HOUSE OF COMMONS

Work and Pensions Committee

Oral evidence: Employment Support for disabled people, HC 1227

Wednesday 17 December 2025

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Watch the meeting

Members present: Debbie Abrahams (Chair); Rushanara Ali; Lee Barron; Johanna Baxter; Damien Egan; Amanda Hack; John Milne.

Questions 50 - 110

Witnesses

I: Professor Ben Barr, Professor of Applied Public Health, University of Liverpool; Becci Newton, Director of Public Policy and Research, Institute for Employment Studies; Emeritus Professor Bruce Stafford, University of Nottingham; and Professor Adam Whitworth, PhD, Scottish Centre for Employment Research (SCER), University of Strathclyde, Glasgow.

II: Laura Davis, CEO, British Association of Supported Employment (BASE); Richard Clifton, Chief Commercial Officer, Shaw Trust; Gareth Parry, Managing Director, Maximus UK; and Nicola Whiteman, Policy and Communications Manager, Papworth Trust.

Written evidence from witnesses:

- British Association of Supported Employment (BASE) (ESD0075)
- Maximus (ESD0104)
- Papworth Trust (ESD0085)

Examination of witnesses

Witnesses: Professor Barr, Becci Newton, Emeritus Professor Stafford and Professor Whitworth.

Q50 **Chair:** A warm welcome to the second session of our inquiry on employment support for disabled people. It is a pleasure to welcome our first panel, two of whose members are joining us virtually: Professor Ben Barr, from the University of Liverpool, and Emeritus Professor Bruce Stafford, from the University of Nottingham. In the room we have Becci Newton, from the Institute for Employment Studies, and Professor Adam Whitworth, from the University of Strathclyde. Thank you for joining us today.

I am going to kick off. My first question is to Professor Barr. I should declare that Ben and I were colleagues in a former life—it is lovely to see you again, Ben. You joined us when we did our Pathways to Work inquiry in the summer. We were going through some of the evidence in terms of previous cuts in social security support to disabled people and people with long-term conditions; but I understand you have done a new analysis of the former employment support and work-related activity group. Could you describe what you found?

Professor Barr: We have looked at a number of reviews of evidence that looked at the effect of incentives on the employment of people with disabilities. It is often assumed that reducing access to benefits for people with disabilities and cutting the level of benefit will remove financial disincentives to work, and will lead to more disabled people entering employment. We have conducted a number of systematic reviews, looking at the evidence for that. In the most recent review we found 17 studies that investigated whether restricting access to disability benefits, by, for example, tightening assessment criteria, increased employment; 16 found no effect and, when we analysed the data from across those studies, we found no overall effect for restricting access to benefits increasing the employment of people with disabilities.

We have previously investigated the introduction of the work capability assessment and the reassessment programme between 2010 and 2014. A large number of people went through the work capability assessment. We found that that, also, did not seem to increase entrances into employment. It did move people—particularly people with mental health problems—off employment and support allowance, and on to unemployment benefits, but did not move them into employment.

As you said, we recently completed a study looking at the Welfare Reform and Work Act 2016. That introduced a quite large reduction in the amount of money paid through employment and support allowance to new claimants who moved into the work-related activity group. It reduced the amount of money they received by about 30%.

We looked at whether that had an effect—improving transitions into employment or reducing the number of people with disabilities moving out of employment—and also found that it did not have any effect on employment. We found that it led to an increase in the risk of poverty among people with disabilities and long-term conditions who were moving out of employment. After that policy was introduced, people increasingly moved into poverty when they left employment. We also found that it was associated with an increase in mental health problems among people who were leaving employment.

We estimated that around 30,000 additional people a year were entering severe poverty after that policy was introduced; and that there was an increase of around 90,000 people a year with mental health problems.

Q51 **Chair:** I am sorry to interrupt, but were these new conditions or an exacerbation of existing ones?

Professor Barr: You will be familiar with the fact that people who are out of work with disabilities often have multiple conditions, and a large majority will have pre-existing mental health problems. It is probably a combination of the exacerbation of symptoms of mental health problems in people who already have a diagnosis and people who previously did not have mental health problems. There was an increase in the incidence of people reporting mental health problems.

Q52 **Chair:** Thank you so much for that, Ben. You also mentioned a similar issue with the work you did looking at the work capability assessment and reassessment, in terms of poor mental health outcomes.

Professor Barr: Yes. We also found that the reassessment process with the work capability assessment led to an increase in mental health problems. In that case we looked at suicides and the development of more common mental health problems, and both of those increased. I think we estimated that around an additional 600 suicides resulted from that process.

Q53 **Chair:** With the recent paper you found that there were no significant employment outcomes, either, from the cut of about 30% in the work-related activity group.

Professor Barr: Yes. We found no change in the chances of people entering employment after that policy, compared with other groups.

Chair: Thank you. I will move on now to Jo Baxter.

Q54 **Johanna Baxter:** Thank you very much for joining us this morning. I will address my question to Professor Stafford in the first instance. We are interested in looking at the evolution of employment support for disabled people over the last 20-odd years, or so. The previous Labour Government's flagship programme was the new deal for disabled people. Can you perhaps talk us through what that was, key elements of its design, and the types of issues that it was trying to address?

Emeritus Professor Stafford: Good morning. The new deal for disabled people was part of the then Blair Government's aspiration to modernise the welfare state. The policy intent was to tackle poverty and social exclusion. The new deals were aimed at rebalancing the relationship between individuals' rights and responsibilities. The driver for the new deal for disabled people was, in a sense, similar to concerns that affect current policy. There had been an increase in the number of people claiming incapacity-related benefits. Moreover, people were staying on incapacity benefits for a longer duration, so there was an increase in the costs associated with benefits. There was also a concern about what was called concealed unemployment: that some people were moving from unemployment benefit—JSA—on to the higher rate that you could get on incapacity benefit.

The new deal itself was first piloted—two versions were piloted—between 1998 and 2000. The Government then decided to draw on lessons learned from both those pilots, in a nationally extended version of the new deal. The structure was that the new deal was delivered by job brokers. These were contracted and were a mix of public, private and voluntary sector organisations. Initially, 64 job brokers were awarded contracts. They were funded by a registration fee. Participants in the scheme had to register with a job broker. The job brokers got most of their revenue from outcome-related payments. A payment was made when someone entered employment, with a further one if they managed to sustain it.

Something potentially unusual was the fact that job brokers received different sums of money as outcome-related payments. That was because when they negotiated their contracts with the Department they were able to negotiate the fee they would receive when someone entered a post and when it became a sustained employment. There was a variation—quite a large variation really—in the amount of funding that different job brokers received.

Johanna Baxter: Thank you.

Chair: I will hand over to Amanda.

Q55 **Amanda Hack:** When we looked at the new deal for disabled people, there were some changes over time. How were those changes evidence-led? What were the key functions of the pilot that transferred into the main programme?

Emeritus Professor Stafford: There were two pilots. One involved what were called innovative schemes, and there were 24 of those nationally. They tried out different ways in which organisations might be able to help disabled people to move into employment. The second pilot was the personal adviser service. As the name suggests, that involved a more caseworker-personalised response to meeting disabled people's needs. There were 12 pilots of those. There were 12 run by the then Employment Service and 12 run by private and voluntary sector

organisations. That personalised aspect of the pilot was rolled into the national extension of the new deal for disabled people.

The funding regime did change. It was very important in the sense of influencing job brokers' behaviour. Initially, the registration fee that 12 brokers received was £100 per registrant. That was increased in October 2003 to £300. The justification for that was that job brokers had to ensure that each person joining the scheme had an action plan. Before then, some job brokers did that, but not all of them.

The Department began to become concerned round about 2003 about the performance of some job brokers. In October 2003 it introduced a number of changes to the funding regime. There was a minimum requirement for job brokers to convert 25% of registrations into employment outcomes by March 2004. Some job brokers were overperforming in both registrations and the number of people getting into employment. That led to concerns that the budget that had been set aside for individual job brokers might be exceeded, so the Department began to cap the number of registrations that job brokers could undertake—not all of them, but some who were overperforming. A year later, the Department introduced a monthly profiling of job brokers' registrations and job entries. The Department started to monitor closely, and manage, the performance of job brokers.

Q56 **Amanda Hack:** I am sorry to interrupt. Talking about the job brokers and the sense that some of them were overperforming, we want overperformance, surely—I don't know; maybe there was a reason for that. Do you think there was a sense that in certain areas the relationship between Jobcentre Plus and job brokers in certain areas was stronger? Was there a particular rationale for why those job brokers were overperforming, or was it the market conditions where they were based? Obviously, in certain parts of the country, more jobs would be available. Were there any particular key elements to why success was good in some areas and not so good in others?

Emeritus Professor Stafford: A number of factors appear to have influenced job brokers' performance, of which their relationship with the local Jobcentre Plus offices was key. Initially, relationships between job brokers and Jobcentre Plus were tense and sceptical, because Jobcentre Plus staff could see job brokers as a threat; but over time relationships improved. That improvement really depended on job broker staff making face-to-face contact with Jobcentre Plus staff. That built up confidence and established a better understanding of what each organisation was trying to do, and built a sort of trust.

Another factor that affected job brokers' performance was whether they were well established or new to dealing with that sort of client group. The well-established job brokers performed better than those who were more newly established. Job brokers who did not have recruitment problems or had low staff turnover performed better than those who did not benefit

from that. Job brokers who had well-trained, highly motivated staff who were friendly and helpful towards disabled people performed better.

There was some regional variation in the performance of job brokers. In terms of movement into employment, there was no obvious relationship with the state of the labour market. We never really got to the bottom of why there might be regional variation in job brokers' performance; but it could have been due to the demand alone—to labour demand factors. That, as such, did not emerge from the analysis that we undertook.

