HOUSE OF COMMONS

Work and Pensions Committee

Oral evidence: Employment Support for disabled people, HC 1227

Wednesday 11 February 2026

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Watch the meeting

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

Questions 111 - 166

Witnesses

I: David Lillicrap, Assistant Director Health and Employment Programmes, West London Alliance, and Ruth Cooper, Economic Development Manager, Renfrewshire Council.

II: The Rt Hon Dame Diana Johnson MP, Minister for Employment, Department for Work and Pensions, Dr Simon Marlow, Deputy Director, Joint Work and Health Directorate, Department for Work and Pensions, Lorraine Jackson, Director, Joint Work and Health Directorate, Department of Health and Social Care, and Angus Gray, Policy Director, Department for Work and Pensions.

Examination of witnesses

Witnesses: David Lillicrap and Ruth Cooper.

Q111 **Chair:** Welcome to this oral evidence session of the Work and Pensions Committee and the final session of our inquiry into employment support for disabled people. It is a pleasure to welcome our first panel. We have David Lillicrap from the West London Alliance—David, you are going to explain a little more about that group in a moment. Online, we have Ruth Cooper, who is the chair of the Local Authorities Economic Development Group and is also from Renfrewshire council—it is very nice to see you, albeit virtually, Ruth.

My first question is for you, David. Tell us about the West London Alliance, how it is made up and when you started. Give us a feel for the Connect to Work programme as part of that group.

David Lillicrap: The West London Alliance is the oldest of the sub-regional partnerships in London. I think it started about 25 years ago.

The core membership is Barnett, Brent, Harrow, Hammersmith and Fulham, Hillingdon, Hounslow and Ealing. More recently, though, with the move of employment support to being very much health-focused and disability-focused, we also work across 12 of the 13 boroughs that are covered by the soon-to-be merged North West London and North Central London ICBs.

In terms of how Connect to Work fits into that, the maturity of the system in West London means that we have a lot of the established processes and governance that Connect to Work could slot into. For example, we have been running the devolved Work and Health Programme since 2018. I have a programme board for Work and Health that Connect to Work slotted straight into. For the decision-making processes around Connect to Work, we already have pre-existing chief executive officer groups and directors of economy groups that we could take decisions relating to Connect to Work through.

Q112 **Chair:** It sounds as if you have been a long-running group, you know each other and your governance framework is already there. How was integrating Connect to Work within this group? You said it was easy. Did you find any challenges?

David Lillicrap: There are always challenges. Where we may have had an advantage over some other accountable bodies was that we had a framework into which Connect to Work could slot. I cannot think of any specific difficulties. Certainly there is a huge challenge with the local authorities integrating on the ICB side because, as you heard in the last session, Connect to Work is based on individual placement support and SEQF. With individual placement support, one of the key factors for achieving high fidelity is integration into health services, and that is very much newer. That has been a big challenge in both go-live and subsequent roll-out. It will be a key focus for my team for the remainder of Connect to Work.

Q113 **Chair:** How did that manifest? You say that the protocols around integrating into the integrated care board were not there.

David Lillicrap: We have been working with the integrated care board for some time, but it is an evolving relationship. When there was the vaccine programme for covid, because we were working with a lot of unemployed people and they needed a lot of people to employ to deliver the vaccine programme, we formed quite a good symbiotic relationship there. We could help them out and we had the resource that they needed, which was people looking for work.

Chair: We might want to explore that a little later, but I am going to move to Ruth now, if that is okay. Ruth, tell us about what is going on with Connect to Work in your part of the world.

Ruth Cooper: Connect to Work is not available in Scotland at the moment, as far as I am aware.

Q114 **Chair:** Ignore me, Ruth. I had a senior moment there. Tell me about No One Left Behind.

Ruth Cooper: No One Left Behind is the Scottish approach to delivering employability services. It focuses on providing a person-centred, flexible approach to people of all ages, and the main aim is to bring people much closer to work and to get people into work. It is a joint approach, between local government, local authorities and the Scottish Government. We signed a partnership agreement back in 2019 to work together and invest jointly in employability services across Scotland.

Local authorities have a long history of prioritising employability. We used to use a lot of EU structural funds, and the Scottish Government, who also invested, wanted to change their approach from national programmes to bringing things to a much more local level, with the key aim of reducing duplication, integrating and aligning employability support with other key services such as health and housing and justice, and making sure it was local decision making about how resources were used.

In Scotland, No One Left Behind is very much about the local decision-making process. In every area in Scotland now we have what are called the Local Employability Partnerships, which are usually chaired by the local authority—I am the chair in the Renfrewshire area—and also involve the third sector and DWP jobcentres. We also have Skills Development Scotland, further and higher education, and the private sector, through the chambers of commerce.

We make decisions as a group about how resources are spent and what the local priorities are, to make sure that we are not duplicating and that we are making sure that the funding and the services are going to where the biggest areas or priorities would be. That is to ensure that we are not duplicating what is already on the ground, because in some areas there are a lot of provisions through the third sector and we do not want to remove them or take away from them but build on what we already need.

No One Left Behind is very much about support for disadvantaged groups, one of which would be those with long-term health conditions or disabilities, but it also includes people maybe with convictions who have gone through the justice system, maybe those from very deprived areas or families living in poverty and young people, particularly the care-experienced. Our services are there for all disadvantaged people. We augment our services with specialist services for particular groups in the area, and one of those groups would be people with health and disability issues.

Q115 **Chair:** Do you have a triage system for, say, a cohort of people who may have mental health issues identified as they present?

Ruth Cooper: Yes, we do. The key thing in Scotland is that probably none of the LEPs or the services is exactly the same, but they follow a

similar process. I can talk you through our process. My service deals with just under 2,000 people in a year, who would come through to our own service, which has all the key workers.

I will be open about figures. My service, including the funding that we get, is worth about £5 million a year, and about £3 million of that goes to the core service that I deliver, which has key workers, trainers, welfare rights officers and health and wellbeing support. I would say it is not quite a generic service, but it is a service for anyone because we find that, although we have people with very specific disability needs, a lot of people who see themselves as more mainstream also have, in particular, mental health support issues.

Therefore, we have a range of core services that cover the full employability pipeline, as we would call it, but then we have another £1 million of additional bought-in support for the Renfrewshire area, where the LEP would decide what is actually required, and that is where we buy in IPS, or supported employment, etc. Then we have another £1 million of support that is all about the clients themselves, so that we can buy training for them on an ad hoc basis, so that we can fund training or equipment for work.

We also have quite a big programme of paid work experience, where people can undertake up to six months in work, which is fully paid for. There is a range of things there. You go through a pipeline with one key worker who is really supporting you and making sure that you are going to the next bit of the service that suits you. They will help with that kind of assessment and support as an action plan, and we have a wide range of activities that are available locally for that person to work through.

Q116 **Chair:** Thank you, Ruth. A quick question from me because I am conscious of time—do you have opportunities to chat across the border, David and Ruth, to learn from each other?

David Lillicrap: No.

Chair: Well, there you go; you are introduced now.

Q117 **Damien Egan:** Thank you, David and Ruth. I would like to ask you both how much choice you had in how you deliver your respective programmes and how you have learned and adapted what works best. I am conscious that you both cover large areas even in the West London Alliance. I was involved with Central London Forward. These regional partnerships have vastly different communities and different needs. How do you accommodate that and learn what is working?

David Lillicrap: Originally this was around Connect to Work, but in West London we run WorkWell, and we are also running one of the inactivity trailblazers that are focusing on musculoskeletal conditions. In Connect to Work, we are asked to deliver IPS and SEQF, which are tightly defined frameworks with very good evidence bases. There are limited things that we can do in terms of the approach—although, given the evidence base

around both of them, for us that is not an issue. We would rather work with something that has evidence that it works.

On MSK Trailblazer, the clue is in the "trailblazer" name. We could do whatever we wanted, effectively. Obviously, we had to make the case through the business case process that we thought it was going to work, but it is intended to trial new things. WorkWell probably falls between the two programmes in that there was a degree of requirement laid down by the joint DWP-DHSC team, but within that we could work more broadly.

The reason we are very supportive of devolution is that we can do things with an understanding of the local environment that is better than that of somebody based in, say, Leeds or Birmingham. We have—this is a London thing, as you say, with Central London Forward—diverse communities. We have, I think, the largest gurdwara outside of India in Southall. We have a long relationship, and it is growing, with NHS colleagues. These are the things that we can bring as additionality over and above, say, in Connect to Work a quite tightly defined specification for how we deliver employment support.

