

Challenges and motivations to engage with employment support programmes

What can be learned for the North East?

The North East Combined Authority (NECA) commissioned Learning and Work Institute (L&W) to support the co-development of an Areas of Research Interest (ARI) framework for the region. The ARI sets out the research priorities intended to support evidence-informed policy and strategic decision making to address economic inactivity due to ill health. The Framework is structured around three overarching themes. This policy brief developed by L&W aims to address one of the evidence gaps set out under the theme People.

The authors are Jess Elmore and Jane Aston.

SUMMARY

This policy brief summarises the available evidence on why and how people with health conditions engage with employment support. Key findings include:

- **Motivation to work is widespread.** People with health conditions commonly value work for identity, self-esteem, routine, social connection, stability, and a sense of belonging.
- **Health status and readiness for work strongly influence engagement.** Participation often depends on the stability of health conditions, access to treatment, and the timing and sequencing of employment support.
- **Relationship-based and personalised support is central to sustained engagement.** Trusting adviser relationships, flexible delivery, and support that recognises the interaction between health and work help sustain participation.
- **Meaningful and relevant activity supports motivation.** Engagement improves where activities align with people's capabilities and goals, build confidence, and provide a realistic pathway towards employment.
- **Financial risk and labour market barriers affect willingness to engage.** Concerns about benefit

loss, insecure work, discrimination, and unsuitable job conditions can discourage participation even where individuals want to work.

WHAT CAN BE LEARNED TO ENCOURAGE PEOPLE'S ENGAGEMENT WITH EMPLOYMENT SUPPORT PROGRAMMES?

- **Service user outreach** should focus on rebuilding trust and countering previous negative experiences.
- **Relationship-based delivery models** are central to sustained engagement, with continuity of adviser support, manageable caseloads, and time to build trust.
- **Integration with health and community systems** improves engagement by creating credible referral pathways and reducing the need for people to navigate multiple services.
- **Clear communication that participation is voluntary** helps build trust and increase conversion from referral to active participation.
- **Flexible pacing** supports engagement among people managing long-term or fluctuating health conditions.
- **Stable provider capacity and commissioning arrangements** are important for maintaining coverage, particularly in areas where provider markets may be thin or fragile.

Introduction

This policy brief focuses on evidence relating to the engagement, participation, and experiences of disabled people and those with health conditions in employment support programmes in the UK. The emphasis is on understanding what shapes initial uptake and ongoing engagement, rather than on employment outcomes alone.

It seeks to translate the evidence into practical implications for programme design and delivery, with particular reference to the North East context. This includes consideration of how local system conditions, service capacity, geography, and existing delivery arrangements may shape both engagement and the feasibility of different approaches within the region. The methodology for the policy brief is set out in an appendix.

What stops people engaging with employment support?

Evidence consistently shows that engagement with employment support among people with health conditions is shaped by health status, system design, and the accessibility of appropriate services. Barriers to engagement therefore generally arise less from a lack of motivation and more from health limitations, financial risk, labour market barriers, and complex service navigation.

Health limitations and treatment access

Evidence indicates that it is health, functional capacity, and distance from the labour market, not lack of motivation, that primarily shape engagement. Physical and mental health limitations affecting mobility, energy, stamina, or cognition are consistently reported as the primary constraints on engagement with work and work-related activity.

A large scale survey of DWP customers found that:

- 27% of people felt they might be able to work in future but only if their health improved. People with mental health conditions were more likely to think this.
- 5% of people felt they could work right away if the right job or support were available. People with cognitive or neurodevelopmental impairments were more likely to feel this way.
- 49% of people felt they would never be able to work again, with those over 50 more likely to think this.

A substantial proportion of benefit customers therefore do not currently see themselves as able to work, while a further group see work as possible only if health improves.¹ Waiting times for treatment, ongoing symptom management, and the need for flexible pacing mean that participation in employment support may only be realistic once health conditions stabilise or appropriate accommodations are available.² These findings reinforce evidence that low participation among people with health conditions is not primarily a motivation problem but reflects genuine functional limitations.³

This does not mean that employment support does not benefit these groups. Recent research by DWP found that additional work coach support for people with health conditions had a positive

¹ NatCen & DWP, 2025a; Scottish Government, 2022a

² Newton et al., 2023; NatCen & DWP, 2025a

³ Steen et al., 2025; Scottish Government, 2018; Scottish Government, 2022a; NatCen & DWP, 2025a

impact on employment.⁴ However, it does have implications for how this support is delivered to ensure that the focus is on removing the structural barriers that prevent people working rather than deficit models of employment support.⁵

Conditionality, assessments, and fear of the system

Conditionality is now a widespread feature of the national UK benefits system. This is intended to ensure responsible use of public funds and reduce unemployment. The intention is that it will promote quicker movement into employment by encouraging job seeking behaviour and compliance with work-related requirements. However, evidence suggests that **conditionality, sanctions, and compliance-focused systems actively undermine engagement** for disabled people and those with health conditions. Work-related conditionality is widely experienced as compliance checking rather than problem-solving, with standardised full-time job search expectations dominating even where policy rhetoric emphasises tailoring.⁶ Likewise, mandatory regimes, such as ESA WRAG (Employment and Support Allowance Work-Related Activity Group) are widely experienced as punitive, stressful, and harmful for people with mental health impairments. Shaping interactions around monitoring and compliance rather than problem-solving can trigger increased anxiety, crisis, and deterioration in mental health, undermining engagement.⁷