Amanda Hack: Lovely. Thank you very much.

Q57 **Chair:** Thank you so much. If any other members of the panel have comments, we particularly want to look at the new deal for disabled people, given its relative success. Well, it was more than relative; from the work that we undertook in the summer, it had considerable success of between 5% and 11% in terms of employment outcomes. Does anybody want to comment on that? Professor Stafford's points about financial incentives for job brokers, and the relationship with JCP, are very interesting.

Professor Whitworth: I see this in terms of a 20 to 25-year sweep from where we started. In a sense, NDDP was a really significant step forward in terms of ambition and contracted provision in the UK. People often think about it as the start of modern activation provision in the UK. In some senses it was successful. On reflection now, it was immature in some ways. I think provision has evolved and been refined in many ways. Some of those experiments—if you like, refinements—have not been terribly successful, but, certainly, we have seen evolution.

There are a few things about NDDP that are the kernels of what maintained success, which we have heard about: the nature of brokers, frontline relationships, trust, allyship and voluntary provision. There are real strengths to that. There are some areas where NDDP provision was weaker, and we have tried to refine that as we have moved on. Some of what we would consider the basics in place now, such as action planning and profiling, were not there at the start. In hindsight, that is surprising.

I think there were some areas where NDDP was weaker or possibly not as targeted. Often when we strike a balance, it is about not just the nature of the provision but its nature in relation to the population that we seek to support. We try to balance different things effectively and impactfully; but, on another day, I will have a conversation with analysists about cost per participant and return investment. Some things in NDDP were relatively weak, such as the role of employer engagement; the demand side of that was weak.

If we look at the profile of job starts, the majority of those happened pretty quickly—within one month or, certainly, three months of provision. Probably you are working with the group of people who are closest to the labour market. That is interesting now, because that is not the challenge

for Connect to Work. The challenge now is that there is a significant, long-term group of people with health and disability conditions, and we need to reach that group. We need to tailor the programmes for different kinds of people. So the demand side—employer engagement and support—becomes super important, now, whereas it was slightly weaker in NDDP.

Q58 **Chair:** Becci, do you want to make some brief comments?

Becci Newton: My organisation led the employer research for NDDP, so I have been looking back over that. It is interesting to see where those job outcomes emerged: more in the public sector workforce and in medium-sized to large organisations, which were not under the tick scheme but were more disability confident. They had disability policies and a better understanding of the broad nature of disability. Conditions have changed very much since then. We have had the DDA and we have better accessibility.

Q59 **Chair:** The DDA was well before.

Becci Newton: Sorry; but at the same time, employers at the time of NDDP were raising barriers around, "We can't afford to make our building accessible." I do not think it is something they could say now. Sorry, I have lost my train—

Q60 **Chair:** I am so sorry; I interrupted you. That is my fault, but, please, there are lots of opportunities. You can add to the next question. Ben, do you have any brief comments on the NDDP?

Professor Barr: Yes, we have conducted some reviews of evidence of similar return-to-work programmes across England and internationally. I suppose some components of what came out of those reviews have been mentioned already, and were part of the NDDP.

One of the big risks with these kinds of interventions is that they often tend to be taken up by people who are closer to the labour market, and they do not necessarily benefit those who need the most support. To some extent the participants in the new deal were closer to the labour market than the overall client group. Incentives in payment schedules can exacerbate or help to reduce those inequalities in access and uptake. Getting the right incentive and payment schemes in place to support people who have more complex conditions and are further from the labour market is crucial for the development of schemes.

The components that seem particularly beneficial include ensuring that there is mutual trust between case managers and clients. Clearly it is important to have involvement of employers in return-to-work planning, including workplace adaptations, as we have already mentioned, and addressing practical barriers. It is really important to have integration between health support and services, and employment support. That is in addition to developing vocational profiling and ensuring that there is

specialist and well-trained employment support. Those seem to be some of the important components of successful programmes.

Q61 **Chair:** Thank you so much. A last response on this from you, Bruce.

Emeritus Professor Stafford: Just a couple of points. One is to confirm that the evaluation did show significant differences between people who participated in the new deal for disabled people and the wider eligible population. Also, participants were closer to the labour market: they had typically been on benefit for shorter periods of time and were looking for work or expected to work in the near future, and they were younger and more likely to have an educational qualification.

The second point is that success in getting people off incapacity benefits and into employment was not simply because those who registered were closer to the labour market. In a sense, there was also a strong financial incentive for job brokers to get people into employment, because of the outcome-related funding regime. There is a sort of moral hazard underpinning that, as there is a strong incentive for job brokers to deal with those who are most job-ready and park those who are more distant from the labour market. In a sense, I suppose I am just reinforcing the point that Adam made.

Chair: Thank you. That is really helpful. I will move to Lee Barron.

Q62 **Lee Barron:** Thank you, Chair. I want to follow on from comments that have just been made by Adam, and Professor Stafford, and ask about lessons that can be learned from the outcome-based funding model of job brokers, and the new deal for disabled people. I am particularly interested in those who are, if you like, harder to help. I suppose it is pretty obvious that those closest to the labour market will be the ones to get the jobs; the question is whether there is anything we can learn from those who were furthest away from the job market. Were any particular age groups more difficult than others?

Professor Whitworth: I think you see it inside NDDP. It is a conversation that has run for 25 years or so. It is the role of outcome-based payments, the calibration of that and the risks that it introduces for different client groups. So you see it here, but I will, maybe, step out and speak about it more broadly, because we have seen that differentially.

If I step out even further, I think, in a way you can simplify the UK activation landscape in terms of different ways that we can try to design and configure programmes. One is around economic rationalities, financial levers and outcome-based payments. For a significant period, with Work Programme—the most extreme example—the Department leant very heavily on that as the lever through which it sought to get providers to deliver the kinds of behaviours and outcomes that it wants. You have that as a profile. Then you have a bureaucratic approach, which is the JCP one. That is great if you want standardisation, consistency and

relatively low-cost process stuff. Then you have something like Connect to Work, which, if done according to model, is built more around fidelity, values and process quality. It is more like trust networks, peeking inside and caring about process.

To go back to the conversation, if I might, what you see are two steps of risk, where you have outcome-based payments inside these sorts of programmes. One is at the front door in terms of cream skimming. We have seen this in lots of programmes, such as in NDDP and Work Choice. In particular, where there is vagueness around who is eligible, providers will try to push back certain types of claims that they think will be harder.

On the issue in terms of OBP, I will take Work Programme as an example. You might not think it is an obvious example in health and disability because we had Work Choice in parallel, but most people were inside that—far more than inside Work Programme, so there is a targeting issue. If you take Work Programme in terms of outcome-based payments, it is an extreme example. One thing is that outcome-based payment mechanisms are diverse. Work Programme is an extreme example of it. What you get is risks whenever you have that. This is partly about the financial incentive inside it, I think, but it is also partly about growing an economic rationality among providers. You are asking them as a commissioner to behave according to financial logics. You should not be surprised if they then do.

What you get inside it is a couple of risks. You get significant risks around parking, which you will have heard many times in different committees. You get an equity risk, an issue of universality. What you see is a provider saying, "Well, how do I optimally minimise my cost or risk here, or maximise my profit?" Disabled people have fared poorly in multiple programmes over time. You see it particularly when the targets and outcome-based payments crank up later on. In NDDP, you see brokers behaving in different ways. That is a problem that we have seen. This committee saw multiple sessions devoted to that, inside Work Programme.

Part of that is about the calibration of the payment model. Part of it is also, I think, about the quantum of cost inside it. If you think about Work Programme, there is unit cost. I will focus on health and disability because that is the session's focus. Payment group 6 was core business. The kind of profiled unit cost from NDDP was about £1,200. Actually what happened, because you were not getting the performance and you had such an aggressive payment model, was that you were spending about £600 per participant compared with what you thought. You are starving that group of money at the time when you need them to pick up in terms of performance.

There are some things inside this. The aggressiveness of the payment is significant, but it is also partly to do with the fact that the unit cost in total was relatively low in that example. If you think about where we are

in Connect to Work, we are about three-and-a-half times that. There is also the nature of the commissioning process. You start at a profile of £1,200. You then have a commissioning process where, the evidence suggests, what does most of the work is price not quality. You get discounting: you start at £1,200 and probably go down 20% to maybe £1,000. Then you have a series of primes. You take out a management slice. Then you have underperformance.

There are ways in which, over time, we have seen this. Outcome-based payments are part of this but as part of a broader approach to the way in which the Department is calibrating payments and running commissioning processes that I would argue are financially baking in some risks, particularly for groups like the harder-to-help, who you talked about, when it has not been calibrated well. It is also baking in a kind of rationality inside the system and the provider market, which is, in some senses, the antithesis of what we hear from proponents of what works well for people: things like trust, allyship, proactivity, universality of support, and the ability to have enough time and resource to engage and support employers. I think it is a really important area.

Emeritus Professor Stafford: I have a couple of points to add. I think it is really challenging for the Department that designs outcome-related funding schemes because the resource is used for some form of moral hazard. Within NDDP, there was evidence of economies of scale for job brokers. Some smaller job brokers made a loss. Some larger job brokers were able to make a profit. Costs were higher in the private and public sector job brokers, and lower in the voluntary sector job brokers. You have all these different variations depending on the nature of the provider which affect what funding is then available for the provider to devote to participants in the scheme.

Q63 **Lee Barron:** Just to continue on the same sort of lines, did the new deal for disabled people improve employment outcomes for disabled people compared to previous initiatives? There was criticism of the revolving door. Did that point to weaknesses in the programme, such as poor job matching or low engagement? Again, this is about lessons learned and what we can do to improve on that new deal approach.

