Work and Health

Joint Strategic Needs Assessment (JSNA) Profile

September 2025

Supplementary Material

Nottingham City Council

Evidence of what works (supplementary material)

A literature search of CINAHL, EMCARE, HMIC, Medline, PubMed, Social Policy & Practice was completed by **Sherwood Forest Hospitals NHS Foundation Trust Library and Knowledge Services** to find the best available evidence relating to the question:

What works for supporting people furthest away from work due to ill health or disability to secure and sustain employment?

The following key search terms were used: unemployment, employment, employment supported, return to work, job re-entry, chronic illness, chronic disease, chronic pain, mental disorders, mental health, persons with mental disorders, person with disabilities, persons with intellectual disabilities, learning disabilities, intellectual disabilities, people with disabilities, physical disabilities, neurodiversity, autism spectrum disorder, autism, United Kingdom, Scotland, Northern Ireland, Wales. The search was conducted in August 2025.

Results were focused on UK research and included systematic reviews, reports, grey literature and journal articles.

1. Type of Support

1.1. Individual Placement Support (IPS)

There is robust evidence that Individual Placement and Support (IPS) consistently outperforms traditional vocational rehabilitation on all employment outcomes (Frederick, 2019). The EQOLISE trial in Europe found IPS doubled employment rates for people with severe mental illness compared to conventional services (Burns, 2008). While evidence is more limited for other conditions, emerging findings show that IPS is also effective for people with physical disabilities, learning difficulties, mild to moderate mental health conditions, and those in alcohol and drug treatment (Frederick, 2019). Encouragingly, a study of two large London IPS services found no significant ethnic disparities in employment outcomes (Perkins, 2021).

1.2. Voluntary participation

Voluntary participation is another key success factor. The Work and Health Programme (WHP) evaluation found that 1 in 4 voluntary participants moved into work, compared to fewer than 1 in 6 mandatory participants, and they were more likely to be in full-time employment (Department for Work and Pensions, 2024). The Solent Jobs Programme also credited its voluntary approach with stronger engagement (Learning and Work Institute, 2019). In contrast, conditionality may drive short-term participation (Evans, 2010) but has been shown to reduce life satisfaction (Thornton, 2022), prompt disengagement, and even harm mental health, particularly for people with pre-existing mental health conditions (Dwyer, 2019).

1.3. Person-centred support

Tailored, person-centred support is essential. Evaluations of initiatives such as the Welsh Government's Communities for Work and Communities for Work+ (CfW and CfW+), and Pathways to Work, consistently show that employment outcomes improve when advisers can adapt support to individual needs, barriers, and aspirations (GOV.WALES, 2023), (Milburn, 2024). This aligns with IPS's holistic

model, which provides support beyond employment—including with benefits, debt, housing, training access, and clinical referrals. Focus groups from the Work Aspirations and Support Needs of Health and Disability Customers report strongly reinforced the value of personalised, responsive support (Department for Work and Pensions, Feb 2025)

The Health-led Trials (HLT) also demonstrated that aligning job search with participants' personal goals and strengths improved outcomes which is core to IPS's eight evidence-based principles (Department for Work and Pensions, 2023).

1.4. Peer mentoring

Finally, a systematic review found that peer mentoring, especially using role models with similar lived experience, can help young people with physical disabilities build confidence and progress toward work (Smith, 2016).

2. How Support is Delivered

Evidence consistently shows that to be effective, employment support for people with disabilities or long-term health conditions (LTHC) must be visible, flexible, long-term, and delivered through dedicated key workers with manageable caseloads.

2.1. Flexibility

Flexibility in how, where, and when support is offered is essential. This includes using online or hybrid approaches, which improve personalisation and accessibility, particularly for people managing fluctuating health or mobility challenges (Learning and Work Institute, 2025). The Building Better Opportunities (BBO) evaluation highlighted how remote working and digital inclusion were key to reaching those furthest from the labour market (Ecorys, 2022). Focus groups further stressed that flexibility in location is particularly important for people with mental health conditions, cognitive impairments, and older adults (Department for Work and Pensions, Feb 2025). However, some participants still preferred face-to-face contact, as they found phone conversations difficult (Department for Work and Pensions, Feb 2025).