Sanctions-backed compliance pressures create fear, stress, and defensive behaviour that undermine engagement. Fear of losing benefits, sanctions, or negative judgement from advisers can generate anxiety and encourage performative compliance rather than open communication about needs or barriers.⁸ Evidence on Universal Credit also highlights how rule-driven conditionality regimes shape claimant behaviour around demonstrating compliance rather than pursuing meaningful employment progression.⁹ **Mandatory requirements are widely experienced as poorly adapted to fluctuating conditions, particularly mental health needs.** Rather than supporting progress, such regimes can worsen mental health, erode confidence, and leave people feeling demoralised and further from work.¹⁰

These findings mean that **local employment support programmes should be designed to counter the negative experiences people with health conditions** may have had when previously accessing employment support.¹¹

System and pathway design issues

Engagement, reach, and participation are strongly shaped by both local and national service availability and system capacity, rather than individual choice alone.

Access to supported employment varies by area, with highly uneven coverage particularly for people with learning disabilities. Engagement and participation can therefore be shaped by local commissioning and service capacity as much as by individual motivation.¹² For example, engagement with Individual Placement and Support (IPS) within Fair Start Scotland has been

⁴ DWP 2026

⁵ Cabral et al 2025

⁶ Hughes, 2024

⁷ Dwyer et al., 2019; Stewart et al., 2020; Mehta et al., 2018

⁸ Baxter et al., 2024; Dwyer et al., 2019; CPAG, 2022; Mehta et al., 2018; Stewart et al., 2020; Hughes, 2024

⁹ Beck et al., 2024

¹⁰ Dwyer et al., 2019; Mehta et al., 2018; Stewart et al., 2020; Robertson et al., 2020

¹¹ Cabral et al 2025

¹² Scottish Government, 2022b

extremely limited, but this has reflected minimal delivery capacity and restricted availability, rather than a lack of demand for support of this nature.¹³ Geographic factors, limited provider presence, and fragile third sector funding constrain access and continuity of support, reducing practical reach and engagement in some areas.¹⁴

Confusion about whether support is voluntary and lack of clarity about the offer weakens early engagement. Some participants are initially uncertain or anxious about whether support is truly voluntary, particularly where they have prior experience of mandatory provision, and clear communication about the participant-led nature of support is necessary to build trust and sustain engagement.¹⁵

Pathway complexity, attrition, and the difficulty of sustaining engagement remain significant challenges even in supportive models. Even where overall feedback is positive, attrition can be substantial, with a significant minority disengaging before completing support, highlighting the importance of simple pathways, early tangible support, and realistic expectations about sustained engagement.¹⁶ The complexity of navigating multiple services can itself discourage engagement. Long or fragmented pathways, multiple steps before receiving support, and the need to interact with several different systems create cognitive and practical burdens that increase the risk of disengagement.¹⁷ This can potentially be countered by a “no wrong door” approach where integration hubs provide access to joined up support.

Poor sequencing of support can also undermine participation. Where employment-focused interventions are introduced before housing, health, or financial issues are stabilised, engagement is less likely to be sustained.¹⁸

Structural features of programme design can further limit access for those with complex needs. Payment-by-results funding models, outcome thresholds, and high caseloads can discourage providers from investing in intensive, relationship-based support and may prioritise participants who are closer to the labour market.¹⁹

Referral pathways also play an important role. Outside established clinical routes, recruiting participants with more complex or severe mental health conditions can be difficult, and weak connections between health and employment systems can reduce engagement by making pathways into support harder to navigate.²⁰

Financial risk and benefit insecurity

Perceived financial risks also discourage engagement even with voluntary employment support.

Concerns about being financially worse off, losing benefit security, or being pushed into unsuitable work act as strong disincentives to engaging with employment support or attempting work. These concerns are particularly acute in mandatory systems where participation may expose individuals to sanctions or benefit reassessment.²¹ Fear that work

¹³ Scottish Government, 2023

¹⁴ Scottish Government, 2022b

¹⁵ Newton et al., 2022

¹⁶ Scottish Government, 2022a

¹⁷ Scottish Government, 2022a

¹⁸ Bennett et al., 2016

¹⁹ Scottish Government, 2022b; Scottish Government, 2023

²⁰ Newton et al., 2023

²¹ Steen et al., 2025; Scottish Government, 2022a; NatCen & DWP, 2025a

attempts could worsen health without providing stable income further reinforces caution and risk aversion. As a result, some people approach all employment support services with negative expectations or reluctance to participate fully.²²

Skills, confidence, and labour market barriers

Skills gaps, digital exclusion, and low confidence can make re-engagement with employment more difficult. Older people and those with lower educational attainment are more likely to feel that their health condition prevents them working.²³ Practical labour market barriers also affect engagement and motivation. **Inaccessible recruitment practices, unsuitable job requirements, transport costs, and concerns about discrimination can reduce willingness and capacity to engage** with job search or employment support. Worries about managing health conditions in work and about employer attitudes further weaken readiness to move forward.²⁴

What motivates people to engage with employment support?