Emeritus Professor Stafford: The impact assessment showed a positive net impact in both reducing the number of people claiming incapacity-related benefits and increasing the numbers moving into employment. The characteristics of those who moved into employment tended to be older participants i.e. those aged 50-plus, those with educational qualifications, and those who suffered a physical disability as opposed to a mental health or behavioural condition. Does that answer your question?

Q64 **Lee Barron:** Sorry, my question had a couple of points to it. One was in relation to the new deal for disabled people improving employment outcomes for them. Also, there was the revolving door element and the criticism.

Emeritus Professor Stafford: There was a revolving door in the sense that about a quarter of those who moved into employment had more than one spell of employment. They were moving from benefit into work, then out of work, and then back into another spell of employment. Some people who obtained employment, of course, were moving into only temporary jobs. The majority of those moving into employment, something like 93%, were employees as opposed to self-employed. The majority of jobs were full time but they were unskilled, routine occupations, although they paid just above the then national minimum wage.

Q65 **Lee Barron:** Okay. Was there a wider challenge in relation to helping disabled people stay in work, in your view? Was the turnover greater?

Emeritus Professor Stafford: I am not sure that the study ran long enough for us to look at turnover. Do you mean turnover in employment or within NDDP, the scheme itself?

Q66 **Lee Barron:** Basically, in terms of the scheme itself: getting people into work, and them staying. Was there a bigger turnover, or challenges in helping people staying in work, as far as the scheme was concerned?

Emeritus Professor Stafford: Some participants encountered problems and faced a number of difficulties in how they dealt with those problems. Some turned back to the job broker to seek further advice, but some participants when we interviewed them said that it never occurred to them to go back to their job broker for further support or advice. Some turned to other organisations for help. A general finding was that, post employment, participants would have relatively little contact with their job broker. If there were problems, they were not necessarily getting support from the job brokers, although clearly some did and were extremely satisfied and happy with the support provided.

Q67 **Lee Barron:** Just to sum up, what are the main lessons to be learned from delivering the new deal for disabled people?

Emeritus Professor Stafford: The main lessons are that this sort of contractual arrangement with outcome-related funding can work, although, as we have already heard, that conclusion needs some heavy provision put against it. It did not cover certain groups, such as those who were more distant from the labour market. The scheme did not comprise certain key elements that we now find in current policy, such as firm integration with health services or a degree of localisation and devolution in the design of the scheme. That is one set of lessons. There is also a lesson that, if you are going to contract out provision, a key thing that can influence success is the relationship that the provider has with the local Jobcentre Plus.

Chair: That is very important. We will finish there, if that is okay. Thank you so much. We will move on to Damien Egan.

Q68 **Damien Egan:** Thank you very much, Chair. Becci, I will come to you

first. I have a question about the Freud report, which was obviously a while back but introduced several recommendations, including something called the black-box delivery model. That promised greater innovation and efficiency for Welfare to Work services, and more flexibility for providers. In your view, to what extent were these intended benefits realised in practice?

Becci Newton: I suppose we saw it taken forward into the Work Programme, where indeed we saw the commissioning model with the payment groups that Adam described: very differentiated depending on people's characteristics on joining, a mainly mandatory programme, with features around the long term and that long-term relationship with those providers in the handover. Pulling up on other points, the measure of success was time spent in employment across the period of engagement in the programme. Spells of employment and building up or accruing employment experience contributed to the outcome payment. I think that was quite strong.

The black box was an opportunity and challenge for providers. Generally, I think it is fair to say from the feedback coming through that providers tended to think that payments were too back-loaded to enable up-front investment in innovative services. That would be a provider sense of it. There might be a counterbalance around what it is that people need from an employment support service and what innovation really looks like within that. The evaluation spent quite a lot of time trying to dig into what was happening for claimants and why that nature of support was coming through.

There were examples of providers innovating and trying to put in wider, more holistic services, having better integration and more referral to specialists. Overall, the picture was quite constrained in terms of what we called substantive personalisation and the personalisation of provision. Actually, we saw much more in the way of procedural personalisation, the sense that we do good initial assessment, trying to really understand people on joining, and then try to personalise through that claimant/adviser relationship, seeing that rapport, the ability to work together, the challenge coming through having shared goals, and the resilience to keep going and persistence to keep supporting people.

What we did not find was that the payment groups were particularly driving what providers were doing and how they were helping different claimants. I am not saying that there was no prioritisation of people who were nearer to employment; I am fairly sure that there would have been. People who were further away were more likely to be left behind and returned to Jobcentre Plus services after the spell in the Work Programme, but that individual assessment was driving provision.

People with a health condition tended to see it as their main barrier to work. They did not see themselves as having other interacting factors. There was disappointment about not really having that integration with health support. We still see it now; providers feel more able to innovate

around, say, getting some skills or employability provision. Actually, it is quite hard to innovate and find new ways around, saying, getting mental health support. You really want the integration with mental health support services.

So the black box did not explode a whole range of services and new provisions. That does not mean that it did not lead to personalisation and to services that most people felt were satisfactory and well met for their needs. When we go forward into the ESA support trials and Restart, this adviser relationship, the ability to build rapport and to have good conversations are the important things. That phrase, "have a difficult conversation", basically means we can take a different stance: "We can give you some challenge in this relationship but we are going to persist. We are going to have ambition for you. We think we can get you into work."

For me the bit that is missing, going right back to the new deal for disabled people, is that we called them "job brokers", but I do not get a strong sense of employment engagement, of tackling the employer side of this and building that pathway. Even when we look at IPS services—we evaluated the health-led trial in two areas—that aspect of those services was weaker. Trying to create the pathways and make the workplace more accommodating feels like a weakness in the system. We still hear this. If we go back to the trends I described for where disabled people are employed after NDDP, those still hold true. Those workplaces that have the policies in place tend to be jobs that can embed more ad hoc flexibility. They can work.

Actually, provider organisations are trying to find out about employer culture and practice when they engage with employers, to see whether that will be the right pathway. That still means we have a lot of employers who are not shifting around the needs of actually having disabled people in the workplace, despite quite a lot of employers now talking about the benefits of having disabled people there.

Q69 **Damien Egan:** Thank you, Becci. Would anyone else like to come in on that question?

Professor Whitworth: I am happy to. I agree with everything Becci said. There are some other things I can draw on. In a way, we had quite a radical discourse and experimentation around quasi-markets and black boxes in Freud and immediately post Freud. One thing to mention is that the commissioning strategy, which happened around the same time, was also really significant. If you think of NDDP's architecture and capabilities around data validation, PRaP and so on, the analytics are strong. That was very positive. We see that when we compare NDDP versus what comes later, regardless of the content or what we might think of the programme. That is a strength from that time.

On innovation, what did we see? As Becci said, what we tended to see in terms of provision was fairly generic, low cost and basic. This is not

unique to the UK. It was not great if you needed a bit more or were entering programmes higher skilled. Most of the innovation we saw tended to be about cost optimisation.

Q70 **Damien Egan:** Do you think a driver of that is because of the kind of financial rewards that came with the job brokers? For example, if you were offering more incentive to a job broker for someone who had been out of the labour market for a longer period of time or linked to a disability, that might create a different picture because of the incentives.

Professor Whitworth: I think it does. To answer in inverted form, the rationality and context in which that black box sits matters. Clearly, the context of these things tends to matter. In the programmes that came immediately post Freud, particularly on the Work Programme side, you saw that cost pressurisation and a provider market trying to optimise routes to profit. Cost was a significant part of that. It is easier and safer to do that than to face risk in terms of outcome-based payments. That matters.

The flip side of that is that, to be fair, we in the UK and the Department have moved beyond black box. People now talk about "grey box". Very quickly, we started to fill in the black box. Nobody wants over-prescription, or the extent to which some NDDP items were paid on particular inputs. We are not talking about that, but about the position of the Department or other commissioners to give so much flex that we did not really look at process quality at all or equity inside that black box. I think everyone recognises now that that went too far. We have moved to grey box.

You raised a really important question. If we think about Connect to Work, you do not have that context, clearly. You could have more flex. What you are seeking are two things, which I still think and the evidence suggests are preferable. One is a fidelity scale. That gives you a scaffolding around things that we know associate with quality, around evidence. That seems to me an evidence-based process to put in place. Why would we not do that when the evidence tells us that that matters in terms of outcomes? We have a scaffolding there around characteristics that we think matter in terms of outcomes, which the evidence suggests. It is also a framework through which we can drive continual improvement. That is a really important part of what should occur in Connect to Work.

The other thing is that we are commissioning on a different basis, around this rationality and logic of quality, values, fidelity and evidence. That also matters. We are not commissioning on the basis of economic rationalities inside that black box. Even with that, I still think it is better to put scaffolding and fidelity inside it, because we know the evidence suggests that that works. Those are a couple of things that you are right to say matter in terms of the context.

Q71 **Chair:** I can see that Ben and Bruce have their hands up. Can you make

your comments really brief, if that is okay?

Professor Barr: Thanks, yes. Clearly, there is a lot still unknown about what works. That means that we need testing of and learning from different approaches. It is not necessarily innovation just by individual providers that is needed, but rather innovation in place across partnerships. We know that so much of what this relies on in terms of working is building those relationships with employers, within a place, with health and across services. Developing the capacity for places to innovate and develop services that are appropriate to the specific needs of those places, rather than just thinking about tailoring around individuals, is probably what is needed. It is slightly concerning how prescriptive some of the current proposals are that might inhibit that kind of innovation within places.

Q72 **Chair:** Thank you, Ben. Bruce, a very brief comment, please.

Emeritus Professor Stafford: Just a quick proviso on comments about the links between job brokers and employers. They were of a relatively low level, but I think it is important to bear in mind that some participants actively did not want the job broker to contact an employer on their behalf. That is because they were concerned that the employer might see that they were connected with an organisation that dealt with disabled people and that might call into question their ability to do the post that they applied for. Now, of course, times have changed since then and maybe that is less of a concern, but that employers did not have very strong links with job brokers was not necessarily always a bad thing. It might be that that was at the request of some participants they dealt with.