Q118 **Damien Egan:** Thank you. Ruth, is there anything you would like to add?

Ruth Cooper: Yes. At the local level, we have full responsibility for deciding where the funding goes and what we need at a local level. Although we get funding from the Scottish Government, they leave the decision making to the local partners. As part of our LEP structure, we have thematic groups, and one of them would be for those with health and disability issues. The thematic group has employability practitioners and also people from those services related to health and disability, so that they can tell us where they are experiencing concerns at the operational level, and we can link them with the employability requirements.

For a lot of it, as David was saying as well, we are quite experienced in working together. Our LEP has been operational probably for about 14 years now, but really since the start of No One Left Behind in 2019, it changed from being just information to decision making. That has made quite a big difference in how the LEP operates. One of the key things for us in having that thematic group is that we also become aware of other resources that might come in for health and disability via health or via the council services through social work and adult services. It lets us all be up to date with what is going on within the local area.

We are a much smaller area than David mentioned. Renfrewshire has 190,000 residents, so quite a small number compared with David's size in London, so the decision making for us is very localised. It can even be down to a community-based level—not just the whole of Renfrewshire, but a particular community focus as well. It seems to work relatively well. Of course, resources are always an issue, and we could always use more, but for decision making, we have a very good understanding and

awareness of what is already on the ground and what we need to do to improve the situation.

Q119 **Damien Egan:** Thank you. With these kinds of programmes, outcomes can vary significantly between different localities. Do you feel that the programmes you are talking about strike the right balance between having that local flexibility, but also the national oversight in making sure the outcomes are where everyone wants them to be?

David Lillicrap: Yes.

Damien Egan: Excellent. Ruth?

Ruth Cooper: Yes, I think so. In Scotland, it is probably slightly different. If you were to look at the No One Left Behind figures in Scotland, which are published through the Scottish Government, you would see figures that only represent the Scottish Government's financial input to No One Left Behind, and at the moment that is about half of the figures. What probably isn't there are the full figures for what is delivered across Scotland, because individual local authorities may report to their own local authority and that information is not pulled together at a national level. I would say that the figures you will see from Scotland do not represent the full picture.

Q120 **John Milne:** There is a great variety of services across the country, and the idea is to give freedom to allow local delivery, but there is also the national programme. How well do you think the national programmes integrate with local services? Ruth, you were talking earlier about how you did not want to conflict with or cancel out a service that was already there. How do you think the integration is going?

Ruth Cooper: In our area, because a number of the DWP services, such as Connect to Work, are not operational because of the devolved nature of employability in Scotland, it is perhaps not as big an issue. Within Scotland, across the board, we have the DWP national services without a lot of the programmes. We also have Skills Development Scotland, the national careers body for Scotland, which works primarily with young people but can do all ages as well. Because a lot of the responsibility for the creation, design and development of those specialist programmes now sits at the local level, the partners are round the table with their own knowledge, awareness and understanding of how their services work, giving us the ability at that local level to create the services that merge around that.

For us, it works relatively well. What we feel we do not have now is some big programmes being parachuted into areas where there were already services in different ways. For us, it has been an improvement in service since 2019 and that is not just for DWP services. Previously the Scottish Government would announce large national services, and we would be thinking at the local level, "That is just going to compete with what is already on the ground and working well." This new model—new six years

or so ago—works well for us now, being able to prioritise the groups that we want and to have the services that we are looking at locally.

Q121 **John Milne:** Thank you. David, how is the integration of local and national health in London?

David Lillicrap: Aside from Restart, I am not aware that there are many nationally run employment support programmes remaining, with Connect to Work being devolved and WorkWell coming into each of the ICBs. However, we have established a triage function, because when somebody sends us an expression of interest in having employment support, the first thing that would happen in any programme is a support worker would pick up the phone and call them. At that point, it is only an expression of interest, so there is something of a sales job to be done.

Once somebody has shown an interest in going back into employment in general, we want to be very much on the front foot to promote and get them into the programme so we can start helping them. That would typically take an hour. We get 2,000 expressions of interest a month, so we have extracted that into a triage process that looks at whether it is most suitable for somebody to go on to WorkWell, Connect to Work or the trailblazer. In addition, we also run, centrally funded by OHID, an IPS service for people in treatment for drug and alcohol addiction.

We have worked for a long time with our IPS teams in secondary mental health, which are either run by the trusts or outsourced by the trusts, so where we get people who have severe and enduring mental illness we can move them to there. That means that the individual gets a seamless view of all the employment support. We also have a very good relationship with our local JCP and the head of West London's Jobcentre Plus. She sits on our programme board. That is how we integrate, say, the work of the disability employment advisers.

Q122 **John Milne:** In any programme like this, the co-operation with local employers is absolutely crucial to success. I know that in my own constituency of Horsham, many of them have disengaged with the local jobcentre because they felt they were getting the wrong sort of candidate put in front of them. How well engaged do you think employers have been in your areas?

Ruth Cooper: As part of our service, we have an employer engagement team who work for all disadvantaged groups in the area in terms of getting them in front of employers and trying to secure vacancies, particularly for some of those people. I think it is a mixed bag. In the current year, we commissioned another organisation, SUSE—the Scottish Union of Supported Employment—to work more with employers to make them aware of the support available to them for people with a disability, because we felt as if we were not really getting the penetration of employers understanding what support was available to them. We recognised that as a weakness in the area.

Because we are local, we have good links with some employers. I think probably the smaller employers, who have much more flexibility about how they recruit, are more prepared to take a chance on a local person because we have introduced them and they may have had a work trial with them, or there is a particular passion there.

It is quite a mixed bag. I think it is quite hard to get some of the larger employers, in particular, to step out of their comfort zones of what they usually do. In other ways, we have IPS support that works really well, but it is very individually targeted on the right job for the right person, so the right employer. There is a lot more that could be done in the employer engagement arena, but from numbers that we are looking at just now, we are relatively happy with how things are going.

David Lillicrap: The Shaw Trust runs an employer engagement function for us. If you go back to how I described the triage, because we brought most of the provision together, we do not have different services competing for the attention of the employer, so we are not getting seven different programmes all knocking on the door of an employer. An advantage from working across the West London lines—I do not know all of your backgrounds, but clearly some of you are from London—is that the borough you live in is frequently not the place where you work, especially if you live near the border and you are working in a school just on the other side. If we were to run programmes as individual programmes within the individual boroughs, there would be quite a lot of cases where three or four different boroughs would be knocking on the door of the same employer.

We always want our employer engagement to be better, and it is a long way from being perfect. But we have Heathrow, which represents 10% of all jobs in West London. We found this out during the pandemic because that went fairly seriously wrong in West London on an employment basis. We also have the largest industrial estate in Europe, in Park Royal. We have good relationships into both of those, but it is a case of constantly working on it.

One thing that we have done, which employers have really appreciated, is run events called Interviews into Work. This came from an idea from one of my team who observed that from job fairs, very few people left with jobs. They often left with a plastic pencil or suchlike. We regularly work with employers who are looking to recruit for fairly large numbers of jobs. One of the London bus companies, Metroline, is one of the employers we work very closely with, and it provides us with a committed number of jobs. Metroline trusts us to pre-screen candidates.

Typically 100 to 150 job seekers will come into an Interview into Work event where there is a guaranteed job. That is not to say they will get it but, in general, about 70% to 80% of people who attend these events get a job. That is one thing that we do that really shows that, with some employers, we do have a very good relationship, but we are constantly looking for more employers and for the employers we do work with to be

more accepting, particularly now that the Work and Health Programme is less focused on long-term conditions and disability. Now everyone who is coming in is likely to need help from Access to Work and/or some adaptation when they come in, which is not a new challenge, but it is more of a focus now.

Q123 **John Milne:** I have one last quick question. Where do most of your referrals come from? From jobcentres or somewhere else?

David Lillicrap: We are currently working on a nice infographic, which I cannot show you today. In October 2024, when we launched WorkWell, we were probably 95% reliant on Jobcentre Plus and we are reducing that reliance. Jobcentre Plus has been a godsend for us, but we are now approaching 20% to 30% of clients coming from non-JCP referral routes. A lot are from NHS, which is good. Going back to the IPS fidelity, you cannot really achieve fidelity without integration with your local providers. So, yes, the ICB is the top layer, but we now tend to work more with the providers, so the individual hospital trusts, PCNs and individual GP surgeries.

John Milne: That is very interesting. Ruth, the same question to you.