Evidence shows that engagement with employment support improves when programmes align with people's health circumstances, motivations, and personal goals. Participation is strongest where support is perceived as relevant, respectful, and capable of helping individuals move towards work at a realistic pace. Engagement improves where employment support is relationship-based, personalised, and responsive to people's health circumstances. Clear communication, flexible delivery, and sufficient service capacity help to create the conditions needed for sustained participation.

Motivation to work is widespread

Across studies, people with health conditions commonly value work for identity, self-esteem, routine, social connection, stability, and a sense of belonging, and many want to return to work or move closer to work when their health allows.²⁵ Many participants in part-time or reduced work express a desire to increase hours or re-engage more fully if health and support conditions permit, indicating intrinsic motivation that is conditional on being healthy enough to work.²⁶

Research with DWP customers shows that different job features also interact with health conditions and demographics to create different motivations. For some, particularly younger workers and the more highly qualified, the possibility of home working increases people's confidence in being able to consider employment. Conversely if available jobs involve lots of standing up, travelling or inflexible shifts then people are less likely to say they are able to work. However, work preferences are highly individual and dependent on a range of factors which need to be considered on an individual basis when delivering employment support. People are also likely to have different motivations depending on their age. Younger people are more likely to want a high quality job that is the start of a career while older people may want support to pivot from a previous career.

²² DWP, 2025; NatCen & DWP, 2025a

²³ Steen et al., 2025; DWP, 2025; Bennett et al., 2016

²⁴ Bennett et al., 2016; DWP, 2025

²⁵ Baxter et al., 2024; Steen et al., 2025; Bennett et al., 2016; Scottish Government, 2022b; NatCen & DWP, 2025a

²⁶ NatCen & DWP, 2025a; Steen et al., 2025

Demand for high quality voluntary support

There is a demand for supportive, voluntary provision – low uptake seems to reflect system design and suitable availability rather than a lack of motivation. High engagement in services such as Transitional Employment Services (TES) and IPS indicate that willingness to work is often present. Low uptake in mainstream provision appears to reflect issues of availability, clarity, and fidelity rather than lack of motivation among potential participants.²⁷ Higher-fidelity IPS models, supported by block or low-risk funding, dedicated staffing, and closer links with health systems, show stronger engagement than low-capacity, fragmented provision.²⁸

Early improvements sustain engagement

Perceived relevance, fit, and meaningfulness of activity sustains engagement. Motivation is linked to opportunities for meaningful, well-matched activity that builds confidence and aligns with people's capabilities and aspirations, rather than compliance with requirements.²⁹ Where activity is perceived as relevant and supportive, satisfaction is high and participants report feeling closer to work irrespective of immediate job outcomes.³⁰

Early impacts of supportive interventions commonly include improved confidence, clearer goals, and small positive effects on wellbeing, which sit on the causal pathway towards employment and help sustain participation.³¹ The evaluation of the Health-led Employment Trials similarly reported improvements in confidence, wellbeing, and perceived employability among participants, reinforcing the role of health-aware support in sustaining engagement.³²

Personalised support

Trusting, consistent relationships are the central mechanism for sustained engagement.

Across programmes, engagement is strongest where participants build a trusting, continuous relationship with a named adviser or employment specialist who listens, understands health impacts, and works in a person-centred way.³³ Evidence from locally delivered programmes such as Greater Manchester's Working Well initiative similarly highlights the importance of sustained adviser relationships and flexible, personalised support in building trust and sustaining engagement.³⁴

Relationship continuity, time to build trust, and early experiences with the service are particularly important in shaping whether people remain engaged or disengage.³⁵ Evidence shows that where people experience supportive, understanding, consistent work coaches and flexible arrangements, engagement is stronger, but these conditions are not reliably built into the system and depend on individual staff discretion.³⁶ **Participants consistently prefer tailored, person-**

²⁷ Scottish Government, 2018; Scottish Government, 2023

²⁸ Scottish Government, 2023

²⁹ Baxter et al., 2024; Mehta et al., 2018; Scottish Government, 2022b

³⁰ Newton et al., 2022; DWP, 2025; Scottish Government, 2022a

³¹ Newton et al., 2022; DWP, 2025; Scottish Government, 2022a

³² Elmore, J., Clayton, N., Gloster, R. and Newton, B. (2023)

³³ Baxter et al., 2024; Newton et al., 2022; DWP, 2023; DWP, 2025; Scottish Government, 2022a; Bennett et al., 2016; NatCen & DWP, 2025a; Newton et al., 2023

³⁴ GMCA, 2023

³⁵ Newton et al., 2022; Scottish Government, 2022a

³⁶ CPAG, 2022

centred support rather than standardised provision. This includes flexible pacing, longer appointments, and contact methods that reflect individual circumstances.³⁷

Holistic multi-component support

Holistic conversations about health, goals, and life context, rather than narrow job-search activity, support confidence and sustained engagement. This is particularly the case for those further from the labour market.³⁸

Participants value multi-component support, including skills development, help with applications, employer contact, and in-work support, rather than narrow or time-limited interventions.