Chair: Thank you very much. We will move on to John.

Q73 **John Milne:** Thank you, Chair. We are under time pressure so I will direct these questions to Becci and Adam. How has employment support for disabled people evolved since the NDDP? It seems to me that there have been a large number of programmes and trials, which suggests that the problem is growing faster than the solution. Do you think any programmes have been particularly effective and, if so, why?

Becci Newton: I think there are some lesser-known ones I might highlight. Following on from the Work Programme were the trials around 2015 related to employment and support allowance. There were voluntary early access groups, one of which offered musculoskeletal support—I have lost what the other did. Those proved to be successful in engaging. There was one using claimant commitment in the run-up to universal support, which found a really good structure for engaging with disabled people and those with long-term health conditions to start their journey. There was also one for returners from the Work Programme, who we knew were more likely to be older, disabled or low-qualified. That one, particularly, showed a very small impact of a few less days on unemployment benefit, but at the heart of what made the difference was

the advisory relationship and that sense of being able to build a new rapport, a new trust and that belief that the person could make progress towards work and achieve employment.

It is interesting now to look at the Restart programme as it continues—I think you will hear more about that in the second panel—and around the connective works and IPS-style provision. They rely a lot on that adviser relationship. They have tools in place to support that. Some of the work with React providers indicates that the skillset they require is great communication and customer service, the interpersonal skills, but also resilience. This is the thing for people who have long-term health conditions and impairments: it is not static. You can make progress but you may also experience setbacks. It is understanding that and having the resilience to keep up support. The Freud concept of "long term" remains really important.

Coming on to Professor Stafford's point about how far people want contact with their employers, I agree that not everybody wants that, but in-work support can be a very powerful tool to help people when their health causes a setback. It can help them sustain. It can give them advocacy. It is an important element of support. That is being carried forward but I still think we have the gap. We are aiming more for integration with health services through WorkWell and Connect to Work, but we still have a way to travel there, particularly to do so at scale in primary and community care-type services rather than acute care situations.

Professor Whitworth: I will skip through this briefly because I am mindful of time. I have put things into two very clean columns of "yes" and "no". Focused on the "yes" side, Work Choice was okay. It had an element about base payments but a significant 70% of it was secure. That maybe gives you a reasonable balance. There was some vagueness around it, but in terms of a contracted model over that period, and then you step on again, it had similar sorts of impact assessments compared to NDDP.

In the last decade in the UK, we have really been at the forefront internationally of innovation around supported employment and IPS beyond severe mental illness—all credit to the Joint Work and Health Unit inside DWP. IPS for alcohol and drugs is a great success. The work ongoing in health trials, with IPSPC into Connect to Work, is really good. If you look at the international evidence base and the meta-analysis around this, you see bullet-proof, consistent and positive impacts of significant size across that. There is no doubt in terms of design. There is an implementation challenge around that; the challenge for Connect to Work now is to get the implementation right.

Becci made important points. There is a distinction in stepping from intervention into systems. Some of what we want to do in the UK is to straddle that and move into system change, as well as just specific

interventions. There are a couple of areas that I think matter; things like WorkWell are a great example. That is tricky but super important because that is the context in which all these interventions sit. We heard a lot about employers. That is a system challenge, in a way. In some of the grappling that the Department does, it is really hard to come up with clean impact assessments and returns on investment for that. I would not want that to be a barrier to work that we know is helpful, just because we cannot give ourselves, the Department, you or Treasury those in clean forms.

As we step into the system, a couple of things have come out repeatedly that matter. I will just close on them. One is about employers and the demand side. Actually, I am more ambitious; I put strong employer engagement into employer support. The UK is the laggard across much of continental Europe here, in that we still have a very supplier-side activation system, typically. We ask an awful lot of our employability providers in terms of employer engagement and support. Actually, when it is done really well, you get client-specific employer engagement and also what is sometimes described as broad-brush employer engagement. You might not have a client in mind, but it is about engaging employers, starting with, "What does your business need? What are your workforce needs? What roles?" Then you can start a conversation about things like job carving and job matching—super-important parts of this. I just wonder whether we ask too much of our employability providers to try and carry all of that work.

One conversation I have had—I will say it here because I have said it before to DWP colleagues—is in thinking about what we might do in terms of pathways and the future system, about having an employer, demand-side specific and not client-specific workforce health offer. If we think about presenteeism and the cost to employers and Treasury, for example, that would be beneficial to employers and workers, but would also benefit jobseekers and employability providers. It is purely demand-side. I get that that is harder to evaluate and so on, but I think that we have some work on the system side around demand.

The other thing, as Becci talked about, is integration. Mayoralties and place-based provision have really important roles, increasingly—and rightly so. The centre can do some of this and needs to do join-up in terms of funding and coherence, but building it operationally on the ground is for localities, mayoralties and that sort of zone. We need to make sure that that is done strategically, coherently and ambitiously so that what we are driving for is—I am quite ambitious—not just dropping the same contracted model of employability down to those tiers. There is no value added significantly there. It might be better tailored. What we can really benefit from locally is about system coherence and integration, join-up, removing duplication, better connecting work-health skills and wider services, and growing capabilities and the central-local partnerships that will enable that to happen. That is a really important role in the system.

When you see it done well—Greater Manchester is a great example—you get a completely different kind of system. They talk about an "ecosystem" and growing that. I would much rather we start to think about things on the demand side and in terms of integration and system change, and how central partners can both support and maybe guardrail localities to behave in those sorts of ways. I think that is what the system needs. The centre cannot do that. It can do some things in terms of join-up, funding and policies, and we need to do some of that. We have a lot going on in this space. But it is about that partnership between centre, locality and region, and how we play our respective roles to maximise the system needs.

Q74 **John Milne:** You touched on this in your answer, but on the importance of implementation, what is the balance in what makes schemes more likely to succeed? Is it design or implementation?

Professor Whitworth: I find this difficult in a way, because I have spent so long on evidence-based policy analysis and policy design. You can break that through poor commissioning and poor implementation. You can recover quite a bit. They are all important. It is better, in my view, to have things well designed, evidence-based and built around the sorts of things that have come through in the panel, than to try to recover that. You still need to get the commissioning and implementation right. I am sure you will hear in the next session about this. Connect to Work is a great example where there is a huge amount of opportunity on the upside, in the evidence base internationally, to reach higher in terms of impact than we have been able to get previously. There are also downside risks that we need to close off now by getting the commissioning and implementation right. That is about adherence to model. I am sure you will get lots on that in the next session.

Q75 **John Milne:** To conclude, I will put a question to Ben and Adam. How effective is IPS—individual placement and support—at getting people into work? How easily can it be scaled up, given how intensive it is and the cost of delivery?

Professor Barr: With each of these things, we need to keep in mind the nature of the population for whom we are trying to improve outcomes. One thing is the size of that population. Some 3 million people are out of work for sickness and disability, generally with a very high prevalence of common mental health problems—probably 60% with depression or anxiety-related disorders. Also, because of the health inequalities that we have, only about 10% of them are likely to have a university education compared with 30% in the general population. They are particularly clustered in the most deprived areas, with weaker labour markets and fewer jobs.

There is lots of evidence of effectiveness for particular groups of people, but the question is what is effective for the majority of that population. I am slightly less convinced about the evidence around supported employment—that we have the strength of evidence of effectiveness

across that whole population. There is good evidence of effectiveness particularly among people with more severe mental health problems, but the evidence is less strong—or we have less of it—for broad effectiveness across that population.

This is about the scale of effect you would need to have, and the numbers of people being supported to have an impact on the overall employment of people with disabilities. It needs to have that flexibility for local places, as has been mentioned, having that demand-side focus within those places, creating that kind of demand-side ecosystem that will probably make the bigger difference to employment across that population.

Q76 **John Milne:** Thank you. Adam, is there anything to briefly add to that?

Professor Whitworth: On IPS specifically, I recently led an NIHR-funded project around supported employment beyond severe mental illness, for both SEQF and IPS. As Professor Barr said, a lot of the evidence for IPS is around severe mental health. That is its origins. There are about 30 randomised control trials, which are very consistent with a large doubling of impacts. My focus was elsewhere, so I take a slightly different view of the evidence. I think IPS has a very solid, international evidence base beyond severe mental illness with a range of different population groups. I had about 18 randomised control trials, which were very consistent and positive, with about a third seeing uplift in performance for those groups. We see that. It is fairly clear.

It is not for everybody. That is why, rightly, Connect to Work has an SEQF fidelity model. For example, learning disabilities and autism has been tested occasionally with IPS, but it does not work or fit terribly well. SEQF is tailor-made there. With other groups, you might not have clinical integration as a possibility or need, but there is a high support need or possibly a high system cost need. You might think of things like domestic violence, refugees or asylum seekers. Homelessness is one that could happen on both sides. We have IPS for homelessness currently in the UK but it could work with SEQF. Then you have a SEQF model there. Connect to Work sensibly incorporates both those things.

The scale point that Professor Barr mentioned is important. Even with Connect to Work, given the scale of it, reaching the right people at the right volumes will be really important. One challenge we are grappling with currently, I guess, in terms of health and disability-related economic inactivity is that in both the health side, the NHS system, and the Jobcentre Plus side, those people have not really been sought to be engaged with that much before. We need to respond to that.

Chair: We are going to have to move on. I hand over to Jo Baxter.

Q77 **Johanna Baxter:** We are very pressed for time, so I will keep my questions short. You have spoken a lot about Connect to Work being different from what has come before. Are the Government right to require

all support to adhere to either IPS or the supported employment quality framework?