The Households into Work (HiW) evaluation found that flexible meeting locations, such as cafes or parks, built trust and confidence, and enabled advisers to advocate for service users, such as attending their appointments (Hayes, 2024).

2.2. Early Intervention

Early intervention is another critical success factor. The longer someone is out of work, the harder it becomes to return. Early action is also more cost-effective and can prevent health conditions from worsening (Learning and Work Institute, Mar 2025).

2.3. Sustained support

Sustained support is vital for people with long-term conditions who may need to move in and out of provision over time to manage their health. In contrast, short-term programmes (less than 6 months) are often ineffective or even harmful, reducing the likelihood of sustainable employment outcomes (The Health Foundation, 2023). The WHP evaluation found that extended support allowed time to build relationships and was particularly beneficial for people furthest from the labour market

(Department for Work and Pensions, 2024). Similarly, the HiW Phase 1 impact evaluation showed that longer programme engagement correlated with self-reported improvements in both physical health and emotional wellbeing (Hayes, 2024). For young people with complex needs, a systematic review found that long-term, intensive support is often required to support their transition into work (Hart, 2020).

2.4. Role of key worker

Across all interventions, the role of a dedicated key worker is consistently associated with better outcomes. In programmes like WHP, HiW, and the HLT, participants highly valued having a single, trusted adviser who understood their needs and preferences. The EQOLISE trial also identified the strength of the participant–adviser relationship as an independent predictor of employment success (Burns, 2008). Crucially, these advisers must also be trauma-informed and sensitive to the lived experiences of ableism (Cabral, 2025).

2.5. Caseloads

Finally, low caseloads are a key enabler of effective, personalised support. IPS and the HLT recommend caseloads of 20–25 clients per adviser, which makes it possible to offer flexible appointments, maintain regular contact, and support both the participant and the employer (Department for Work and Pensions, 2023). In contrast, high caseloads limit personalisation and often undermine the ability to build trust and sustain engagement (Department for Work and Pensions, 2023).

3. Employer engagement

Employer engagement plays a vital role in supporting disabled people and those with LTHC into work. As highlighted in the Liverpool employment programmes review, employers are the “gatekeepers to jobs” (Hayes, 2024), and without their involvement, employment support services risk operating in isolation from the labour market. Employer engagement is a core component of the IPS model and is critical to building trust, accessing ‘hidden’ job opportunities, and enhancing employers’ ability to recruit and support individuals with additional needs (Department for Work and Pensions, 2023)

However, employer engagement is often underdeveloped in practice. Many employment advisers lack experience in working with businesses, and training is essential to help them build effective relationships. While programmes that include strong employer engagement tend to be more successful, there is limited research on how to do this well (Learning and Work Institute, Mar 2025).

As the UK workforce continues to age and experiences increasing levels of ill health, employers will need to recruit from a broader talent pool to address long-term labour shortages (Milburn, 2024). A recent survey by Regenerate found that while 70% of employers believe marginalised groups could thrive in their organisations, only 20% are actively taking steps to recruit from these groups (Regenerate). For small and medium-sized enterprises in particular, uncertainty around how to support employees with additional needs remains a major barrier (Regenerate, SME Panel).

Evaluations such as the HLT have reinforced that employer engagement must be a priority in future delivery. Key barriers, including employers’ limited awareness of reasonable adjustments and available government support, can be addressed through strong partnerships with employment services and targeted information sharing.

Programmes like Solent Jobs show what success can look like. A dedicated employer engagement manager, familiar with the local labour market, played a pivotal role in building trusted relationships with businesses, promoting the programme through case studies and employer-to-employer word of mouth. Similarly, in programmes supporting young people with complex needs, involving employers in training helped reduce stigma and fostered more inclusive working environments (Hart, 2020).

4. Integration of Services

Health problems remain the most commonly cited barrier to employment, particularly among people with additional or complex needs (Department for Work and Pensions, Feb 2025). This highlights the critical importance of addressing health challenges alongside job search support. Integration between clinical and employment services has been shown to significantly increase competitive employment outcomes compared to standard services (Learning and Work Institute, Jul 2019).