Engagement is also likely to be sustained when advisers act as brokers, guides, and troubleshooters in maintaining non-judgemental relationships with employers. This support job matching, adjustments, and retention, particularly for people facing stigma or requiring the removal of barriers to enable them to access employment.³⁹

There is evidence that supporting individuals' preferences for part-time work, gradual progression, self-employment, or homeworking can be important motivators. Legitimising flexible working formats and routes can enable engagement where traditional work patterns feel unmanageable.⁴⁰ Recent policy analysis similarly emphasises the importance of flexible and gradual transitions into work for people managing long-term health conditions.⁴¹ For a significant minority, options such as homeworking can make engagement with work feel possible, provided concerns about isolation are addressed and such arrangements are seen as part of a supported progression rather than an end point.⁴²

What are the implications for programme design and delivery?

Engagement improves where employment support is health-aware, relationship-based, flexible, and clearly communicated. Programme design therefore needs to be designed based on the social model of disability, with a focus on removing barriers, recognising health constraints, reducing perceived financial risks, and ensuring that pathways into support are simple and trusted. Outreach and marketing needs to focus on rebuilding relationships of trust with potential participants.

Commented [ON1]: I don't think there is a verb in this sentence?

³⁷ Baxter et al., 2024; Steen et al., 2025; DWP, 2025; Scottish Government, 2022a; Bennett et al., 2016; Sayce, 2011

³⁸ Scottish Government, 2022a; Bennett et al., 2016; NatCen & DWP, 2025a

³⁹ Baxter et al., 2024; Scottish Government, 2022b; DWP, 2025; Wilson & Mason, 2024

⁴⁰ Scottish Government, 2022b; NatCen & DWP, 2025a

⁴¹ Scottish Government, 2024

⁴² Steen et al., 2025

Programme features associated with stronger engagement

Table 1: Evidence-informed design principles for supporting engagement in voluntary employment support programmes

Design principle	What the evidence suggests	Evidence
Design for heterogeneity, health constraints, and distance from the labour market	Engagement improves where programmes recognise differences in health status, functional capacity, age, and distance from the labour market, and where expectations about pace and outcomes are realistic rather than assuming immediate job entry.	Steen et al., 2025; Scottish Government, 2018; DWP, 2025
Relationship-based, empathetic, and flexible support	Continuity of adviser relationships, empathy, and flexible delivery support trust, disclosure of needs, and sustained engagement. These approaches often improve wellbeing and confidence before employment outcomes are achieved.	Scottish Government, 2022a; NatCen & DWP, 2025a; DWP, 2025
Clear offer, voluntariness, and simple access pathways	Clear communication about eligibility, voluntary participation, and the nature of support improves uptake and conversion from referral to participation. Integration with health services and clear referral routes further support engagement.	Newton et al., 2022; Scottish Government, 2018; Scottish Government, 2022a
Sequenced and paced support recognising intermediate outcomes	Engagement is stronger where programmes allow time to address health, housing, or financial barriers before or alongside employment activity, and where progress such as confidence and planning is recognised as meaningful.	Bennett et al., 2016; Newton et al., 2022; Scottish Government, 2022a
Caseloads, funding models and delivery capacity aligned with relational practice	Smaller caseloads, stable funding, and the ability to invest in assessment, job matching, and in-work support enable more personalised delivery and stronger sustained engagement.	Scottish Government, 2022b; Scottish Government, 2023
Employer engagement and multi-component work support	Participants value integrated packages including skills development, job search assistance, job brokerage, and in-work support rather than narrow interventions.	NatCen & DWP, 2025a; Bennett et al., 2016
Integration with health systems and specialist capability	Recruitment through health services and specialist understanding of health impacts on work strengthen engagement among people managing long-term conditions.	Newton et al., 2023

Sources: Studies cited in the table.

Risks and trade-offs in local programme design and delivery

Funding models and performance incentives shape engagement

- Funding arrangements and performance incentives strongly influence which participants receive support and how services are delivered. Payment-by-results funding, hours-based outcome thresholds, and performance-managed systems can create incentives to prioritise participants who are closer to the labour market, reducing engagement with people who require longer-term or more intensive support.⁴³
- High caseload models and risk-managed funding frameworks can also limit the ability of advisers to deliver personalised, relationship-based support. Models that prioritise scale and throughput can undermine fidelity to specialist approaches such as Individual Placement and Support (IPS), which rely on intensive engagement and continuity of support.⁴⁴

Programme fit, sequencing, and system design affect sustained engagement

- Poorly matched or poorly sequenced provision can weaken engagement even where participants are motivated to progress. Generic programmes that fail to address multiple and interacting barriers risk disengagement, particularly where health, housing, or financial issues remain unresolved.⁴⁵
- Programmes perceived as pushing people towards unsuitable work or creating financial risk can also reduce willingness to engage. Perceived risks to health, financial security, or benefit stability can discourage participation even where individuals express an interest in work.⁴⁶
- Fragmented systems and time-limited delivery models can further constrain engagement. Lack of coordination between health and employment services, long treatment waiting times, and rigid programme timelines may make participation feel unrealistic or unsafe for people managing fluctuating health conditions.⁴⁷