Becci Newton: I think that guides delivery. It provides consistency of service and the flexibility within that to have the sorts of personalisation that we have seen emerge throughout the programmes and be effective because you have the basis of the advisory relationship there. I think that both services need to forge that integration from the health-led trials. Those were effective and very place-based in the two areas. We saw quite different results. We also saw constraints for co-location and co-working between health and employment services that I would like to see the Connect to Work service seek to overcome by place.

One area managed to see quite substantial employment outcomes; the other saw quite substantial health outcomes. The actual ways in which those systems worked in those areas were quite different. We need to take some lessons from how those systems and the relationships were built. One was a little more democratic, with more engagement of the health services in design. That seemed to influence the health outcomes. The employment outcomes were seen in an area where it was mostly led by employment services, with a very employment service kind of focus in the delivery of IPS. Even with the protocol or a manual it can vary, but I think having those structures has proven to be effective.

Q78 **Johanna Baxter:** Do you think the right lessons have been learned on the funding, commissioning and delivery models, or is that a work in progress?

Becci Newton: You can always keep learning. I think we are getting there, aren't we? We learned from providers that we need to give room for investment and time, and make space, to be able to get the service right for people, and for people in different contexts. We know that we can access some stuff, but, as I said, the health stuff still needs pushing on that integration and how we get the understanding that work can be a good health outcome and we can all collaborate to build towards it. The investment that we are now able to make is probably worth while, but I am sure that there is much more we can learn through the commissioning side.

Q79 **Rushanara Ali:** Some estimates suggest that, if we can get 5% of people over 25 who are economically inactive or have a disability into work, we could save about £11.9 billion in this Parliament. From what you said and your work, do you think that the interventions and changes that have been made put us in a position where that can be achieved?

Becci Newton: I think that that same research talks a lot about the need for part-time, flexible working. We are back to that side of the equation, of needing to support employers so that we create the jobs that will create the spaces for people to move in to.

Q80 **Rushanara Ali:** In terms of support, you mentioned some of the ways in which employers can be supported. The Secretary of State talked about

some of the tax benefits already in place that employers could be made more aware of. Those could be incentives. Are there further financial incentives that employers need to help us to get there or is the balance about right?

Becci Newton: I don't have a strong opinion on providing more financial incentives, but I think more support in job design and job carving is probably needed. If we are talking about accommodating older workers, some employers have quite fixed ideas around shift patterns and how work has to be conducted. They need somebody to go in almost to support them in thinking, "Actually, it could be done differently." At the moment, it seems that employment support providers are looking for those jobs that have that kind of ad hoc flexibility inbuilt in them, to help build the pathway for disabled people and those with long-term health conditions to be able to move into. It is harder to shift some of those other working practices. It is more that flexible working is needed than perhaps the adaptation around a particular health condition or form of impairment.

Q81 **Rushanara Ali:** The OBR projects that overall employment support spending will stay at about 0.1% of GDP in real terms, roughly the same as the past decade. What do you think are the trade-offs for policymakers?

Professor Barr: There is an issue of the scale that this kind of provision needs to be delivered at in order to have any meaningful impact on rates of people with disabilities who are out of work. I was also involved in the work that you mentioned—the modelling of some of the financial side and the fiscal impacts. A 5% reduction in the numbers of people with sickness and disability who are out of work would lead to those fiscal savings, but that is about 150,000 people moving into employment.

If we think of the size of effect from new deal, when you got an additional 10% increase in employment rates as a result of people going through that programme, that means you would need to put 1.5 million people through those kinds of services to get those kinds of impacts. The proposals for Connect to Work are around 300,000 people going through the service. The scale and investment being proposed would not be sufficient to have that kind of impact on the overall numbers. It is very unlikely that it would have that kind of impact on the overall numbers of people moving into employment and those kinds of fiscal savings.

Overall, the work that Professor Stafford and others have done has shown that you do save money by investing in this: for every £1 spent on these services, around £5 is returned to the Treasury. It is clearly a cost-saving thing in which to invest, but it needs to be on a much larger scale to really have an impact.

Chair: Thank you. Adam, I am ever so sorry but we are way over time and we have a second panel waiting. Please, all of you, if there are any additional points you want to make, do feel free to write to us. This has

been a fascinating and really helpful session, so thank you. I am sorry we have run out of time. Again, many thanks.

Examination of witnesses

Witnesses: Laura Davis, Richard Clifton, Gareth Parry and Nicola Whiteman.

Q82 **Chair:** A warm welcome to our second panel of this session on employment support for disabled people. I am delighted to be joined by Laura Davis from the British Association of Supported Employment, also known as BASE, Richard Clifton from the Shaw Trust, Gareth Parry from Maximus UK, and Nicola Whiteman from the Papworth Trust. Again, a warm welcome to you. I am sorry for the slight delay in starting but we are very grateful to you. I will kick off and then move round the table.

You will have heard from the previous panel that the current commissioning model for employment support is very much designed for large-scale programmes. Does this model enable or constrain the delivery of intensive tailored support that individuals often require? You probably heard Professor Barr and Professor Whitworth raise concerns that this does not necessarily meet people that are maybe further away from the labour market.

Gareth Parry: I think the danger is to look at isolated component parts of employment support for disabled people, rather than looking at it as a total system. We have talked about programmes like NDDP. Work Choice was referenced more latterly, and the Work and Health programme. Of course, during the period that these were all running, very specialist programmes were also being run, such as specialist employability services or, more recently, IPES. These were nationally commissioned programmes but more targeted on a lower scale for people with much more complex disabilities. While that has been going on, we have had the evolution of supported employment frameworks and IPS.

The issue for me is that the whole system is not joined up. We are now in a situation where we do not have any employment support in place. IPES finished in the middle of 2024. The Work and Health programme finished in September 2024. SEQF, which is more regional and with devolved funding, has pretty much finished. When we talk about what we are going to do to reduce the disability employment rate, right here, right now, there is no large-scale employment provision for disabled people. The rollout of Connect to Work will be a contribution towards doing that, but if we look at only one component part of this it will not solve the problem.

My personal view is that there is room for large-scale employment programmes. If we want to get to an 80% employment rate, that means getting hundreds of thousands of people—and disabled people—into work. We need large-scale employment provision that can do things at scale. We need regional provision aligned to regional priorities. We need local provision that is highly specialist and expert in the services that it

delivers. There is room for all three of those component parts, but if we do not have those component parts together I am not sure it works.

Q83 **Chair:** The point Professor Barr made was that it needed to be more tailored to the individual, and that particular cohorts within the disabled community or with particular long-term health conditions are not being or have not necessarily been catered for, and that makes it more difficult for them to get into the labour market. What do you think?

Gareth Parry: You will not be surprised to hear that, as a provider, I have a different view of that. We work equally hard with everybody who comes into our services to try to support them into employment. Again, we must be careful not to compare apples and pears. When we talk about NDDP, "disability" in those days largely meant physical disability and was essentially impairment-related. Then we have seen the onset of mental health coming to the forefront in the disability arena. In the past 10 or 15 years, we have seen neurodiverse conditions. What we see as a disabled population needing employment support today is not the same as the disabled population that needed employment support 20 or 30 years ago. We need to evolve provision and recognise that, while we have to deliver things at scale, we can do so only if, ultimately, we all deliver personalised support.

Q84 **Chair:** Nicola Whiteman, what are the main barriers to small providers? What changes would you like to see to make things fairer and more inclusive?

Nicola Whiteman: For employment support providers? Our experience so far on Connect to Work has been quite limited as such. We are based primarily in the eastern region, and with our local authorities so far we have had very different commissioning outcomes. In Norfolk, they have split it into five lots and appointed five prime providers who have a local support network underneath them. In Suffolk, they have chosen to go with one prime provider and its sister charity, with limited local knowledge. Then in Cambridgeshire and Peterborough, at the time of writing our submission, they had not tendered. They have literally just started tendering now.

In that sense, we have very disparate provision up and running. While on the Cambridgeshire and Peterborough side it would seem quite negative that it has taken a long time, we are appreciative of the fact that they have really got to grips with local employment and skills provision. They are trying to embed that all within their own provision. Just in our experience so far, some of that local element is potentially being lost and providers who have years of experience will not necessarily have a future model.

Also, adhering to Gareth's support, at the moment we are seeing that real cliff edge in terms of provision. We have spoken a lot previously, when ESF finished, about the loss of skills within the sector. We are really starting to see that now because we are winding down the Work and

Health programme. There is delay in terms of Connect to Work being up and running. Therefore, we are losing really skilled, good staff, who have years of experience in supporting disabled people into work. There are no jobs as such for them, so we are into redundancy situations, which is really unfortunate and not where we want to be.

Richard Clifton: I will just echo a little of what has been said. We are in a situation where I do not think people appreciate the loss of employment support for people with health problems and disabilities. It has happened at a national level. What has been put into Connect to Work is targeting a different group. It is people who are economically inactive, not those who are actively claiming and seeking work, which the Work and Health programme picked up. They are two different groups. We are now seeing a gap in provision. I am with Gareth on this. Connect to Work is great and I think will do a really good job in what it is targeted to do, but that is not replacing what the Work and Health programme or IPES did. Actually, we have been left with a gap.

Laura Davis: We know the evidence base around supported employment, but it is not everything to everybody, nor should it be. I think we need to be really careful that we do not start building a supported employment model that then tries to capture everyone. My fear around that is that the very groups of people who have been left out of every other provision that we have had so far will end up squeezed out of Connect to Work as well. This is about those people who have complex, long-term multiple barriers, who have been excluded. I know they have been parked and creamed from previous provision. I picked up those individuals when I was a provider. We need to make sure that there is something for those who are closer to the labour market, and that we protect Connect to Work for those individuals who have longer-term health conditions or disabilities and are, if not further from the labour market, more easily ignored by it.