Treating employment as a 'clinical outcome' can shift practice meaningfully: when individuals receive early health treatment, their chances of returning to work sooner are improved (Bevan, 2018). Providing shared access to occupational health resources and offering telephone or online support tools has also proven effective in helping clinicians address work-related outcomes with patients (Learning and Work Institute, Jul 2019). Multidisciplinary interventions, involving both health and employment professionals, have shown success in supporting return to work for people with both physical and mental health conditions (Hoefsmit, 2012).

Findings from the HLT showed that when health needs were addressed in parallel with employment support, participants developed greater capability and self-belief (Department for Work and Pensions, 2023).

Co-located and integrated services allow for shared understanding across teams, smoother cross-referrals, and better support for service users (Learning and Work Institute, Mar 2025). For example, the Shaw Trust Community Hubs pilot, which combined employment, financial, health, and wellbeing services in one location, saw increased engagement and quicker progress into work as people accessed support for their barriers more efficiently (Black, 2017).

However, integration must be done carefully. Some participants have experienced distress when employment services are co-located with healthcare, especially if they associate job programmes with past trauma or coercion (Cabral, 2025). This underlines the importance of trauma-informed approaches and voluntary access.

Ultimately, co-location and integrated delivery not only reduce fragmentation and improve co-ordination but also enhance outcomes for individuals and systems which supports recovery, boosts work readiness, and builds long-term sustainability (Department for Work and Pensions, 2023).

5. Sustaining Employment

5.1. Early intervention

Evidence consistently shows that early intervention is effective in reducing sickness absence, particularly within the first six weeks (Learning and Work Institute, Mar 2025). The earlier employees feel supported, the less likely their situation is to deteriorate, and the more likely it is that open communication and trust with their employer will be maintained (Cabinet Secretary for Health and

Social Care, 2024). This support can range from informal conversations with a manager to more formal support processes. Delays in providing support can worsen health conditions, reduce motivation and employability, and ultimately prolong absences (Learning and Work Institute, Jul 2019).

A 2015 report *Fit for Work Europe*, drawing on seven studies, demonstrated that early healthcare intervention significantly improves outcomes. For example, among individuals with musculoskeletal disorders, early support reduced both sick leave and lost productivity by 50% (Black, 2017).

5.2. Occupational Health

Occupational Health (OH) services are widely recommended in the literature as a key mechanism for supporting employees (Learning and Work Institute, Mar 2025). These services help individuals stay in work by preventing sickness absence, supporting them during absences, and facilitating a successful return to work. OH services are effective across a range of conditions, including musculoskeletal issues and common mental health conditions such as anxiety and depression (Vilsteren, 2015) (Axén, 2020).

5.3. Return to work

A phased or graded return to work (where employees return on reduced hours before resuming full-time duties) has also proven effective (Learning and Work Institute, Mar 2025). A 2024 systematic literature review found that part-time sick leave and graded return arrangements consistently improved work participation for disabled individuals (Derbyshire DW, 2024).

5.4. Role of managers

Strong, open, and trusting relationships between managers and employees are crucial in supporting staff with LTHC and disabilities, particularly as these situations often require disclosure of sensitive health information (Learning and Work Institute, Mar 2025).

5.5. Multidisciplinary approaches

Multidisciplinary teamwork is another factor associated with positive physical and mental health outcomes (Learning and Work Institute, Mar 2025). A 2012 systematic literature review identified that involving a range of professionals, such as healthcare providers, OH practitioners, employers, and employees, leads to better return-to-work outcomes and health (Hoefsmit, 2012). This collaborative approach is especially effective in identifying how work can be adapted to meet individual needs.

5.6. Workplace adjustments

Workplace adjustments are highlighted throughout the literature as essential to helping individuals with LTHCs or disabilities stay in work (Cabinet Secretary for Health and Social Care, 2024). These adjustments may include specialist equipment, flexible working hours, more frequent breaks, compassionate leave policies, and other tailored support that reflects the fluctuating nature of some LTHC. These accommodations should be regularly reviewed and provided in a timely manner (Cabinet Secretary for Health and Social Care, 2024). Notably, the cost of making reasonable adjustments is typically low, while the benefits of retaining experienced staff are substantial (House of Commons, 2024). With the right support, the impact of a primary health condition on work performance can be mitigated, and stress can be avoided (Cabinet Secretary for Health and Social Care, 2024). Several sources underscore the value of the UK government's Access to Work scheme, although reforms are needed to increase its effectiveness.