These dynamics also highlight a broader structural tension between scalable programme models and more resource-intensive, relationship-based approaches. **Sustained engagement often depends on relational, personalised support that can be difficult to deliver at scale without investment in time, training, and manageable caseloads.**⁴⁸

Considerations for the North East context

The evidence included in this policy brief suggests that engagement with employment support is shaped not only by programme design but also by geography, provider capacity, and the integration of employment and health systems. In the North East context, commissioning and delivery models will therefore need to account for spatial inequality, an unstable environment for providers, and the importance of clear referral pathways from health services.⁴⁹

⁴³ Scottish Government, 2022b; Scottish Government, 2023

⁴⁴ Scottish Government, 2022b; Scottish Government, 2023

⁴⁵ Bennett et al., 2016; Mehta et al., 2018

⁴⁶ Bennett et al., 2016; NatCen & DWP, 2025a

⁴⁷ Newton et al., 2023; NatCen & DWP, 2025a

⁴⁸ CPAG, 2022

⁴⁹ Scottish Government, 2022b; Newton et al., 2023; GMCA, 2023

Taken together, the evidence suggests that improving engagement in the region will depend on services that are locally accessible, relational in delivery, and closely integrated with health and community systems.

Geography, access, and service coverage

In a mixed urban–rural system, engagement is materially shaped by geography, including travel distances, digital access, and the depth and an unstable environment for providers.

Commissioning and delivery models therefore cannot assume uniform access and should explicitly design for spatial inequality and variable service reach.⁵⁰

Funding stability for local and third sector providers is critical for maintaining coverage and continuity of support. Without this, engagement risks becoming patchy, short-lived, or overly concentrated in easier-to-serve locations.⁵¹

In areas combining urban deprivation with underserved communities, proactive outreach and engagement are necessary because those facing the greatest barriers are least likely to self-present. Service user outreach should be designed based on an understanding of the negative experiences people with health conditions may have had when accessing employment support.⁵² Service design therefore needs to accommodate complex needs, appropriate sequencing of support, and local labour market constraints rather than assuming a single, linear journey into work.⁵³

Commissioning, funding, and system incentives

Commissioning and funding arrangements for local delivery needs to actively protect capacity for intensive support, low caseloads, and clinical integration. Without this, engagement among people with more severe or complex mental health conditions is likely to remain limited.⁵⁴ Clear service specifications and explicit expectations for delivery volumes and client groups are important levers for ensuring that local delivery is sufficiently specialist and tailored to support people with health conditions.⁵⁵

More broadly, the evidence suggests a trade-off between scale and depth. Funding models that prioritise throughput and short-term outcomes risk undermining the intensive, relationship-based support that sustained engagement requires.⁵⁶

Integration with health systems and pathways into support

Clear, well-designed referral pathways from health services and other partners are critical for reaching the intended population, particularly in mixed systems where mainstream employability provision does not naturally connect to clinical or community health services.⁵⁷

Embedding employment support within health and community settings offers a practical route to improving engagement, as it reduces the need for people to navigate multiple disconnected

⁵⁰ Scottish Government, 2022b

⁵¹ Scottish Government, 2022b

⁵² Cabral et al 2025

⁵³ Bennett et al., 2016

⁵⁴ Scottish Government, 2023

⁵⁵ Scottish Government, 2023

⁵⁶ Scottish Government, 2022b; Scottish Government, 2023

⁵⁷ Scottish Government, 2023

systems and increases trust and credibility of the offer.⁵⁸ Evidence from locally delivered programmes such as Greater Manchester's Working Well initiative similarly highlights the value of integrating employment support with health services and providing flexible, relationship-based support tailored to individual needs.⁵⁹

In addition to primary and community care settings, partners should include, faith groups, trade unions, Deaf and Disabled People Led Organisations, disability job boards – such as Evenbreak – and adult and community learning providers.

For diverse labour markets and mixed urban–rural contexts, engagement pathways need to explicitly accommodate health treatment timelines, flexible work formats, and fears about benefit loss. Evidence suggests that fit with individual health context, rather than generic offers, is central to engagement for health and disability customers.⁶⁰

Designing specialist support with relational quality, co-location, and integration with health systems is therefore likely to be especially important if NECA wants to engage people with fluctuating or complex health challenges.⁶¹

Effective employer engagement is also critical to successful delivery to counter the structural barriers that people experience. This should include a focus on training and upskilling employers as well as providers acting as advocates for their clients.⁶²

Key lessons

The evidence suggests that engagement with employment support among people with health conditions is shaped less by motivation alone and more by health status, programme design, and wider system conditions.

Across studies, engagement is strongest where support is voluntary, relationship-based, and responsive to the interaction between health and work. Conversely, systems characterised by strong compliance pressures, financial risk, or poorly sequenced support can discourage participation even where individuals express a desire to work.

Implications for programme design and delivery in the North East

The evidence suggests several considerations for the design and delivery of employment support in the region:

- **Service user outreach** should be designed based on an understanding of previous negative experiences of employment support. It should focus on rebuilding trust through referral partners and social media.
- **Relationship-based delivery models** are central to sustained engagement, with continuity of adviser support, manageable caseloads, and time to build trust.