Gareth Parry: Can I just support what Laura said? While we are all for local adaptations and integrations, what we are seeing on the ground as these tenders come out is some local commissioners putting other priority customer groups into the population for Connect to Work. It is not exclusively being targeted for people with disabilities and health conditions. We are seeing a number of local and combined authorities putting young people as the priority of the agenda. They put ex-offenders or refugees in there. That is fine, but if those places do not go to the disabled people for whom the programme was originally commissioned, where will those people go for their support?

Laura Davis: Very briefly, we just need to run the intersectionality. Disabled people are in every part of our population. Again, I worry when we talk about this binary group of disabled people. There are disabled people with long-term health conditions within, say, the care-experienced population. We must never forget that nuance.

Chair: That is a very good point.

Q85 **Johanna Baxter:** Thank you for joining us this morning. You have talked about Connect to Work a little already. It is obviously being rolled out currently. How confident are you that it will achieve its objectives for disabled people and other disadvantaged groups, bearing in mind that intersectionality point you have just made?

Richard Clifton: The Shaw Trust has been running Connect to Work probably the longest of all providers because West London Alliance was the first to go live with it. The early indications are that it can be really successful, but, as you heard from Gareth and others already, how it is commissioned in different areas will have a massive impact on how successful it is. West London Alliance took a different approach, deciding to go with a more strategic partnership approach and not commission for Connect to Work. In actual fact, our contract with WLA allows it to put WorkWell and the MSK Trailblazer into the same package, and we run a triage service for all its commissioned support and some with other people. In actual fact, we have a front door that brings people in who have health problems or disabilities from the local community who are economically inactive. We can then help to find the right provision for them, so that they get the right provision at the right time.

I think that approach is really working well. At the moment, we are exceeding our profiles for Connect to Work. We have had to ask for additional starts this year. We are seeing people moving. On the point that we are not leaving people behind, the split is about where we thought it would be; around 15% to 16% are going on to supported employment. That is the most suitable route for them. It is picking up those people. West London Alliance has been really clear that it does not want to see the provision used to pick up other groups, if you like, but it has the triage that allows it to get to the right people. I am not convinced that some of the other commissioning that I have been involved with will achieve the same across the country. The biggest risk, for me, is that you will end up with a bit of a patchwork quilt of provision. You may have a single brand but not necessarily a single, consistent programme.

Laura Davis: We have all the ingredients for it to go really well. We know that model fidelity works. We know that there is quality assurance and a continuous improvement programme running alongside it. That commissioning piece is important. We have seen some really good specialist smaller providers being pushed out of Connect to Work because of the way that commissioning has taken place. That worries me. This is not a lift-and-shift model; it is a very different way of working. It is a five-stage model, but, going back to the point that Professor Whitworth made earlier, this is a set of values that runs through how you deliver supported employment. It is not something where, say, you were delivering a programme one day and now you deliver supported employment.

What gives me real reassurance that this programme will be successful is the fact that the Government have commissioned a quality assurance process, both through SEQF and IPS, that will go out to the providers who will deliver Connect to Work across England and Wales, actually testing out this stuff. That is not just looking at whether you are getting people into work. We have seen that before; you can get people into work really quickly and then they dip back out of it. That does damage to individuals but also to business and employers, putting them off ever engaging with the programme again.

The quality assurance process will start to look at whether you are getting people jobs, and whether they are the right, well-matched jobs. Are employers being supported in that programme? How is the system joining up? How are you making sure that this is sustained employment? What are you doing about career development? If we just get lots of people into work and do not think about what happens next for them and have a bigger ambition, we start to create a bottleneck in trying to bring new people through. Again, we are seeing a real mix, but if it is done well and commissioned properly, and all those right ingredients are put in place, this has every opportunity to be hugely successful.

Gareth Parry: The other big concern I have is the speed of the mobilisation of the funding and commissioning, and the length of time of the gap—which I think Richard and Nicola mentioned. We have already lost an awful lot of very experienced employment practitioners, who know how to work with disabled people. You can send people on training courses, we can get people to understand models, but you need experience to get to the right level of performance over a period of time. You need a combination of the ingredients that Laura talked about, but you need the right people who can work with those values. We have lost an awful lot of those people from the sector. Not only has it taken quite a lot of time to commission these services, but there is the setting up of those services, the recruiting and training of people, and getting them to a level of capability. My worry is that, if we have a three-year funding window, we will not see enough return on investment in that time. We will be back in three years with somebody saying, "It's not been a successful programme because it was too slow at the beginning." Then you will have another change, and another.

One challenge in employment support is that, traditionally, when one programme comes to an end, another starts, but we do not facilitate TUPE transfers and we have a talent drain. What you get is a loss in performance and support for disabled people when a programme finishes. You then have a slow ramp-up when one starts. You lose a lot of talent in the meantime. We need to find a way of getting more continuity. There is something about the front-end of the Connect to Work programme but there is something just as important about the back-end as well.

Q86 **John Milne:** Richard, as the Shaw Trust was one of the first organisations delivering Connect to Work, what practical challenges have

you faced in embedding supported employment principles within local delivery? How are you addressing them?

Richard Clifton: I think we have a little bit of an advantage as an organisation in that we were involved in running some of the initial trials. We had a lot of the infrastructure. We already ran IPS fidelity programmes and had been assessed as exemplar providers. We had a lot of knowledge. Coming back to the skilled staff and experience, that helped us build that.

One thing I would say to everybody running this is that, first, IPS and supported employment are different things and let's not confuse the two. They are different models that you are running, and I think there is a danger at the moment that people are trying to merge them together into a similar provision. They are for different people with different levels of support and different activities. Some things are similar between the two, but there are differences.

The other thing to say is that success will be in the integration. If you get integration right within a local community, particularly with health but also with other community organisations, and you become trusted by the people you are supporting, you can make this programme really successful. Within West London, we work directly within 12 GP surgeries. We work alongside the GPs, and the GPs see the support we offer. They can look at the broader bit, the WorkWell and the MSK Trailblazer that we are doing, as well as what we are doing on Connect to Work. With that trusted relationship, the GP is saying to the individual, "Actually, work might be a really good option for you. Why don't you go and talk to the Shaw Trust?" That is really helping. We are also building supply chains of local organisations who are already embedded and working in the communities. We do not claim that we can deliver everything. We need to work with smaller, specialist organisations to be able to deliver. We have always done that.

The challenges for most people will be getting that integration. In the areas where we have been successful, we already have that presence. I think it will be difficult for somebody new coming into an area where they have not built relationships. Some of our relationships on health have taken seven or eight years to develop. That is individuals who know people. Going back to Gareth's point, I can do all the training I want but I cannot teach somebody how the networks in a local community work. You find that through experience.

We have the danger that we will throw some of that away with the Work and Health programme disappearing very quickly. We were the largest provider in England of the Work and Health programme; I will have a handful of staff left post January, looking after those who are in work and who we are still supporting in work. The rest of it has gone. We managed to move some people across to Connect to Work, but, because of the commissioning cycle, some of those are now leaving the sector, because Connect to Work is not up and running as quickly as it should be.

Q87 **John Milne:** On the importance of local relationships, in your view, do local authorities and providers have the training and capacity to implement the framework effectively? What additional support might be needed?

Richard Clifton: I suppose there is a different element to this. Do local authorities have the experience to be able to commission the service in the first place? I think some are absolutely brilliant and have lots of experience. If you look at combined authorities, which have been commissioning this type of activity before, they are able to do that. But you are asking this of some local authorities who have not commissioned this type of provision before and do not have an understanding of it, and, therefore, it is taking them longer to get it right.

I think Cambridgeshire and Peterborough is an example; they have taken the time to get it right and understand what they need. With others, there have been mistakes. I have to look at some of the strange, different approaches being taken. You were talking about PBL models. All local authorities have had grants flowing down to them and we are seeing different funding models for every conceivable version you can think of, whether it be on start, moving into work, sustaining work or other bits being held back. For organisations to look at what their risk is of doing this is really difficult. The decisions they make on a commissioning basis probably make sense for them at the moment, but those are based on their experience of commissioning similar services and not what they are commissioning now. That is the important bit.

We are seeing some local authorities deciding to in-source and deliver it themselves, building up their own capacity. A number of local authorities have experience within support and employment. They might not necessarily have both sides of it for the IPS as well. Again, that could be squeezing out some smaller local providers from being able to do it, because they say, "We will do it ourselves." We have a right mixed bag, I'm afraid.

Q88 **Amanda Hack:** The first part of my question is for Laura, if that is okay. Connect to Work uses two supported employment models to meet different participant needs. How do you think this two-model design will help to ensure that nobody is left behind?

Laura Davis: I can really talk only to the SEQF model. I have colleagues who are absolute experts in IPS and I would not want to talk to that. We know that there are similarities between the two models. They really complement each other, but then there are some quite significant nuances and differences. We know that for people who have a health need, for example, where that is the underlying barrier preventing them from entering the labour market, evidence shows us that IPS has a much stronger impact in supporting those individuals into employment. Then there are individuals who do not have that natural connection into a health intervention, such as people with a learning disability or with autism.

I am a foster mum, and, with every young person I have ever loved, trauma presents itself very similarly to a learning disability. Again, that is where I talked before about that nuance. Let's not start getting into these kinds of binary decisions that are based around what label you have. Let's look at the barriers people have. That triaging point will be incredibly important, so that we are making sure that individuals get on to the right pathway.

I was pleased to see that there has been an element of flexibility built into that. Somebody might come through triage to go on to IPS, and then you identify that actually they have multiple barriers that sit underneath that. For example, you might discover that somebody is neurodivergent. They presented because of a mental health issue but then you realise it was not really mental health; the individual is neurodivergent and needs a more intensive version of the support. There would be time in those first few months for somebody to transition over to SEQF because they just need a bit more.