Research also shows that the provision of workplace accommodations can significantly reduce the disability employment gap (Chandola, 2021). In one study, workers with mental health conditions who received two or more work accommodations experienced no employment gap compared to those without (Chandola, 2021).

Absence policies also need to be more flexible and compassionate. Standard policies often trigger attendance monitoring thresholds for individuals with LTHCs or disabilities, potentially subjecting them to disciplinary action and adding unnecessary stress (Cabinet Secretary for Health and Social Care, 2024).

5.7. In-work support

In-work support programmes have demonstrated wide-ranging benefits and are cost-effective. These programmes are especially vital for disadvantaged groups, including disabled individuals and carers (Green A, 2015). The WHP synthesis report found that participants valued in-work support for helping them stay motivated and manage their health (Department for Work and Pensions, 2024). Individuals with lived experience expressed a clear need for employment support services that assist in sustaining employment in periods of worsening health and in navigating workplace changes such as new managers (Department for Work and Pensions, Feb 2025).

The Welsh Government's In-Work Support trial, evaluated in 2019, reported positive health and employment outcomes for most participants. Many reported a better understanding of their condition, increased ability to manage it, and improved wellbeing. This, in turn, led to reduced sickness absence and greater productivity (Welsh Government, 2023).

Once in employment, ongoing skills training or retraining can help close the skills gap for individuals with LTHCs and disabilities (Cabinet Secretary for Health and Social Care, 2024).

References

Axén, I. B. (2020). Interventions for common mental disorders in the occupational health service: a systematic review with a narrative synthesis. *International Archives of Occupational and Environmental Health*, 93, 823 - 838. doi:https://doi.org/10.1007/s00420-020-01535-4

Bevan, S. (2018). *Improving health and employment outcomes through joint working.* Public Policy Institute for Wales. Retrieved from https://www.employment-studies.co.uk/resource/improving-health-and-employment-outcomes-through-joint-working

Black, C. e. (2017). *Opportunity for all Essays on transforming employment for all.* Retrieved from https://learningandwork.org.uk/wp-content/uploads/2017/09/Opportunity-for-All-Essays-on-transforming-employment-for-disabled-people-and-those-with-health-conditions.pdf

Burns, T. e. (2008). IPS in Europe: The EQOLISE trial. *Psychiatric Rehabilitation Journal*, 31(4), 313–317.

Cabinet Secretary for Health and Social Care. (2024). *Economic inactivity in Scotland: supporting those with longer-term health conditions and disabilities to remain economically active.* GOV.SCOT. Retrieved from https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2024/09/economic-inactivity-scotland-supporting-those-longer-term-health-

conditions-disabilities-remain-economically-active/documents/economic-inactivity-scotland-s

Cabral, D. e. (2025). *Implementing Connect to Work in Central London.* Learning and Work Institute. Retrieved from https://learningandwork.org.uk/resources/research-and-reports/implementing-connect-to-work-in-central-london/

Chandola, T. a. (2021). The role of workplace accommodations in explaining the disability employment gap in the UK. *Social Science and Medicine*.

Department for Work and Pensions. (2023). *Health-led Trials impact evaluation reports.* GOV.UK. Retrieved from https://www.gov.uk/government/publications/health-led-trials-impact-evaluation-reports

Department for Work and Pensions. (2024). *Work and Health Programme evaluation: synthesis report.* GOV.UK. Retrieved from https://www.gov.uk/government/publications/work-and-health-programme-evaluation-synthesis-report

Department for Work and Pensions. (Feb 2025). *Work aspirations and support needs of health and disability customers: Final findings report.* GOV.UK. Retrieved from https://www.gov.uk/government/publications/work-aspirations-and-support-needs-of-health-and-disability-customers-final-findings-report

Derbyshire DW, J. E. (2024). Employer-focused interventions targeting disability employment: A systematic review. *Social Science and Medicine*, 347. doi:https://doi.org/10.1016/j.socscimed.2024.116742

Dwyer, P. e. (2019). Work, welfare, and wellbeing: The impacts of welfare conditionality on people with mental health impairments in the UK. *Social Policy and Administration*, 54(2), 311–326. doi:https://doi.org/10.1111/spol.12560

Ecorys. (2022). *Building Better Opportunities Evaluation: Focused support for groups furthest from the labour market.* Retrieved from https://www.tnlcommunityfund.org.uk/media/insights/documents/Building-Better-Opportunities-Final-Evaluation-2023.pdf?mtime=20240129141903&focal=none

Evans, D. M. (2010). Sanctions within Conditional Benefit Systems: A Review of Evidence.

