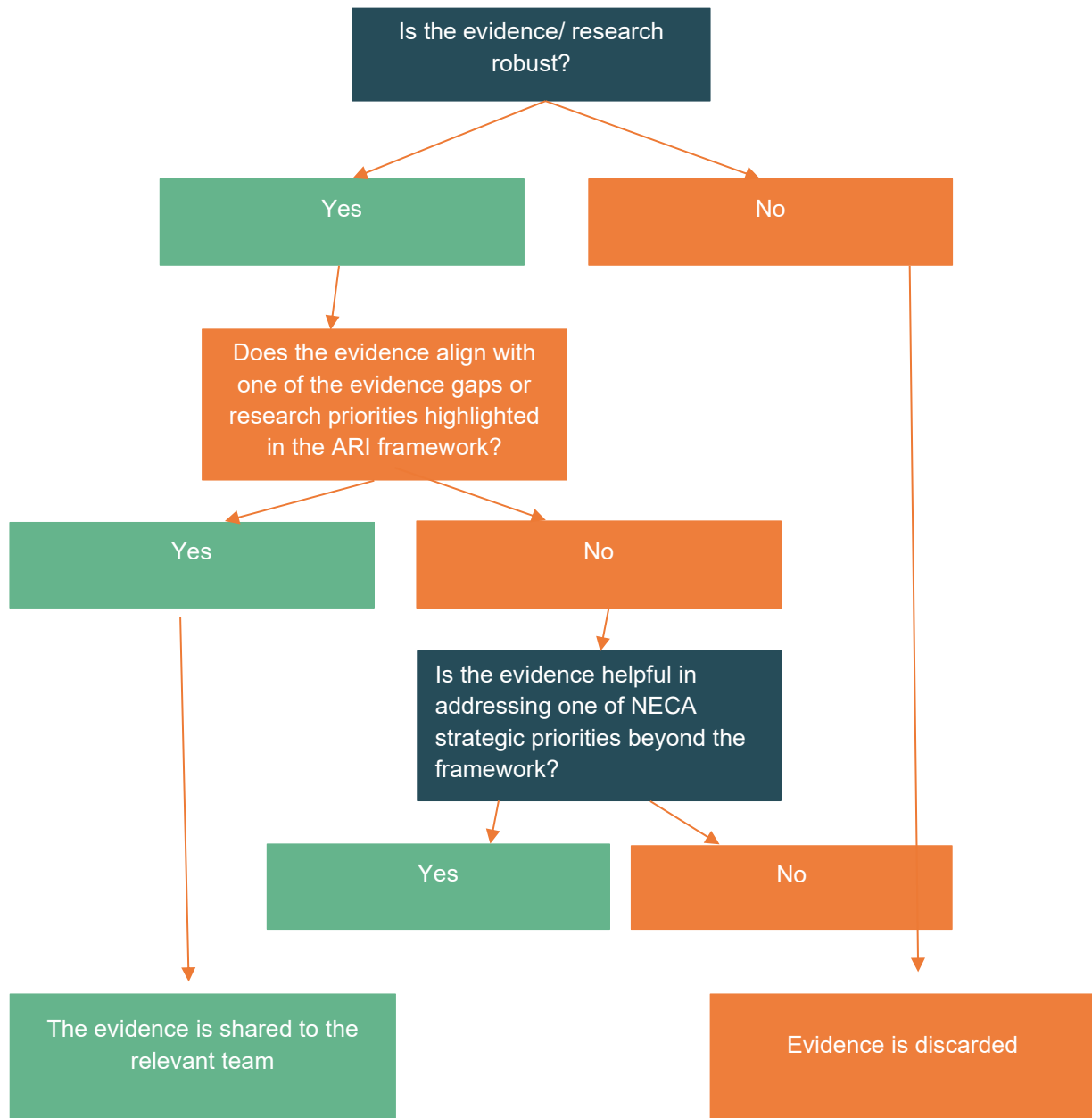
If the evidence aligns with one of the strategic priorities and addresses one of the gaps highlighted in the framework, the evidence needs to be communicated to the relevant team in a timely manner. Evidence may be time sensitive, so the team should ensure they have clear communication channels with relevant organisations.

Impact of the evidence

The ARI framework is potentially a powerful tool to better align evidence and research. However, evaluation is needed to fully understand whether the evidence generated is having a positive impact on policy making. Measuring the impact of research projects is widely acknowledged to be complex and challenging. A useful starting point may be the [indicative list of outcome indicators to track research policy impact](#) produced by UCL. This includes, for example, the impact on shaping the policy agenda, as well as contributing to the development of policy, change in policy or legislation.

In the context of the ARI framework, the owner of the framework could also manage an impact tracker which includes all the evidence received and shared internally. Once the evidence has been shared to the relevant team, the owner / secretariat of the ARI framework can ask for updates on how the evidence has informed the delivery of the policy or the programme.

Diagram to evaluate and share the evidence generated through the ARI framework



Appendix 3 Stakeholder map



Appendix 4 Organisations engaged in the ARI development process

Community Foundation North East
Department for Education
Department for Work and Pensions
Durham County Council
Gateshead Council
General Practitioner Surgery
Ingeus
Insights North East
Newcastle City Council
Newcastle College Group
NHS North of England
North East and North Cumbria Integrated Care Board
North East Association Directors of Public Health
North East Combined Authority
North Tyneside Council
Northeast Chamber of Commerce
Northumberland County Council
Office for Health Improvement and Disparities
Society Matters
Sunderland University
Tees Valley Combined Authority
Voluntary Organisation's' Network North East
Zenith Training