With good triaging, which again comes down to really good commissioning and making sure that we have the right people making decisions, I am a strong believer that anybody can work with the right job and support. I fundamentally disagree with this idea that we have some people who are employable and some who are not.

Motivation is a different thing; we need to unpack that, and why people might not be engaged. The important bit for Connect to Work is making sure that that triaging happens early enough, but also proactively going out into communities. One of the historical challenges we have had is that we have waited for people to come into Jobcentre Plus. Actually, we cannot do that; we need to go out into communities. That is where that important piece about trust comes in. If someone has had experience of previous work programmes that have not been successful for them, I slightly worry sometimes about just transferring the same people over. For me, knowing disabled people is one thing, but having the right set of values that underpins a different way of working with people is more important. I can teach somebody disability awareness but I cannot teach them to have the right values. That bit about trust and making sure that the right people are going out into communities and raising ambition, aspiration and bringing people into the service will be fundamental to this working.

Q89 **Amanda Hack:** Having previously worked with people who are learning disabled, that gives me huge reassurance. Lots of people I have worked with before may well feel they can engage with the employment market, which would be super positive. Nicola, are there any groups that you think might still not be met between the IPS and SEQF programmes?

Nicola Whiteman: Going back to Gareth's earlier point, it is important not to put every egg into the basket. We run a specialist employment support programme that is entirely fund-raised, called Routeways to Work. It is based in a bike shop. You go through eight modules; you learn

skills while you are on the programme, which is nine months. During that time you get not only qualifications but real-life work experience. That tends to be aimed at 16-plus—school/college leavers—and those people who have been out of work for a long time, say, 20 years. It provides a safe space in which to fail.

If you get things wrong, an employment support adviser can support you to understand what has happened and break that down; it is not impacting; you have not just lost your job; but it also gives you something to put on your CV. In particular, school leavers and people who have been out of work for a long time do not necessarily have anything to talk about when presenting to employers, so it is about building those skills and that experience with which to sell yourself.

Q90 **Amanda Hack:** That is really reassuring. Richard and Gareth, do you have any final comments? Do you think the use of the two models could create some complexity for providers?

Gareth Parry: Once people understand the models, it should not. There is an education and capacity-building challenge, which I think Laura touched on, but I think that is a moment-in-time challenge. My anxiety is that the headline funding for Connect to Work is a unit cost of about £4,000 at top level, but we see local authorities having to employ people to commission and run the contracts. Most local authorities are developing their own case management systems. By the time the unit price comes out to providers, my worry is for the people with the most complex needs for whom Connect to Work should be there. That is those who need intensive support. That is perhaps people with difficult sensory impairments who need specialist support, people who may need job coaching in the workplace. My worry is that there is not enough funding on the delivery side of things to support those with the greatest needs.

Q91 **Amanda Hack:** Do you have anything to add, Richard?

Richard Clifton: From my point of view, it is about getting that front triage part right so that you try to get as many people on the right programme at the right point as possible, but also having the flexibility so that you can get that wrong and can then swap them between programmes. Historically, we have seen cases where people have been locked into a provision, even though it is not right for them. We have to be really conscious of that. I think that flexibility is there, so I am not overly concerned about it.

From our early experience within West London, around 66% of people are coming through with a disability or long-term health problem, be that a learning disability or physical disability. We have seen about 27% who actually show both that disability health problem and one of the other areas of disadvantage, be that care leavers, ex-offenders or whatever. That comes back to the point that they are in every group, but it is like we cannot say that. We probably have only about 7% who are not ticking any of the core boxes, and they are coming in as smaller groups. That

may be different in other areas, but for me it is heartening that we are targeting and encouraging those people to come in. We are looking at getting more people wanting to come on the programme than we have places for, which probably shows that demand is absolutely there. We just need to resource it.

Q92 **Amanda Hack:** That is very useful. Laura, do you want to come back?

Laura Davis: That flow of money is really important. We need to remember that those smaller, specialist providers are most likely to be working with those individuals with the most complex learning disabilities and autism. If it is flowing through from local authority to a prime provider who takes off a management fee, then goes to another provider who subs out to a specialist to work with the people who are fundamentally part of the group that this model should be supporting, by the time the unit cost gets to that provider it is not enough. Access to Work may not be available.

If the unit cost is what it is and it goes to that provider for that individual, they should not need Access to Work, but, because it is not and because they cannot get Access to Work for the 12 months that somebody is on that programme, we have to be a bit careful that we do not start to see people with more complex needs being pushed out of it or that we are pushing people into jobs too quickly. This is about the right job; it is not about any job. Those are just things about which we need to be a bit mindful.

Q93 **John Milne:** Perhaps I can direct this to you, Richard. Building trust and employment support is vital. We are talking about a lot of vulnerable people in this group as well. How well do you think Connect to Work is performing? Are there any particular factors that you think have worked well?

Richard Clifton: From my experience, not just within West London—we are also privileged to be supporting delivery in the likes of south Yorkshire—we see delivery working really well where we get to people and talk to them in the communities and locations in which they are comfortable and happy to engage with us. We need to avoid them having to go to a Jobcentre. One fear for the group that we are trying to target here is that they do not want anything to affect any benefit claims, or anything else going on, and that authority of walking into the Jobcentre is a risk.

I am still concerned that, with the new changes being planned for Jobcentres, we will end up with more people put through a Jobcentre as the referral route. We find that referrals within the programmes where we run the triage come from a broad range of organisations, be they primary and secondary health or local community organisations, our staff going out to work within the communities, or other charities and other organisations we work with, as well as Jobcentre Plus being able to put through referrals. The expressions of interest from Jobcentres are not a

formal referral; it is not mandated or anything like that. I think that, as long as we stick to that, this will work absolutely fine. If we get into thinking that Jobcentres can refer everybody to a programme, that could be a problem for the programme.

Gareth Parry: Just to reinforce that, in the last year of the Work and Health programme, all programmes were asked by DWP to put up an addendum programme called Pioneer, which is exactly about reaching out into the local community and getting voluntary referrals for economically inactive disabled people with health conditions, but the process dictated that they had to come through a reference from the Jobcentre. All providers reported that there was no shortage of people who wanted to volunteer for the programme, but, for the majority of them, the second that they found out that they had to go through the Jobcentre Plus process, they declined to volunteer and there was a considerable drop-off rate. It is really important to stress that this is for economically inactive people as opposed to the economically active.

Q94 **John Milne:** Nicola, do you want to come in?

Nicola Whiteman: Not through Connect to Work but through WorkWell, which we deliver in Peterborough alongside the ICS, 80% of our referrals come through GP surgeries. Just on Gareth's point, we also base ourselves in local housing associations once a fortnight and local citizens advice bureaux. We go out to the community and run advice workshops. Very few people on that come through Jobcentre Plus. In terms of numbers, there have been about 2,000 referrals since the programme started in October last year. I am just talking about the community integration side.

As for Jobcentre Plus—I put this in our submission—we found previously that, even where programmes are voluntary, Jobcentre Plus might say, "You can go to Restart or Pioneer." Therefore, people come to us and say, "I'm here because I thought I had to be; I had to choose one." Giving that element of choice means people think that they have to go to one or the other, and it just does not work. We know that it works best when people are truly volunteering for programmes and want to find employment.

Q95 **John Milne:** I direct my last question to you, Gareth. In terms of delivery and what has worked so far, what lessons can be drawn about what does and does not work in overcoming hesitancy?

Gareth Parry: The key ingredient, almost regardless of what kind of employment support programme it is, comes back to the professionalism, dedication, values and quality of the employment adviser who is delivering the service. That is probably true, whether it is IPS, SEQF, Work Choice or NDDP. It comes back to having a professional workforce who are confident in what they do, understand the customer group we are talking about or trying to support, and are able to provide professional expert advice. That is the key ingredient.

Q96 **Chair:** I just want to follow up on Connect to Work. Starting with you, Laura, do you have concerns about the targets and compliance requirements of this? We have certainly heard this from other providers. I wonder whether this is something you have concerns about.

Laura Davis: With SEQF, it is about how targets are embedded. We have already heard this morning that if you start building in payment by results it creates perverse behaviours. We want to avoid that. If you follow model fidelity, and proactively go out and engage and complete a really good-quality vocational profile, that is not a CV. It is not a piece of paper. There is no CV in the world you could give my eldest daughter, who has a learning disability, that would ever get her a job. The supported employment model is what got her a job.

You put in good quality vocational profiling and the demand side we talked about earlier. It is about making sure we have employers who understand how to do this. I spend a significant amount of my time at the moment working with employers to understand the huge benefits and potential that Connect to Work has as part of the jigsaw puzzle to helping them to become Disability Confident in action.

Employers all tell us they have the same three concerns: they are worried about getting it wrong; they do not quite know how to do it; and they do not think that their frontline managers understand how to do all of this work. It is about making sure that all of those ingredients in model fidelity are properly run and it is commissioned in the right way so that people are given the proper amount of time to invest in people. If you run on payment by result, people are quickly pushed into work. You get somebody into work as quickly as possible rather than taking the time that that individual needs to find the right job.

We want somebody to go into a job and 12 months later still be in that job, and 12 months later to be thinking about career development, and then tell their friends that having a job is a really good thing. We want parents like me still to be able to work because their children have jobs. This is the wider bit about having to get it right in the first place.

That workforce development piece is hugely important. I agree with Gareth that you cannot live and shift. There are qualifications that people can go through. We need to make sure that that is invested in, so that we have qualified people who understand not only how you go in and work with individuals, but do the demand side as well. I spend a lot of time helping employers to understand how to bake in a different way of supporting recruitment, retention and thinking about induction. I think that workforce development piece is important.

Q97 **Chair:** Nicola, as a regional provider, have you found any issues around compliance requirements?