⁵⁸ Newton et al., 2023

⁵⁹ GMCA, 2023

⁶⁰ NatCen & DWP, 2025a

⁶¹ Newton et al., 2023

⁶² Cabral et al 2025

- **Integration with health and community systems** improves engagement by creating credible referral pathways and reducing the need for people to navigate multiple services.
- **Clear communication that participation is voluntary** helps build trust and increase conversion from referral to active participation.
- **Flexible pacing and recognition of health constraints** support engagement among people managing long-term or fluctuating health conditions.
- **Stable provider capacity and commissioning arrangements** are important for maintaining coverage, particularly in areas where provider markets may be thin or fragile.

Gaps and limits in the current evidence base

The evidence base on engagement with employment support among people with health conditions is substantial but dispersed across different programme evaluations, policy analyses, and qualitative studies, with several limitations.

- **Evidence on engagement is dispersed across different types of studies.** While a substantial body of research examines employment support programmes and welfare conditionality, relatively few studies focus directly on the mechanisms shaping initial uptake and sustained engagement among people with health conditions.
- **Variation in programme design and evaluation approaches.** Differences in programme models, eligibility criteria, and evaluation methods make it difficult to compare engagement patterns across studies.
- **Limited evidence on regional and local delivery contexts.** Much of the available research focuses on national programmes, meaning there is less evidence on how geography, service capacity, and local labour markets shape engagement.
- **Relatively limited long-term evidence on sustained engagement.** Many evaluations focus on early participation or short-term outcomes, providing less insight into how engagement evolves over time for people managing complex or fluctuating health conditions.

Opportunities to strengthen the regional evidence base

The gaps identified above also highlight opportunities for NECA to strengthen the local evidence base on engagement with employment support.

Possible next steps could include:

- Capturing practitioner insight from local delivery partners and service providers, to better understand how programme design, sequencing of support, and adviser practice shape engagement in real-world delivery contexts.
- Engaging people with lived experience of employment support, including those who participate and those who disengage, to better understand motivations, barriers, and perceptions of different types of provision.
- Examining engagement across different local delivery contexts, including rural and urban areas, to understand how geography, service availability, and labour market conditions affect participation.

- Tracking engagement over time, including early participation, drop-out points, and longer-term trajectories, to better understand how engagement evolves for people managing long-term or fluctuating health conditions.

Together, these approaches could complement national programme evidence by generating regionally grounded insight into how engagement operates in the North East context. This would allow the policy brief to evolve as a living evidence resource supporting the development of NECA's employment and health support offer.

References

- Baxter, S., Cullingworth, J., Whitworth, A., Runswick-Cole, K. & Clowes, M. (2024) 'Understanding interventions and outcomes in supported employment and individual placement support: A qualitative evidence synthesis', *Disability and Health Journal*, 17(2), 101579. Available at: <https://www.sciencedirect.com/science/article/pii/S1936657424000013>
- Beck, S., Berthoud, R., Burchardt, T. & Jones, K. (2024) 'Universal Credit and work-focused conditionality: the end of "a magic money tree"?'', *Social Policy & Administration*. Available at: <https://onlinelibrary.wiley.com/doi/10.1111/spol.13119>
- Bennett, L., Ray, K. & Wilson, T. (2016) *Addressing barriers to work for disabled people and those with long-term health conditions in Brighton & Hove*. Leicester: Learning and Work Institute. Available at: https://epale.ec.europa.eu/sites/default/files/addressing_barriers_to_employment_for_disabled_people.pdf
- Cabral, D., Bronovsky, K., Woodhouse, J., Modern, J., Fimister, G., Elmore, J. & Vaid, L. (2025) *Implementing Connect to Work in Central London: Key considerations for its design and delivery*. Learning and Work Institute. Available at: <https://learningandwork.org.uk/wp-content/uploads/2025/08/628DKL-00-Connect-to-Work-Report-Final-1.pdf>
- Child Poverty Action Group (CPAG) (2022) *Making adjustments? The experiences of Universal Credit claimants with mental health problems*. London: Child Poverty Action Group. Available at: <https://cpag.org.uk/sites/default/files/2023-08/Making%20Adjustments%3F%20The%20experiences%20of%20universal%20credit%20claimant%20with%20mental%20health%20problems.pdf>
- Department for Work and Pensions (DWP) (2023) *Work and Health Programme evaluation: synthesis report* (Research Report No. RR1044). London: DWP. Available at: <https://www.gov.uk/government/publications/work-and-health-programme-evaluation-synthesis-report>
- Department for Work and Pensions (DWP) (2026) *Impact of Additional Work Coach Support on the sustained employment outcomes of disabled participants and those with health conditions*. Available at: <https://www.gov.uk/government/publications/the-experience-of-additional-work-coach-support-findings-from-qualitative-interviews>
- Dwyer, P., Scullion, L., Jones, K., McNeill, J. & Stewart, A. B. R. (2019) *Work, welfare, and wellbeing: The impacts of welfare conditionality on people with mental health impairments in the UK*. Social Policy & Administration. Available at: <https://www.mostewartresearch.co.uk/wp-content/uploads/2020/10/work-welfare-wellbeing-impacts-welfare.pdf>
- Geiger, B.B., Scullion, L., Edmiston, D., de Vries, R., Summers, K., Ingold, J. & Young, D. (2025) 'Benefits conditionality in the United Kingdom: Is it common, and is it perceived to be reasonable?', *Social Policy and Administration*, 59(7), pp.1241-1252. Available at: <https://researchonline.lse.ac.uk/id/eprint/127227/1/spol.13119.pdf>