Ruth Cooper: I would say that in our area probably less than a third of referrals would come through the jobcentre and the rest are by word of mouth or through wider partners working with clients, whether it is in housing, health or social work, etc. Because we advertise locally as the employability service for any resident, any age, etc, we tend to be one of the first ports of call for people to come in if they require additional support. From that point, we would assess their disability need, etc, and then put them on to the pathway that is right for them. We have a really good local presence, and awareness locally among people that we are a supportive service here to help them.

Q124 **Johanna Baxter:** Thank you both for joining us this morning. We have heard about workforce shortages in the employability support sector. First to David, in respect of Connect to Work, have you been able to secure the necessary expertise that you require and how are you managing workforce pressures as demand for support grows?

David Lillicrap: There are quite a few parts to that question. We came from a very strong position on this. We have been running IPS in primary care as a pilot for about five years. Locally, Shaw Trust and Twining-Hestia have both achieved IPS fidelity on other programmes. The nature of IPS fidelity is that it needs to be done per programme, so even though we ran a service that was outsourced to Shaw Trust and we now outsource to Shaw Trust for Connect to Work, we have to re-establish the fact that that is delivered at a high degree of fidelity to the IPS model.

We came into this again in a position of having an established IPS workforce and, as IPSPC case loads have declined, the individuals who are good enough have been moved across into Connect to Work. Also something we do with Shaw Trust is we have been using IPSPC as a sort

of a feeder, a training IPS programme, where people who have experience of delivering employment support can develop their skills on an established IPS programme.

Having said that, we did have some recruitment issues over the summer because with IPS you cannot bring somebody in and get them delivering IPS on day one of employment. You can look into the statistics of our referrals. One of our absolute red lines is we do not want to go over case load sizes. There is a fundamental that, if you have a case load size of 18 and you have 100 IPS coaches, you cannot take on more than 1,800 people, so we did have a bit of a delay but that is now resolved.

As I said earlier, in terms of competition for resource, the NHS runs IPS services in its secondary mental health services. As part of our commission, we have equalised pay with the NHS pay grades. But, yes, it is an ongoing problem that people who work in West London on IPS will come in from having worked for an IPS service that has a very good reputation, and they will be able to get jobs elsewhere almost on the back of having worked in a very high-performing IPS service. It is an ongoing problem, but we are not experiencing any issues at the moment.

Q125 **Johanna Baxter:** Okay, thank you. Ruth, by comparison have you experienced any problems finding enough people with the right skills that you need to deliver the No One Left Behind programme?

Ruth Cooper: Not particularly, I think because a lot of the programmes that are local are commissioned to expert services. Other than Project SEARCH, which a lot of the time is delivered in-house across local authorities, the majority of those types of specialist services would be commissioned and then we have—particularly from the third sector—expert organisations that are very good at delivering, which we try not to get involved with. They are the experts, so we bring them in and we will provide the generic and introductory support and then clients will move on to those services. We do find occasionally when we have commissioned programmes that they may have a staffing issue, but I think no more than anyone else. I do not think it has been a particular issue for us.

Q126 **Lee Barron:** I am conscious of time but want to focus on delivery against targets. How many people are you expected to help into work and how soon will you know if you are on track to meet that target?

David Lillicrap: Each programme has a different target. In the Work and Health Programme, the break-even target set by the Treasury was about 35% of people not getting a job but sustaining in work, and we have similar targets for Connect to Work. At the moment, we are mainly tracking first earnings, and we are ahead of profile on first earnings. We are at profile for numbers of starts. We are going to be working with around 11,000 people over the duration of Connect to Work.

As for knowing whether we are achieving our target in the Work and Health Programme, our performance is published on Stat-Xplore by ONS.

I think the transparency of relative performance across areas is a strong motivational factor. We want to be the best and we continue to drive on that. Another key thing is that we have less of an interest, long term, in job starts; we have much more of an interest in sustained jobs.

Q127 **Lee Barron:** Ruth, have you been able to deliver the outcomes that you have been expected to deliver? Have you managed changing demands for your services?

Ruth Cooper: Yes. Uniquely maybe, we set our own targets at a local level. The funding that we get from the Scottish Government as part of our overall funding portfolio does not come with set targets. That is quite different from how previous national programmes would have run, where there was an expectation. However, that does not mean that we are not hitting the previous targets; they are just not set as such and in that way.

Similarly to what David said, I think the number of completers with us—the outcome rate—is really quite high. We also look at the sustained job outcomes. At the local level, there is a real commitment to making sure that each year we are surpassing the year before. One of the problems with the outcomes is that they look at direct things like numbers into work or sustained into work. When you are delivering a quite wide range of employability services, you are also looking at the individual progress of the person. There are softer indicators that we also like to talk about.

For some of our people as well, because ours is an integrated service, it could also be a case of getting support into housing for the first time, so there is a range of things rolled up in there. We do not have targets, but I am sure that at the individual meetings that the Scottish Government have with each of the partner agencies and local authorities, if the performance was not there they would be saying, "Come on." Certainly in our area the performance is there ,but it is very locally set.

Q128 **Amanda Hack:** Thank you, David and Ruth for joining us. David, concerns have been raised about the possible gap in provision following the end of the Work and Health Programme. As this programme was targeted at people closer to the labour market, is this the case and is there a danger that Connect to Work will be redirected to meet this client group?

David Lillicrap: I think where you are going with that question is that on the Work and Health Programme there was an observation that it typically took three to six months for somebody to go into work, whereas IPS has an expectation that people go into work much more rapidly than that. Therefore, there is a risk that somebody who is not at the point of going into work in the next few weeks will not engage with Connect to Work because of that expectation and they potentially will not be served.

Q129 **Amanda Hack:** Thank you. Ruth, No One Left Behind builds on an earlier programme called Fair Start Scotland. Did the transition from one to the

other result in any gaps in provision? Do you have any reflections on that?

Ruth Cooper: It probably depends on who you speak to about that. From the local authority perspective, we basically saw Fair Start as being a duplication of what was already on the ground, and it was the same client group for both. Before it was called No One Left Behind, we had very similar services running within local authorities. For us, it was the opportunity to bolster those services that worked well. We did not really see any particular difficulty in one phasing out and one becoming at a higher level because of resources being redeployed from one area to another. So, probably not but I think if you asked other providers of Fair Start Scotland they might give you a different answer.

Q130 **Amanda Hack:** That is useful, thank you. To both of you, if you could make one improvement to the effectiveness of these programmes what would it be? David, do you want to start?

David Lillicrap: I am not sure this is about effectiveness, but I think we could do with some more case load. As I mentioned, we get 2,000 expressions of interest a month and at present we can take in about 600 new starts, which means that about now we are getting to a slightly difficult position in that we have used up all of our contracted case load for the year. From 1 April we go back to being able to welcome 800 a month. We have had to be a bit creative with our provider and diverting people. Our programmes are entirely voluntary, but if somebody who is not in work wants to work, it does feel rather bad to say, "Well, we can't really help you right now; we have run out of money."

Q131 **Amanda Hack:** This is almost about that peak and flow and how you could manage that in a different way. Do volumes work over a 12-month period or are you simply running out as we get to the end?

David Lillicrap: We have sort of run out as we get to the end, but we negotiated some social value investment from Shaw Trust and are using that to help plug the gap.

Q132 **Amanda Hack:** Has it been more successful than expected?

David Lillicrap: Yes, in terms of people starting on the programme.

Amanda Hack: Lovely thank you. That should be good news.

Chair: Indeed; a nice note to end on.

Amanda Hack: I do not know whether Ruth had anything to add.

Chair: Apologies. Carry on.

Ruth Cooper: I have maybe two things to mention. One is that in Scotland everything is down to annual funding, which is really difficult for commissioning longer-term services. We do it quite well because there is always an expectation that the funding will be there, but it is quite a

difficulty for long-term planning. It is difficult for programmes that run over calendars or financial years.

There is one thing that I would like to see, and it is not just about health and disability. I think there is a strong message at a national level around the benefits of work, and I do not think that comes through. I would love to see a kind of public service campaign, and advertising and marketing generally, about how positive work can be.

When we get feedback from clients, they are different people, whether they have had a health or disability issue or whether they have just been in poverty for a long time and are disadvantaged, or have been care-experienced and have not worked. The difference that working in good work makes to their health and wellbeing is amazing and there is much misinformation around how benefits can support that transition into work. Starting work does not mean that you lose all your benefits, although that is very individual. I would like to see something that promotes the benefit of work and that work is good for you. I think that would make a big difference to people who are entrenched in not working and do not really see that bigger picture.

Amanda Hack: Thank you Ruth. That was also a nice point.