Nicola Whiteman: On Laura's points around the employer side, we do a lot of work on Disability Confident. Our board of trustees chose to invest

in that. We have a Disability Confident adviser team, but we find lack of funding from the Department on Disability Confident. It has the scheme up and running but does not push any money towards it. There is no funding to support employers to become Disability Confident. We need to raise awareness around the scheme, and access to data would be a good thing as well, with Jobcentre Plus sharing its data in terms of who is Disability Confident or when that is coming up for renewal, so we can go in and support those employers.

Q98 **Chair:** That is very helpful. Gareth, I know that you want to come in.

Gareth Parry: I noticed in the first session this morning that there was a lot of focus on NDDP. I want to talk very briefly about Work Choice, which was one of the later programmes that came up. Work Choice was an access-supported employment programme, not to the level of fidelity that Connect to Work is looking to do, but in DWP's own evaluation of Work Choice published last year, where individuals were tracked for eight years after the programme. The people who had been through Work Choice had a 10% higher employment rate and 8% lower disability benefit claims, so these programmes can work.

Q99 **Chair:** Thinking about scaling up, Work Choice was very small, was it not? I remember previous iterations of this Committee going to visit Work Choice providers. I am just conscious that it was a very small programme.

Gareth Parry: It was a national programme.

Q100 **Chair:** It was a national programme, but for how many people did it provide?

Gareth Parry: I can't remember, but it was substantial; it was probably no smaller than the Work and Health programme would have been.

Q101 **Chair:** All right. Thinking about Connect to Work as it is now, do you think that is large enough for the needs that we have?

Richard Clifton: I think it will come back to that point that it is large enough if we expect this to have an impact on those who are economically inactive, as long as you do not think it is going to replace what was there with the Work and Health programme. We need the Work and Health programme, or something similar, running alongside it. If we can prove the model, it could grow even further. We are already seeing in the early days in West London that demand is going to outstrip the profiles we have for starts on programme.

As a provider, I will always say that I would love to do lots more, so give me a greater opportunity to do it. That is something we need to do, but I genuinely think this is suitable for certain people that we are trying to support; it is not a one-size-fits-all programme. We need to be really honest: we still need some active employment models for those who have health problems and disabilities but are actively seeking work, such

as those the Work and Health programme was supporting, and IPES before that, alongside it.

Q102 **Rushanara Ali:** I want to pick up the Chair's point about scale. Between the two panels, we have heard about some of the challenges around commissioning, complexity, specificity and so on. Do you think that Connect to Work can be scaled up? Richard, you talked about the work you are doing, which sounds very promising. Given that commissioning can vary between areas and depend on expertise, what can be done? Is work being done to make sure there is consistency and high quality in standards around commissioning? Otherwise, we end up with a postcode lottery.

Richard Clifton: As Laura said, there is a lot of work to be done to make sure that the fidelity models within whatever is delivered are being met. I think the Department has taken the stance that it is devolving this and, therefore, it cannot dictate how a local authority will commission it. There is no point in doing devolution if you then say, "But you also have to commission it in this way," and everything else. I think that is the approach it has taken.

Q103 **Rushanara Ali:** But is there not an issue about quality and standards as well as having clear outcomes? Otherwise, how are we going to achieve national objectives?

Richard Clifton: You are absolutely right. We are going to see a mixed picture as far as the outcomes they commission. There are times when we as an organisation have been bidding for things and I have had to put in formal challenges, which I never would have done if it was being commissioned by DWP. The responses to those have not been the best. They are doing this for the right reasons but there are areas where things are split down to nine or 10 lots. They could learn very quickly that there is an issue in managing that. As with Gareth's point, you start splitting up the funding and duplicate management and support in local authorities. You could end up with that not being as effective as where they might have gone for one or two lots, but only time will tell. This is test and learn. Let us see what works. I am not saying my view is particularly the one that is absolutely right. We have to see how different local authorities commission it.

Q104 **Rushanara Ali:** I want to pick up a question arising from earlier discussions about retention. We talked about payment by results and some of the downsides. Do you think that the current arrangements are sufficient to make sure that once people get into employment they can be in stable employment and retention can be achieved? If not, is there anything specific that should be being done by government to incentivise and enable that?

Richard Clifton: If they live up to the fidelity standard it will definitely be there. That is the independent bit of it.

Laura Davis: Fidelity reviews will pick that up. When a provider starts working with individuals, 12 months later they have to go through a fidelity review. I am warning areas: "Let's not wait for 12 months to have to unpick stuff; let's just bake in fidelity now." If you do that, in 12 months' time we will see providers get much better outcomes for people.

Q105 **Rushanara Ali:** You already talked about Jobcentre referrals and so on. Are providers getting the expected referrals?

Richard Clifton: I can talk only about the areas in which we work. West London is more established; it is absolutely getting what it wants, but we generate a lot of that and have the ability to do that. That comes back again to commissioning models. In different areas, you will have local authorities doing triage; you might have a separate organisation that then cascades it down the supply chain. It will vary. Demand is definitely there. The integration with health and community is absolute key to making sure you get that. If that is got right, you will get the numbers through.

Q106 **Rushanara Ali:** We already heard you talking about the positive outcomes of GPs and the role that health providers play, which is great. Can each of you talk us through the effectiveness or what can be improved in some of the advisory work that goes on? There are Pathways to Work advisers; there are work coaches; there are employment specialists, models and so on. There is a landscape of different types of expertise. What else needs to be done in relation to specialism? Following the issue about retention, what on earth is going on if people with the specialism are leaving, and what can we do to encourage the Government to keep them? What else can be done in supporting those advisers so that, again, there is good, high-quality support across the country rather than in specific places?

Richard Clifton: From a provider-base point of view, we invest in our staff. I think that most providers invest in staff, but we can do that only if we have programmes that they are working on. It comes back to the point that we can build that, but fidelity standards will drive the expectations of what is needed. Some of it is values-based; it is not just about true core skills; we are going to have Jobcentre Plus also employing some of these roles as well. It is how we get standardisation of expertise across it.

Nicola Whiteman: Similarly, it is about being able to invest in staff and show that kind of career progression. In terms of JCPs and their model of advisers, this can be seen as a bit of a postcode lottery. We personally find that disability employment advisers in smaller JCPs have a better relationship with us. Sometimes, with the larger ones you might see a higher turnover of staff. It just makes it more complicated.

Gareth Parry: There are pros and cons in whether you commission nationally, regionally or locally. The key for Connect to Work is not

leaving it down to the providers to create the kind of relationships that Richard talked about. Be it the integrated care boards, combined authorities and local authorities, they all have a role in getting everybody on the same page. Seeing employment as a health outcome and having parity of esteem is really important to get the health system to support what Connect to Work is trying to do. The evidence base says that can be done; it just takes time to build those relationships.

Q107 **Rushanara Ali:** My final question is about getting behind the organisations: the brokerage services, the charities and organisations like yours, bigger and smaller ones. Obviously, their ability to be sustainable depends on how commissioning happens, and staffing, turnover and so on. We heard about smaller specialist providers not surviving this change, for various reasons. What, if anything, should the Department be thinking about to make sure, as part of a devolved approach, that time is not lost when the commissioning happens, so that good organisations do not end up stopping the provision of services or even closing because they do not have sustainable funding?

Richard Clifton: It is the forward planning. The fact is that we got to a point where we had a gap between Work and Health programmes stopping taking referrals and going into run-down, and had not decided what the next programmes would be.

Q108 **Rushanara Ali:** There should have been a transition.

Richard Clifton: We had a change of Government in the middle of that, and there were possibly other reasons why some of those delays happened and were more pronounced, but the Department needs that transition. For the Department to do that, it needs the Treasury to give assurance that there is funding to go through. Quite a lot of things need to happen in government more broadly. If this is something that we as a country want to support, we have to put in the infrastructure, and it will start with money being invested.

Gareth Parry: On sustainable careers, I can give you one example. We had one employment adviser with 30 years' experience of supporting disabled people into work. In one area of Wales, on her own, she supported over 600 disabled people into work over the past seven years under the Work and Health programme. When that programme came to an end, she decided to leave the sector because there was no job. That is just one person.

Nicola Whiteman: We have countless examples of that happening at the moment. I do not know whether DWP realises there is a gap, because over the summer I had lots of conversations with the Department in terms of, "It's fine now because we have Connect to Work coming in." I say, "You have, but it's not coming in to all areas yet." Whether that is because the tenders are not there or, even if the contracts have been awarded, it has not actually started yet. I am not necessarily clear that DWP knows that.

Q109 **Rushanara Ali:** Losing somebody who has helped 600 people is not what you would want to see. Do you think that nationally, as well as working with the devolved Governments and so on, there is enough focus on outcomes in getting people into work? Is the system sufficiently rewired to be able to do that?

Laura Davis: When we talk about those 600 people, as we have already heard, there are two different groups here. They were probably not 600 people who moved the furthest away from the labour market. I agree that Connect to Work is not everything to everybody, nor should it be, but we need to be careful that we do not conflate them and think we are talking about the same groups of people because we are not.

Q110 **Rushanara Ali:** The point is about nationally, and those 600 people.

Laura Davis: It is still really important, but when we talk in the context of Connect to Work, that is designed for particular groups of people: the easiest to exclude and ignore, who have not had provision up until now. I want to make sure that we do not ever lose sight of those individuals as part of this provision.

One thing about that workforce development piece that you touched on which is incredibly important is that there is still a real lack of understanding that employment support and support in employment are not the same thing. We hear those interchanged all the time. We need to have a shared language around what we mean by support in employment. That needs to flow through into training at all Jobcentres Plus, to understand the difference and be able to articulate this really well.

Chair: Thank you so much. We are well over time, but I want to extend my thanks to all of you for this very informative session with our second panel.