Ghelani, D., Rowlands, J. & Charlesworth, Z. (2024) *Back to work? How a tougher conditionality regime risks moving people away from employment*. Policy in Practice. Available at: https://policyinpractice.co.uk/wp-content/uploads/2024/10/Report_Policy-in-Practice_Back-to-work_13March24.pdf

GMCA (2023) *Working Well: Work and Health Programme & Job Entry Targeted Support (JETS) Annual Report 2023*. Greater Manchester Combined Authority. Available at: <https://www.greatermanchester-ca.gov.uk/media/9083/working-well-whp-plus-jets-annual-report-2023.pdf>

Elmore, J., Clayton, N., Gloster, R. & Newton, B. (2023) *Health-led Trials Impact Evaluation Reports*. Leicester: Learning and Work Institute. Available at: Health-led Employment Trial Evaluation 12-month outcomes report: Theory-based evaluation

Hughes, C. (2024) 'Re-examining "personalised conditionality": full-time obligations, partial adjustments and power asymmetries in the UK's approach to work-related conditionality', *Journal of Social Policy*. Published online 23 October 2024. <https://doi.org/10.1017/S0047279424000229>

Keep Britain Working Review (2025) *Discovery report*. London: Department for Work and Pensions. Available at: <https://www.gov.uk/government/publications/keep-britain-working-review-discovery/keep-britain-working-review-discovery>

Mehta, J., Clifford, E., Taggart, D. & Speed, E. (2018) *"Where your mental health just disappears overnight": Disabled people's experiences of the Employment and Support Allowance Work-Related Activity Group*. Project report. Inclusion London. Available at: <https://www.inclusionlondon.org.uk/wp-content/uploads/2018/10/ESA-WRAG-Report.pdf> (Accessed: 19 February 2026).

NatCen & DWP (2025a) *The work aspirations and support needs of health and disability customers: Interim findings*. Ad Hoc Research Report No. 112. London: DWP. Available at: <https://www.gov.uk/government/publications/work-aspirations-and-support-needs-of-health-and-disability-customers/the-work-aspirations-and-support-needs-of-health-and-disability-customers-interim-findings>

NatCen & DWP (2025b) *What works to support disadvantaged groups towards employment? A systematic review*. DWP Research Report No. 1105. London: DWP. Available at: https://assets.publishing.service.gov.uk/media/6874e80382370235232f931e/What_works_to_support_disadvantaged_groups_towards_employment___research_report.pdf

Newton, B., Gloster, R. & Hofman, J. (2023) *Evaluation of the Health-led Employment Trials: Synthesis report* (DWP Research Report No. 1025). Department for Work and Pensions, on behalf of the Work and Health Unit, conducted by Institute for Employment Studies and NatCen Social Research. Available at: <https://www.gov.uk/government/publications/health-led-employment-trials-evaluation/health-led-trials-evaluation-synthesis-report>

Newton, B., Gloster, R., Dorsett, R., Cockett, J., Gooch, B., Benson, A., Crowley, J. & Windle, K. (2022) *Evaluation of the Health-led Employment Trials: Trialling Individual Placement and Support for a new cohort – implementation and 4-month outcomes report*. DWP Research Report No. 1033, DWP: London. Available at:

<https://assets.publishing.service.gov.uk/media/64baa8222059dc00125d27dd/health-led-employment-trials-implementation-and-4-month-report.pdf>

Nice, K. & Davidson, J. (2010) *Provider-led Pathways: experiences and views of Condition Management Programmes*: Research Report No. 644. London: DWP. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214413/rrep644.pdf

Pemberton, E. & Lynn, E. (2025) *Economic activity and health inequalities: How labour market experiences sustain health inequalities*. London: Citizens Advice, supported by the Health Foundation. Available at: https://assets.ctfassets.net/mfz4nbgura3g/7um6DnyMioEwTgCTtSzRx/9ef8d6e906aabc4c2b661bd5ac3c5d32/Economic_activity_and_health_inequalities_final_report__1_.pdf

Robertson, L., Gawlewicz, A., Stewart, A.B., Bailey, N., Katikireddi, S.V. & Wright, S. (2020) *Mental health, welfare conditionality & employment support: Policy recommendations & key findings*. Edited by Professor Sharon Wright. The Poverty Alliance and University of Glasgow. Available at: <https://www.povertyalliance.org/wp-content/uploads/2020/10/Mental-health-welfare-and-employment-recomendations-and-findings.pdf>

Sayce, L. (2011) *Getting in, staying in and getting on: Disability employment support fit for the future*. London: DWP. Available at: <https://assets.publishing.service.gov.uk/media/5a78e01a40f0b62b22cbd7f0/sayce-report.pdf>