Chair: That was also a very good point to end on. Thank you, Ruth Cooper and David Lillicrap. It has been lovely to see you both.

Examination of witnesses

Witnesses: Dame Diana Johnson MP, Dr Simon Marlow, Lorraine Jackson and Angus Gray.

Q133 **Chair:** Welcome to our second panel for the final session of our inquiry into employment support for disabled people. It is a particular pleasure to welcome the Minister for Employment, the right hon. Dame Diana Johnson, and her team. We have Lorraine Jackson, who is from the Department of Health and Social Care as part of the joint work and health directorate, Dr Simon Marlow from the DWP, but also from the joint work and health directorate, and Angus Gray, who is the director responsible for the pathways to work, Connect to Work, localism and employment support. I bet that keeps you busy, Angus.

Minister, you will know that this Committee has spent a long time focusing on something that is really important to us, which is safeguarding claimants—anybody who is engaged in accessing services through the Department. Could we start by considering what the position is now around conditionality, and where it will be? I appreciate that the Timms review is under way, but where are we in thinking about conditionality for disabled people?

Dame Diana Johnson: First, I should say that I am really pleased that this Committee and the predecessor Committee looked at safeguarding and took that very seriously. Since I became the Minister at the end of

last year, one of the things I have been quite taken aback by is that previous Governments did not think that safeguarding was an issue that they needed to be concerned about. I was quite shocked by that. I think things have moved on considerably. Under this Government, we are very clear that safeguarding is everybody's business. I want to pay tribute to the safeguarding lead in the DWP, our chief medical adviser, Dr Gail Allsopp, because she has been spearheading that approach, that this needs to be everybody's business. On that basis, what is important is that Dr Allsopp and her team are very much embedded in policy development.

I have certainly made it my business to find out what is happening at the front line, because I have responsibility for jobcentres. Because you are all very experienced in this, you will know that our frontline work coaches have vulnerability training as part of their initial training to be work coaches. You will all appreciate that that is different from safeguarding training. In the written ministerial statement at the end of last year, which the Secretary of State put out, we made it clear that we are rolling out that level 1 safeguarding training. I know that you, Chair, wrote to the permanent secretary recently after his appearance to ask for further details about that level 1 safeguarding training. I am sure the permanent secretary will respond to you shortly on that.

I am really pleased to say, though, that I know from Dr Allsopp that 100% of the clinical staff have had that safeguarding training to level 3. That is very positive. Dr Allsopp also told me about the contractors that we use in the DWP. We hover at around 80% in terms of the training at level 3 because of the churn and the turnover of those individuals, but I am certainly very focused on making sure that we have our frontline staff trained in vulnerabilities and safeguarding as well. In the written ministerial statement, we said that at the end of this year we would take stock of where we have got to with rolling out the training and then we would come forward with our plans for the remaining four years. As you know, it was a five-year plan that was set out in the written ministerial statement.

Q134 **Chair:** Thank you. Does that mean that at the moment you have not determined the form of conditionality for disabled people?

Dame Diana Johnson: Discussions are very much with Dr Gail Allsopp and her team and are part of any policy decisions that are going to be made. But I cannot today tell you that we have made decisions on that.

Q135 **Chair:** You might have heard some of the comments from the previous panel. The Committee went on a visit to Durham to hear from Connect to Work providers and commissioners. The results there were very encouraging, I have to say, but again on the safeguarding aspect of policy development, what considerations around safeguarding did you have in this new policy programme? What was Dr Allsopp's engagement in considering, for example, safeguarding in relation to contractor contracts?

Dame Diana Johnson: It might be helpful if I pass over to Angus Gray at this point because I came into this role in September, so I was not around when the original policy discussions were being held.

Angus Gray: There are a number of layers to it. As you probably heard when you were exploring this with the deliverers of Connect to Work, it is an entirely voluntary programme. That is the top line. Secondly, there is some quite extensive stuff in the guidance about both eligibility and suitability, making sure that we are clear about the types of people we are trying to help. Key to that is that it is someone who, yes, is struggling in the labour market, but somebody who is keen to engage and get work. They will not get success out of Connect to Work unless they are in that category.

In policy design terms—and we used an expert reference group of academics, deliverers and local authority representatives to help us design it in the first place—we were thinking about who it is that we need to help, how we should go about that, and what evidence there is about what is effective. That is one level. Then, in the process of approving delivery plans from the local areas, there is one particular aspect of safeguarding—I know it is just one slice of it—which we have been very strong on, and that is the MAPPA arrangements. We want to make sure that there are clear processes and procedures in place from the delivery bodies. That is one of the things we have been assessing, to make sure that their plan is good enough to approve, that they have the right trained people, and that they know they are part of that local network and so on, to make sure that that particular group of people is not a risk to wider participants and that they handle them appropriately.

More generally, it is just part of our expectations—this is in the wider vulnerability space—that providers set themselves up to be able to understand the needs of the people in front of them, to be empathetic, and to properly take account of reasonable adjustments, and so on, that people might need. A key feature of the Connect to Work design is a thing called vocational profiling. That is about, "What are you looking for in work? How can we help you?" and so on, so making the process person-driven. That is part of the answer.

Q136 **Chair:** As part of your governance framework, you mentioned MAPPA, and that has been part of the safeguarding approach that is used with local authorities. If it is meant to be there, but it is not, how are you making sure of that within your governance arrangements?

Angus Gray: You may have heard from some of your witnesses that they are a bit grumpy with me about—choose your verb—nitpicking. But some nits need to be picked, and this is one of them. It had to be both clearly identified and expressed in the delivery plan, and there is a plausibility test. It must not be just that it looks like they have cut and pasted the right words from Google AI or whatever it was.

We have given many of them quite a hard time in conversation along the lines of, "I have confidence that you probably do this because you are a local authority and you deal with these issues daily, but you have given me nothing in the plan that gives me that confidence, so can you develop this story a bit better and demonstrate it?" Then, in the delivery, if any concerns are raised, we will clearly explore and investigate them. In general, we have let a contract for fidelity monitoring, so is the programme being delivered in line with the principles of supported employment? That will be another key test of the delivery in practice.

Q137 **Chair:** Minister, I know what your personal values are, but getting this embedded across the Department is essential. Within your sphere of influence, how are you ensuring that your teams have safeguarding embedded into what they do?

Dame Diana Johnson: You are right that this is very important to me. Safeguarding is about keeping people safe. Someone who comes to a jobcentre may be the victim of domestic abuse, may have been trafficked or is being coerced in some way, and it is important to me that that is picked up and acted on. That is the safeguarding bit, and that is why, as I said at the outset, that is everybody's business. The vulnerability issue is also everybody's business, and I think we are further along in recognising vulnerabilities in the customers that we deal with in jobcentres. For me, both are important. I think we have much further to go on the safeguarding, but I am personally looking at that.

I made it my business last night to go through and look at the level 1 training that we give to people to see what I thought about it. I thought it was quite a good piece of training, and I want to make sure that it is rolled out, and advertised as far as it can be with our staff. In November last year, we had the first safeguarding week in the DWP to put some focus and emphasis on how important this is, and I hope that is going to be rolled out again this year. It is about constant messaging and, for me, as a Minister, asking questions. When I go to jobcentres, I ask, "Have you done this particular training? Do you feel confident to know what to do if someone presents to you and you are worried about them and you feel they may be a victim in some way?"

Q138 **Amanda Hack:** Thank you, Minister, for bringing your team to the panel today. Connect to Work is a Government employment support programme for disabled people. It aims to support 300,000 people into work by the end of 2029-30, and you estimate that about 50% will move into work. With the evaluation running through to 2031, how will you ensure that early findings are available quickly enough to inform delivery and improve outcomes as we go through the programme's lifetime?

Angus Gray: As ever with employment programmes, there are a number of layers to this. The first thing, as you correctly point out, is that we have these performance expectations, and in each grant agreement that I have signed with a local area, we have turned that expectation into a performance curve. When do we expect people to get their first earnings?

When do we expect people to get sustained employment and numbers against that? That will then be the basis essentially of performance management.

It will be a more collaborative approach because we want to work with local authorities and not treat them just like a provider, because they are on the same team, but we have those very clear expectations that we will be monitoring them against and then having conversations if they are off track. That is the first indication of whether we will deliver our aspirations: how the actual performance is going.

Over the years—I have been here forever, and I suspect we were always quite good at it—we are quite nuanced about, "Okay, that was a best guess about how many people might go in. What is actually going on? Why are you slightly behind?" or even sometimes in the early months, "Blimey, you're exceeding performance. Are you sure you are still helping the right people?" We start with those conversations about context and understanding. Then, as you say, the real question becomes an impact question, which is where the evaluation comes in. Simon, do you want to say a bit about our approach to the evaluation?