Frederick, D. E. (2019). Supported employment: meta-analysis and review of randomised controlled trials of individual placement and support. *PLoS One*, 14(2):e0212208.

GOV.WALES. (2023). *Evaluation of Communities for Work and Communities for Work Plus: Stage 1 (process evaluation and theory of change).* doi:https://www.gov.wales/evaluation-communities-work-and-communities-work-plus-stage-1-process-evaluation-and-theory-change

Green A, S. P. (2015). *How cities can connect people in poverty with jobs.* Retrieved from https://www.jrf.org.uk/work/how-cities-can-connect-people-in-poverty-with-jobs

Hart, A. e. (2020). Transitions into work for young people with complex needs: a systematic review of UK and Ireland studies to improve employability. *British Journal of Guidance & Counselling*, 48(5), pp. 623–637.

Hayes, J. J. (2024). *Review of Health-Promoting Employment Support Programmes in Liverpool City Region.* Liverpool: Heseltine Institute for Public Policy, Practice and Place, & University of Liverpool. doi:https://doi.org/10.17638/03181831

Hoefsmit, N. e. (2012). Intervention characteristics that facilitate Return to Work after sickness absence: A systematic literature review. *Journal of Occupational Rehabilitation*, 22, 462-477. doi:https://doi.org/10.1007/s10926-012-9359-z

House of Commons. (2024). *Disabled People in Employment.* Research Briefing. Retrieved from https://commonslibrary.parliament.uk/research-briefings/cbp-7540/

Learning and Work Institute. (2019). *Solent Jobs Programme Evaluation Final Report.* Retrieved from https://learningandwork.org.uk/wp-content/uploads/2019/04/Solent-Jobs-Programme-Evaluation.pdf

Learning and Work Institute. (2025). *What support helps disabled people move into sustainable work?* Retrieved from https://learningandwork.org.uk/resources/research-and-reports/what-support-helps-disabled-people-and-people-with-health-conditions-move-into-sustainable-work/

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

Learning and Work Institute. (Mar 2025). *Supporting workers' health and access to better work.* Retrieved from https://learningandwork.org.uk/resources/research-and-reports/supporting-workers-health-and-access-to-better-work/

Milburn, A. (2024). *Pathways to Work Commission report.* Retrieved from https://www.barnsley.gov.uk/media/opbpxxkz/bmbc-pathways-to-work-commission-report.pdf

Perkins, R. E. (2021). Individual placement and support: cross-sectional study of equality of access and outcome for Black, Asian and minority ethnic communities. *BJPsych Bulletin*, 46(1), 10–15. doi: https://doi.org/10.1192/bjb.2021.9

ReGenerate. (n.d.). *Commission Session Four Good Jobs Project.*

ReGenerate. (n.d.). *Commission Session Four: SME Panel.*

Smith, D. &.-R. (2016). Evidence-Based Interventions for Increasing Work Participation for Persons With Various Disabilities: A Systematic Review. *OTJR: Occupation, Participation and Health*, 37(2_suppl). doi:10.1177/1539449216681276

The Health Foundation. (2023). *Millions of workers with ill health at risk of being left behind without more action to support working age health.* Retrieved from

https://www.health.org.uk/press-office/press-releases/millions-of-workers-with-ill-health-at-risk-of-being-left-behind

Thornton, I. &. (2022). Conditionality and contentment: Universal Credit and UK welfare benefit recipients' life satisfaction. *Journal of Social Policy*, 53(2), 280–308. doi: https://doi.org/10.1017/s0047279422000241

Vilsteren, M. O. (2015). Workplace interventions to prevent work disability in workers on sick leave. *The Cochrane database of systematic reviews*. doi:https://doi.org/10.1002/14651858.CD006955.pub3

Welsh Government. (2023). *Evaluation of In-Work Support Final Report*. Retrieved from https://www.gov.wales/sites/default/files/statistics-and-research/2023-03/evaluation-of-in-work-support-service-final-report.pdf