Scottish Government (2018) *Evaluation of Scottish Transitional Employment Services: interim report (August 2018)*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/evaluation-scottish-transitional-employment-services-interim-report-august-2018/pages/2/>

Scottish Government (2022a) *Health and work support pilot: final evaluation*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/health-work-support-pilot-final-evaluation/pages/2/>

Scottish Government (2022b) *Review of Supported Employment within Scotland: Findings and recommendations*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2022/09/review-supported-employment-scotland/documents/review-supported-employment-within-scotland-findings-recommendations/review-supported-employment-within-scotland-findings-recommendations/govscot%3Adocument/review-supported-employment-within-scotland-findings-recommendations.pdf>

Scottish Government (2023) *Review of IPS delivery within Fair Start Scotland: findings and recommendations*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/review-ips-delivery-within-fair-start-scotland-findings-recommendations/pages/2/>

Scottish Government (2024) *Economic inactivity in Scotland: supporting those with longer-term health conditions and disabilities to remain economically active*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/economic-inactivity-scotland-supporting-those-longer-term-health-conditions-disabilities-remain-economically-active/pages/6/>

Steen, B., Lucas, O., Chapman, B., Cretch, E., Freegard, T., Spray, Y., Leeder, G., Ilic, N. & Mallevays, L. (2025) *Work aspirations and support needs of health and disability customers: Final findings report*. DWP Research Report No. 1102. Department for Work and Pensions, commissioned from National Centre for Social Research. Available at: <https://www.gov.uk/government/publications/work-aspirations-and-support-needs-of-health-and-disability-customers-final-findings-report/work-aspirations-and-support-needs-of-health-and-disability-customers-final-findings-report--2>

Stewart, A.B.R., Gawlewicz, A., Bailey, N., Katikireddi, S.V. & Wright, S. (2020) *Lived experiences of mental health problems and welfare conditionality* (Working Paper). University of Glasgow, Glasgow. Available at: <https://eprints.gla.ac.uk/223638/1/223638.pdf>

Thomas, A. & Pemberton, A. (2011) *Qualitative research into enhanced Jobseeker's Allowance provision for the 50+*. Research Report No. 766. Department for Work and Pensions. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214547/rrep766.pdf

Wilson, T. & Mason, D. (2024) *Supporting 'good work' in active labour market policies: Rapid review of what has worked in the United Kingdom, United States and Australia*. Report 6052. Brighton: IES. Available at: https://activatingemployers.org/uploads/publications/Activating_Employers-IES_report.pdf

Young Foundation (2023) *No Wrong Door: How an integrated employment and skills system can support Londoners*. Greater London Authority. Available at: <https://www.london.gov.uk/programmes-strategies/jobs-and-skills/training-providers-teaching-skills/no-wrong-door-programme>

Appendix: Methodology

Research questions

This ARI research priority was translated into the following research questions for the evidence review to address:

- **Problem statement:** What are the challenges in engaging people with health conditions in employment support programmes?
- **Drivers of engagement:** What factors influence whether people with health conditions engage with employment support?
- **Programme conditions:** How do motivation and engagement differ between mandatory and voluntary programmes?
- **Implications for future design:** What does the evidence suggest about how programme design and delivery can better support engagement across mandatory and voluntary provision?

Approach

1. Search

A search protocol was then developed.

The core search strategy aimed to identify UK-relevant policy, evaluation, and applied research evidence on engagement, participation, and experience in employment support for disabled people and those with health conditions, with particular attention to differences between mandatory and voluntary forms of provision.

Given the rapid review timeframe and the applied policy focus of the commission, the strategy prioritised targeted searching of key policy and evidence organisations and grey literature, alongside general and academic web search tools.

Searches focused on:

- General and academic search engines, primarily Google and Google Scholar
- Targeted searches of key policy and evidence organisation websites, including but not limited to DWP and gov.uk, Scottish Government, Learning and Work Institute, Institute for Employment Studies, Relevant health and work or vocational rehabilitation bodies.

Searches combined terms relating to:

- Population: health conditions, disability, long-term conditions
- Intervention/context: employment support, supported employment, vocational rehabilitation, return to work
- Engagement concepts: engagement, motivation, participation, take-up, experience
- Policy design features: mandatory, voluntary, conditionality, compulsory

2. *Triage*

Sources were triaged on a first-pass basis into:

- Core: Directly relevant, experience or process-focused evidence most likely to inform the review questions
- Supporting: Policy, system, synthesis, or outcomes-focused evidence used for context, framing, and triangulation
- Background: Statistical, clinical, or high-level sources, to be used as required for definitions, context, or historical framing

This triage was based on titles, summaries, abstracts, and a rapid skim, and treated as a working classification that could be refined during deeper reading.

Timeframe and scope

The primary focus was on evidence published within approximately the last 10 to 15 years, reflecting current policy and delivery contexts. A small number of earlier studies were retained where they provided particularly rich qualitative insight into participant experience and engagement and filled gaps in the more recent evidence base.

The strategy was purposively selective rather than exhaustive, consistent with a rapid evidence review approach, and designed to balance coverage, relevance, and feasibility within the available time and resources.