Dr Marlow: Yes. To complement all the data that is starting to come in at the moment, over the next year or two we have a very comprehensive evaluation plan. We have a contracted evaluation by NatCen, which is a very mixed methods evaluation, qualitative evidence, quantitative surveys and development of an impact study to look at what the difference is between the group who go on and the inferred counterfactual for the Connect to Work group.

We have set out the business case assumptions for the impacts over the years. That was published at the end of January, where for every £1 you might spend on Connect to Work we estimate that overall the economic value will be around £2. That is something we will be evaluating very closely. We have done this with other programmes, whether it is Restart, whether it is Work Choice, whether it is New Deal for Disabled People. We will be using very similar methodology. Of course, this is very different. It is richer and it is locally driven. We have a lot of work to be able to develop this as a team.

Q139 **Amanda Hack:** Are we seeing any early findings? Obviously, when we say disabled people, we are talking about a broad range of individuals. I am always really interested that we understand that nuance, that complexity, and how disabled people are managing their lives overall. Are we seeing any early findings—anything that we are already tweaking?

Dame Diana Johnson: First of all, it is disabled people and people with health conditions and complex reasons why they are unable to enter the labour market. When I went down to Lewisham to see for myself what was going on, I was privileged to meet a group of people who were part of Connect to Work. It really varied, actually. There was a woman in her

50s who was struggling to get into work and perhaps had some personal issues.

There was a neurodivergent young man who was a brilliant swimming coach but needed some help to stay in work, and Connect to Work was able to assist him to do that job well. Then an older man was telling me about his family. There had been cancer. He had had to care for family members. He had been out of the labour market. He needed that bit of extra help to get him back in. For me, that was rich in seeing the variety of people who could be helped by Connect to Work. Sorry, Angus, I think you were going to say something as well.

Angus Gray: It is partly to reflect what we have already done. Connect to Work itself builds on the very snappily titled IPSPC, IPS in primary care. Particularly in implementation terms, we have learned a lot from that. We have been stressing through the delivery planning process the importance of the integration with other services locally, for example, because that is one of the things we really see. I have also had to manage myself as SRO about speed because some of those things take time. We have been deliberately making sure we do not rush at things, and we give local areas enough time to build those relationships.

On the fidelity stuff, although when it comes to a visit local areas might feel as if they are being tested, actually it is supposed to be part of a continuous improvement framework. That will be part of the lessons. "What am I doing here that could be improved?" Finally, I think it is a bit early on learning things, but where we find an area is struggling with a thing and preferably has found a way through, we definitely will want to share it across the other areas because that is a key part of the learning process.

Q140 **Steve Darling:** Thank you all for coming today. We have heard evidence as a Select Committee that the Connect to Work scheme is somewhat over-bureaucratic and that it repeats the same challenges that have appeared on other schemes. It also puts additional strain on local authorities. I would welcome some reflections on how you would respond to those criticisms.

Angus Gray: You have an insight into my daily life. This is definitely one of the ranges of obstacles we have been navigating over the last year. On the one hand, the supported employment model is very well evidenced. It is clear what the key features of a good, supported employment model are, and therefore I am insisting that those are delivered. It is not an unfair criticism for local areas to say, "But we might have better ideas," but my response to them is, "I am the SRO. We have been funded to deliver this supported employment programme. It has these features. You need to deliver it this way because we think it will work." That creates a tension, so that is definitely true. It is also true that I work in central Government and we are a bit bureaucratic because we ask for the delivery plan, we assess it thoroughly with experts, and it was very clunky and unsatisfactory for the early areas that went through that.

Q141 **Steve Darling:** Do you reflect on how things could be a little more streamlined in delivery and so forth, allowing a bit more flexibility?

Dame Diana Johnson: It is fair to say that this is the first time the DWP has done it this way and it has been a learning process, it seems to me.

Angus Gray: Yes, certainly in that assessment process it was very clunky early on. We have definitely streamlined it. I have a table here of how quickly we have been able to approve plans, and so on.

Q142 **Steve Darling:** I think that is the positive thing that you have just alluded to. If lessons are being learned and as it rolls out further there are opportunities to try to streamline and those opportunities have been taken, one can only welcome that.

The funding is quite limited. I think it goes up to 2029. In the greater scheme of things, that is not very long. How are you able to give any stronger confidence to local authorities about the longevity of these? I know from my experience working with organisations that help to deliver these in my constituency that often it can take quite a while to get people in the right place. Making sure there is that longevity is important. It is so important that we get people into work because it is so good for people.

Dame Diana Johnson: Of course, we are bound by the fact that we have a spending review period. That is why the funding is as it is. The intention is—I think, Angus, you would say this—that the five years is what we are looking at but the funding is allocated on a three-year basis just because that is the way Government operates.

Steve Darling: That is useful, yes.

Angus Gray: I have signed agreements for the full five years, even though DWP does not have a budget for the final year. I have had strong conversations with my finance director about the wisdom of that and obviously there are clauses that would enable that to be broken. However, yes, my main ambition is that it works and therefore becomes part of it forever.

Dr Marlow: That is why it is so important to have timely evaluation throughout that between now and 2029-30.

Steve Darling: That is really helpful. Thank you.

Q143 **Chair:** As I mentioned at the beginning, we went up to Durham. We heard from providers there. We have heard from witnesses this morning as well. I accept the points that the panel is making, but that there are variations in commissioning across areas means there is a lack of a consistent service model. I do not know how you would like to respond to that.

Angus Gray: This is one of the things I am keen for the evaluation to draw out—whether there are any observable differences between the different models—because it is a feature, not a bug. We allowed local

areas to decide how. Some have strong in-house delivery. A handful have gone for completely contracted out. Most have some hybrid version of what they are doing themselves and what they are procuring.

Completely understandably, there is some area-wide provision, but often they have said, "We are essentially a loose confederation of four local authorities and therefore we have to make sure that this local authority does its own bit in Leicestershire, and this one does it in Rutland," and so on. My only criteria when assessing the delivery plans was: do I plausibly think this feels deliverable in the way you are describing and planning to do it, do I think you have thought through the challenges that that might bring, and do you have an answer to that? Because if you do, this is the point: it is about local choices.

You are completely right. We might conclude that doing it on a micro-level or in some places where there are very few people was a mistake and you would have got better economies of scale, for example, had you done it at the whole accountable body level. I did not want to prejudge that because actually the opposite accusation is the one I have heard most often in my career. "DWP, you are a monolith. Why do you do it at such large scale? Why are you not more responsive to local?" So here we are being more responsive to local, but it is not a risk-free enterprise.

Dame Diana Johnson: It certainly fits with the direction of the Government in terms of devolution and devolving down to local areas to make decisions. We have quite a patchwork of devolution at the moment, particularly in England, around where you are devolving to.

Q144 **Chair:** No, I accept the tensions in how you are going to do it. We have not asked any questions specifically on monitoring and evaluation, particularly independent monitoring and evaluation, so tell me about that.

Angus Gray: I think that Simon described the NatCen evaluation. It is independent so it will be doing its work on the qualitative and quantitative. The fidelity contract I referred to is a third-party organisation that will be assessing each individual area against the fidelity score. Then we will be doing our own. As with any programme, we will have data that we will be monitoring performance against inside DWP and having that relationship with each of the local areas about how they are doing.

Dr Marlow: Maybe if I just pick up the relationship of the local areas with DWP, traditionally on the big programmes you know about in the past it has been quite easy. The data comes in and as analysts we look at the data, we can monitor it, we can publish the data for everyone to be able to see, and we can do an evaluation. Here there are a lot of data-sharing agreements that need to be negotiated. There is a lot of work with local areas to work out how to have consistent data feeds, so that we are assured of some good data coming in and can understand how many people are going on the programme, and the characteristics of the people who are going on it. You have already heard that it is a broad

eligibility group. We want to be able to capture and understand that profile of people coming on—the kinds of people who come on.

We will capture that more richly in our surveys, where there are opportunities to ask lots of questions about people's experiences of Connect to Work, how it is helping them to find employment, what their barriers are, what the challenges are for each particular person and whether they find employment or not so that we can learn more, and then even deeper qualitative research, to actually have conversations with participants to find out what is going on.

Everyone will have unique circumstances, so the monitoring and evaluation will help us to understand the people who go on it. I have already talked about the impact evaluation and the importance of that in the long term to be able to understand what the ultimate impact is and what the value for money is of Connect to Work when you bring it all together—all that money, all the local areas. We need to do all that in partnership with local areas.

Q145 **Chair:** Has the evaluation framework been published? It would be useful to see that.

Dr Marlow: The contract is out in the public domain. It is well known in that sense. In terms of the framework, I would have to get back to you on that, but the contract is there.

Chair: That is really helpful. Thanks so much.

Q146 **Lee Barron:** Referrals to the Work and Health Programme ended prior to Connect to Work being in place, leading to a gap in service provision. The question basically is: why was the transition not better aligned?

Angus Gray: We did debate this long and hard because obviously we knew that the Work and Health Programme was due to end. We had already extended it. We knew that was potentially an option. Essentially, it was in the end a choice about financial priorities and what we could afford to do. We were definitely cognisant that in some places there would be a gap in provision precisely for the reason you say, although the last referrals were in, I want to say, November 2024. It is a year-long programme or a bit more.

Dr Marlow: Yes, 15 to 18 months.

Angus Gray: Fifteen months, so there will still be some participants even now as a result. However, you are right, it would have been better if I had been able either to extend that or to mobilise more quickly. There were difficult financial decisions. This was early doors of the new Government, basically, so it was part of that first spending review conversation about what was possible and what was the best bit.

Dame Diana Johnson: It is right to say as well, isn't it, that the guidance around Connect to Work, the new proposal, went out in November 2024?

Angus Gray: Yes.

Dame Diana Johnson: Was it May 2025 when the first—

Angus Gray: Yes, the people you were speaking to this morning were the first to go live in April, May 2025. Yes, in some places the gap was quite small, but despite my best efforts, in other places it has been slower to mobilise.

Dr Marlow: The Work and Health Programme had a slightly different eligibility group as well. Connect to Work is really trying to address the problem of economic inactivity due to illness, sickness or health conditions, as we have just heard. It is trying to do that in a more serious way and with greater reach than at really any time we have done this before in DWP history. The Work and Health Programme was predominantly for those who were jobseekers or those who were on the universal credit intensive work search group.

Only a small proportion actually went on the Work and Health Programme. The evidence from the Work and Health Programme was good for that group, as it has been for things like Restart and other programmes. Connect to Work is trying to address the issue around this quite broad group and to use the very good international evidence on supportive employment to help this group.

Angus Gray: It is not quite your question, but the other thing we did do in order to minimise the gap where this was relevant is we have extended a thing called local supported employment, which was for people with learning difficulties, that is run in some local authorities. We extended those in order to minimise the gap. We also extended some of that IPSPC provision, again for the same reason, to make sure that was smooth. The one thing that we did not in the end extend was the Work and Health Programme. It is partly because it was a different thing, but it was also because you cannot do it week by week. You have to go in big, and it would have been a large extra cost.

Q147 **Lee Barron:** What is being done to ensure that there is an accurate picture of on-the-ground readiness for the roll-out of Connect to Work? You spoke about some of the areas.

Angus Gray: If I go right back to the beginning, I guess I have always known there was varied capacity between local areas. It is a reasonably obvious point. We therefore set ourselves up with a range of experts and internal teams to be able to work with areas to help them. The encouraging thing, which did not feel true when I first took this job on, was that every area was up for it.

The very early advice I gave to Peter on the accounting officer perspective was that there is a risk there will be some places where there is nothing, as some areas might say, "No, thank you," because of the wider pressures on local government, but actually every area has been enthusiastically engaging. Then it has just been a support thing about how we help you to be ready. In particular, we have made an offer on the commercial side regarding how to think through the best way to let contracts, manage contracts and so on where they are doing that.

We have tried to strike that balance of giving them the lead but then having a good support offer around them to help them to get ready. Then once we have signed the delivery plan there is a very—again, they will probably say to me "overly"—managed process of implementation readiness and support regarding whether they are actually ready to press the button and say they are live. There is essentially a checklist that we have to go through with them about all the things that would need to be in place, like, "Have you recruited the staff? Have they got somewhere to sit? Have you done the training?" and so on and so forth. Yes, we have tried our best to help them be ready.

Q148 **John Milne:** We heard evidence from Sir Charlie Mayfield last week and talked through some of the recommendations in his "Keep Britain Working" report. We also heard from representatives of disabled groups and small businesses. People observed a certain tension between the report saying we are facing a crisis—i.e. urgency—yet it suggests a seven-year implementation period. Where do we sit with that apparent contradiction? This is probably one for the Minister.

Dame Diana Johnson: First of all, I think the "Keep Britain Working" report is a really good piece of work, and I pay tribute to Sir Charlie Mayfield for what he has done. He did it very speedily, I think. You are right, there is a long period of time. However, I know Sir Charlie is anxious to see results. The fact that we are going to have set up I think 125 Vanguards and we are going to see—the other key bit of this is that it is employers. It is businesses that are leading on this. It is not Government telling them what to do to provide the best possible support for their employees as they go through their working life and might develop health conditions or disabilities.

I think it is positive that it is employers. It is really positive that Sir Charlie is leading the charge on this. While there is that long tail, I am not sure that we are going to be waiting seven years to see the implementation of the good practice that he is very keen is shared among employers. He is also very conscious about small and medium-sized employers because they are the ones that often do not have the resources that John Lewis or Marks & Spencer or whoever have. I think that sharing of good practice, looking at what businesses can do themselves, and how we develop a better offer between the employer, the NHS and the employee, will be key to this. Lorraine, do you want to say something on this as well?

Lorraine Jackson: Yes; thank you, Minister. My team has supported Sir Charlie Mayfield through the development of his report and the beginnings of the Vanguard programme, which he wants to go live with very soon. As the Minister says, the pace of this reflects the wide range of activity that we are looking to explore with the Vanguards and with disabled people's organisations and others with an interest in this work.

The Vanguards are going to look at developing a healthy work life cycle, looking at the interventions that work and perhaps from their experience those things that have not worked so well through the whole life cycle, from recruitment and onboarding right through to someone perhaps finding that work is compromised a little by circumstances in their life or their health; specifically working to develop a standard so that all organisations of every size and shape and sector can have a strong sense of codified activity that is good, that represents good work, that keeps people in work; and building up an evidence base so that Government can take that evidence into future spending reviews and decisions that they have to make.

I think that may explain the length of the timeframe that Sir Charlie is referencing here. There is a block of activity that is deep policy sprints and workshopping to try to work out what the Vanguards are doing, the Vanguards working together with us, the Vanguards providing information, insight and data through a workplace health intelligence unit that we are looking to establish, and the Vanguards giving us real-time information about how this is working in their organisations. It is quite a different way of doing policy, but I think the timeframes represent fast pace in the activity and a longer timeframe in terms of influencing Government with the results of that.

Q149 **John Milne:** You see it, with that evidence coming in along the way, as generating actions that will be taken a whole lot sooner than seven years?

Lorraine Jackson: Yes.

Dame Diana Johnson: Yes, and I do as well, absolutely.

Q150 **John Milne:** Talking to small and micro-businesses, in the report there are lots of recommendations and a number of them would put costs on to business. Unsurprisingly, they were not terrifically keen on that aspect. Obviously, they are under a lot of pressure in general. Do we think it is reasonable to put extra costs on business, looking at everything else that is happening to them?

Dame Diana Johnson: I take your point about additional costs on business, but what I also know when I talk to businesses is if they have an employee who they have invested in, who is doing a good job for them, and then for whatever reason they have a health issue, a health problem, and they might have to have time away from the workplace, most employers do not want to see that employee drop out of the

workplace. I think there is an acknowledgement that supporting, doing the right thing for that employee and keeping them on the payroll is going to be helpful to that business.

We are always mindful of additional burdens on business; of course we are. That is why it is really important that employers are leading the way in the Vanguards and are the ones that are determining what does and does not work. We have to have an eye to business, as well as how to support the employee. I take your point, but I think that that is factored into the way the Vanguards are set up and the evidence that will come back.

Q151 **John Milne:** Many of the Vanguard businesses are large, though, and if you are a business of five people, it is a huge impact if one of them requires significant interventions or whatever. How would you respond to that?

Dame Diana Johnson: You are right, there are a lot of large businesses in the Vanguards, but I think the mayoral and combined authorities are working very much with the small businesses in their localities for exactly the reason you have recognised, that if you do lose one person and you are just a group of five working together, that can be very difficult. That is factored in as well. We want to test this for all businesses, not just the large ones.

Lorraine Jackson: We have 10 regions that we are working with, and they will bring along with them a whole range of sizes of organisation, including small and medium-sized enterprises and even micro-enterprises as well.

Q152 **John Milne:** I managed a small business in the past, and it can be very difficult to deal with. We asked the businesses, "What would you like if you could have it? What is your first ask?" and they pinpointed a cut in national insurance contributions for taking on disabled or other abled staff. What are the prospects of that? National insurance is always a popular topic.

Dame Diana Johnson: You will appreciate that that is not in my gift as the Minister for Employment.

John Milne: You could recommend it, push for it, lobby for it.

Dame Diana Johnson: We keep under review all policy initiatives. We look constantly at what we can do. I cannot give you an answer on that today, but all I can say is we review, we look. I have constant discussions with the Minister for Social Security and Disability about what more we can do as a Government.

Q153 **John Milne:** If not that, any other suggestions? That was their top ask.

Dame Diana Johnson: From employers?

John Milne: Yes.

Dame Diana Johnson: One of the issues I come across when I talk to employers is about confidence. That is what lots of employers tell me. They do not feel very confident dealing with an employee who is sick or has a disability. That is what I am hoping we are going to get through the Vanguards, that ability for employers of whatever size to feel confident about what measures they need to take and how to talk to an employee. That is often difficult. As Members of Parliament, we all employ people as well. I know it can be very challenging to have a conversation with a member of staff who has a health condition. You want to do the right thing, but often it is having that confidence.

For me, it is ensuring employers have the confidence to do the right thing and have access to information. At the moment there is information out there, but I do not think it is very accessible if you are a small businessperson trying to find out what you need to do about this employee with this certain condition. I do not think that is great, so it is about access to information. Those are the things I am thinking about at the moment. I think the Vanguards and the evidence that comes back from them will help us provide a better offer to employers.

Q154 **Steve Darling:** I wanted to reflect on reasonable adjustments in the employers' world. One of the barriers to people being able to gain work is not being able to get a reasonable adjustment. It feels as if it can be a bit murky, what is "reasonable". Do you have any thoughts about how to give greater guidance to employers around this so that they can have greater confidence?

Dame Diana Johnson: Lorraine, do you want to answer that?

Lorraine Jackson: Yes. We have an online tool, which the Minister may have alluded to, that supports employee health journeys. We hope that more and more employers can have access to that while we are developing "Keep Britain Working", working through the Vanguards and working through all that. We probably see this a little with Access to Work.

The Committee will be familiar with the Access to Work scheme, which is really designed to support employers above and beyond the reasonable adjustments that we would expect that they are making. I think it is quite clear that there is a bit of a muddying around what a reasonable adjustment is that the employer should be paying for and taking on and where Access to Work might well enhance that further.

Q155 **Steve Darling:** I do not want to stray too much into Access to Work because I know a colleague is picking that up, but I want to explore with you reasonable adjustments and Access to Work. I know that there are fears from those who campaign and work in this sector that there are moves afoot to shift some of what would have been picked up by Access to Work as a reasonable adjustment to particularly large employers. Are you able to reflect on that and whether those fears are reasonable?

Dame Diana Johnson: There has been a consultation around Access to Work. I don't want to stray too much into that either if there is going to be another question. A collaboration committee was set up to look at Access to Work. We recognise that there needs to be reform of Access to Work, but I have not been involved in that so I cannot really say anything other than that at the moment.

Q156 **Steve Darling:** Particularly focusing on reasonable adjustments in Access to Work, are you able to shed any light on that at all—where the culture is heading in that direction, or any thoughts?

Dame Diana Johnson: As Lorraine says, I think there is confusion for employers what "reasonable adjustments" means, so I take that. I would probably have to speak to my colleague, the Minister for Social Security and Disability, who leads on Access to Work. I am very happy to write to the Committee to respond to your particular question.

Steve Darling: If you can, just around that interplay between reasonable adjustments and Access to Work, that would be really helpful.

Q157 **Johanna Baxter:** My questions are on Access to Work. We have seen the National Audit Office report on the Access to Work scheme, which makes it clear that demand has doubled; the number of full-time equivalents working on it has more than doubled. On top of that, the Department says it has improved the productivity of case managers. At the same time, the number of reconsiderations has increased substantially, and these are taking longer to process. Why has the number of reconsiderations increased so much?

Dame Diana Johnson: I think we all recognise that Access to Work is demand led and there has been this huge increase over the last few years. As I was just saying, in the "Pathways to Work" Green Paper it was set out that there was going to be a consultation around Access to Work and how we need to change it. The collaboration committee has met and has completed its work. It is now with Ministers to decide what to do next.

On your point around reconsiderations, as I understand it, it is partly because there has been an attempt to try to make sure that policy and guidance is applied in a more consistent way. That might be when people come forward to have their Access to Work grant renewed and perhaps are told no or it has to change, or you are not going to get quite what you had before. It may be because of the guidance now being applied in that consistent way. It may be that, but again I would have to get some information and write to you about that point around reconsiderations. That would just be my initial view about what had happened.

Q158 **Johanna Baxter:** The official stats show there was a 10% decrease in the number of people who had an Access to Work support element approved between the financial year-end 2024-25, and there are anecdotal reports of cuts to award values. Can you explain that?

Dame Diana Johnson: Again, my understanding is that that may be linked to this policy and guidance being applied more consistently across the piece. What I am told is that there is quite a lot of discretion around the way that Access to Work had been applied by individual caseworkers. The idea was to try to provide that consistency. So it may be that, but I don't know, Lorraine, whether you are able to help me with that any further.

Lorraine Jackson: I can only say, Minister, I think that it is in that consistency space where the scheme, for example, looking at elements such as support workers, may have had a slightly lower level of consistency than is being sought right now. Writing to you, having looked into the reconsiderations and the differences, might be the appropriate thing to do.

Q159 **Johanna Baxter:** We would welcome that, but on the consistency point, is it that some employers were using the scheme to fund adjustments that they should perhaps have been funding themselves, or is it concerns about third parties securing disabled people access to funding for support workers and then providing those support workers themselves?

Dame Diana Johnson: I do not think I can really say. I think it would be better if I wrote to you.

Dr Marlow: I have one small point just to fill out the evidence. We do have some research under way at the moment around journeys on Access to Work. That is in the field at the moment, and hopefully that will fill out the evidence a little more around how people were going on to Access to Work and what people's experiences are. I appreciate that will just be a partial answer to the question that you are asking, but I think that would help to shed light on some of these issues.

Q160 **Johanna Baxter:** You have said that the consultations happened, and so on. When do you think you will be coming to us with a view?

Dame Diana Johnson: I was talking to the Minister for Social Security and Disability yesterday about this, and he said it will be soon.

Q161 **Lee Barron:** Turning to the Disability Confident scheme, we have heard concerns that the scheme lacks independent validation and meaningful accountability. How do you respond to those criticisms?

Dame Diana Johnson: I think they are reasonable criticisms, actually. Some reforms to Disability Confident have already been put in place, which are useful and helpful. One of the things I was struck by was making sure that the voice of disabled people is in there, and I am not sure it is at the moment. One of the aims of the reforms that have been announced so far is to provide that independent evaluation and to make sure that the lived experience of disabled people is in there as well. As I understand it, this year, in 2026, we will be looking and testing this out to see what further reforms we might want to make, having tested these initial changes.

Lorraine Jackson: We recognise some of those comments with regard to Disability Confident. Certainly, at the higher tiers of it, at levels 2 and 3, the expectations are higher on employers. Some of the reforms that we have announced and that we are going to be testing this year, as the Minister says, will be around level 3 being quite demanding as to what employers should do, putting that out for external scrutiny that is much more solid, perhaps, than it has been, and making sure that at level 1, where the majority of employers are, that is seen very much as a starting point and a progression point, and that people have perhaps a stronger incentive to move through to levels 2 and 3, where the scrutiny is higher.

Also, as the Minister says, we want to bring the voice of disabled people through much more strongly in the Disability Confident scheme. We have heard that the lived experience does not always match up to the Disability Confident claim that an organisation has, so we want to move the dial on that. We want to make sure that small and medium-sized enterprises have a strong track through Disability Confident, so it is applicable for all sizes and shapes of organisation. As the Minister said, for levels 2 and 3, in particular level 3, external validation is going to be key.

Dame Diana Johnson: I think it is valuable. When I was looking at the figures, 19,000 employers have signed up to this. I think it is good. I recognise exactly what you say, but I think it is something we ought to work on making even better. I do not think it should be scrapped as some people have called for.

Lee Barron: I could not agree more. In relation to the number of employers that have signed up, we used to champion a charter protecting workers who had a terminal illness, because they fall into the disability category once that diagnosis has been given. I also welcome the fact that you want to hear from the people this impacts on. I will be honest: the Department has a reputation for not hearing the voice of the people it impacts. I just think that the more you can do that the better, because that will see some tangible results.

Q162 **Damien Egan:** The Government have announced a national expansion of the WorkWell programme. There has been some caution because you do not have the full analysis from the pilots that went out. I would like to ask about the evidence and the reasoning for the national expansion.

Dame Diana Johnson: WorkWell is obviously based on information, evidence and analysis that has happened before this scheme. When I went to visit WorkWell in Cambridge at the end of last year, one of the things that struck me there was that they had taken quite a long time to actually get going. We have these 15 pilots, and it seemed to me that we were rather ambitious in thinking you could just turn on a scheme and it would be running from day one and then you would get all the information and evidence.

I think it is sound, and I think the evidence and information that we have from the 15 pilots is sound and does not stray from what we believed, that this is a programme that can help people get into work or stay in work, addressing their health issues as well as their employment issues. Perhaps, Simon, you might want to say something about the evaluation, but that is why we decided to carry on and expand it to the whole of England, because the initial evidence is absolutely what we thought it was going to be in terms of providing that support.

Dr Marlow: I can add one or two things. As the Minister has just said, it is based on some good evidence in terms of personalised support to people in work, particularly those with a health condition. The new thing is that it is trying to involve the health service, so very much integrated with the health service. That is quite new. The actual support itself is well evidenced. It is about trying to engage more people who might not otherwise be engaged through DWP traditional services. I think that is a really important point.

We published the first statistics just on the starts coming through: 25,000 people to date have gone on the scheme. This is encouraging, given that this is a new way of doing things. In that publication, we showed that there was quite a range of people going on the scheme. Nearly half of those people who went on the scheme have a mental health condition. There are other characteristics showing the range of people going on the particular scheme.

We have not really got any outcomes yet; it is too early. What we are particularly looking for is some sustained employment going forward. For every programme that we have ever had, it always takes a while because you have to wait for cohorts to go through and see whether they can get some sustained employment, so that is going to take a little while. It is not only about employment here, of course. It is about health outcomes. It is about reducing sickness absence. It is about wellbeing and mental health improvements. These are all things that we have an evaluation plan for.

It is quite similar to what I was talking about earlier for Connect to Work. We have comprehensive, quite big quantitative surveys going to go forward in this year—they will be in the field this year—and qualitative research to understand the processes, the experiences, the staff who are working with people, the whole referral mechanism and how all that works. It takes a bit longer. It always takes a while to see whether there are employment impacts. We have assumptions as to what they might be based on previous programmes, but what we are really interested in is whether this support can work in an integrated way, working across Health and DWP.

Dame Diana Johnson: This goes through the ICB, and you will know—we all know—that ICBs are going through major changes at the moment. To roll WorkWell out at the moment, when the ICBs are reconfiguring and

sorting themselves out, it is about making sure that it is in there now. I was worried that if we waited for the ICBs to be reconfigured and for everyone to be sorted out, we would be fitting in, whereas we are in at the beginning here. We are saying WorkWell is part of the ICB, this money is available, and you need to deliver it.

Lorraine Jackson: Absolutely. It needs to be part of ICBs' neighbourhood health plans. The 10-year health plan was keen to show that shift, and WorkWell is a part of that. To add to what the Minister and Simon have said, getting strong enthusiasm from ICBs to be a part of this and to look at the next three years and say, "We are going to embed this in our plans and we are going to build our WorkWell service," we are really encouraged to see in the early management information that we have published that a strong proportion is coming from GP referrals into this service.

The trust with the health service—one of the lessons we are learning—is essential here. We have seen good indications that what we expected from the programme in terms of the mix of people out of work and those in work, the mix of conditions we are seeing coming through—mental health was mentioned and musculoskeletal conditions are quite a feature—and the range of people and age groups taking part gives us confidence that this is something that the ICBs will want to run with and will want to build into their plans for the next three years.

Angus Gray: As a personal reflection, I worked in the joint work and health unit 10 years ago. We were really excellent at world-class piloting, but then you think, "Come on, there is a big problem here. Why aren't we going?" We could have waited another three to five years until we were absolutely sure, but the scale of the challenge today means—I don't think anyone would accuse DWP ever of being gung-ho on our roll-out of support, but I think this time we are balancing. We know enough to know that it is a sensible thing to do, and we should do it everywhere rather than the more traditional wait, wait, wait.

Q163 **Damien Egan:** Thank you for that reassuring answer from across the panel. I think it is important to have the background and that context. Given the timelines for it, do you know when you will start to get that data about the sustained employment aspect for disabled people and when you will be in a position to not just publish it but learn from it?

Dr Marlow: We hope to be building on the first MI that we published. That will certainly grow in terms of statistics. We will bring in outcomes over the coming year, I would say. We will have our first interim on the surveys and qualitative evidence later this year, and then that will build into, next year, more tracking of cohorts and more quantitative survey. We have interim reports later this year and into 2027, and then building impact analysis over 2027 and 2028.

For the expansion, because we have gone for the extension, we not only want to look at comparison groups for our impact analysis, but we are

also looking at the feasibility of potentially bringing in a randomised control trial for a few areas as well. It is just feasibility, I might add, at the moment because that will give us an even more robust view of what the impact might be at the moment. That is just in feasibility at the moment.

Q164 **Damien Egan:** There has been difficulty recruiting and retaining work coaches. How will you get around that aspect on the work and health coach element of the programme?

Angus Gray: I think you are right across the broad market. I do not think there is an answer but to continue to try, because more and more people need our help and a key part of the help is a person helping another person. Whether it is in WorkWell, the work and health coach or employment advisers and talking therapies, whether it is the employment advisers who sit as part of the supported employment programme or whether it is work coaches in jobcentres, there is some difference in skill but there is also a core. It seems to me that we need to continue to invest, train and support them as a community and not poach between them.

Dame Diana Johnson: I am also conscious with the Jobcentre Plus that we want to transform jobcentres. It is not a tick box compliance relationship you have with the customer. It is about that personalised individual employment support. That is what we want work coaches to spend their time on and that is why we are looking at a digital part of the jobcentre to deal with some of that compliance part of it. It is making the job about, as Angus says, the individual helping the individual and what you can do to support them.

When I talk to work coaches or those who are working in WorkWell or Connect to Work, the people there are enthused about their ability to assist that individual and support them into work or at work. I think it is right that we invest in our training. There is probably more we can do there.

Damien Egan: I think that is right. Whenever we get good examples, it is when people have a good relationship with the clients that they are working with. Thank you.

Dr Marlow: The evidence base as well, clearly.

Q165 **Chair:** I have a very quick question. In terms of the budget and the amount of funding that was identified for employment support, that was constructive. I wondered if you were able to identify what share of that employment support would be specifically for disabled people. If you do not have that figure now, no worries, we will follow up from today's session.

Another point that I wondered if you would like to comment on when you write back, or if you have a word now, is in terms of the scoring by OBR of employment support, particularly given the points that we have heard

about. We know now what works, and that the investment and return on the investment is significantly more by specific programmes. Are you making that argument to the Treasury or directly to the OBR?

Dame Diana Johnson: You raise an important point. Simon or Angus, do you want to say something about this, because I agree?

Angus Gray: I can go first and then you can colour in some of the detail. I think we have had some detailed conversations with the OBR, with the Treasury in the room—really constructive conversations. The first point to say is they are very, very complimentary about the strength of the evidence that we have. That is a real testament, actually, to Simon personally because he did much of it. That is now the bedrock of our evidence. That is a real positive.

I think what you are partly alluding to is the OBR itself has been thinking about what the right approach we should take is when we are doing things like scoring at fiscal events, and essentially it has changed its threshold. Essentially, its feedback to us is it genuinely thinks this extra investment in pathways to work employment support will have an actual quantifiable impact on employment, but there is so much else going on in the system.

We are reforming the jobcentres at the same time. Some programmes have ended and new ones have started. Its job is to look at the macro level, so essentially what it was saying to us is, "We do not think it is sensible for us to explicitly in the maths score an impact of this thing because there is so much else going on." It is complicated.

Q166 **Chair:** You are saying it is affected by less positive things?

Angus Gray: So many other things—yes, exactly.

Dr Marlow: It said that, based on the good evidence, as Angus said, there would potentially be an additional 20,000 to 40,000 inactive claimants into work sustained for a number of years. That does not sound that big, but it is actually a really big, very significant number. As Angus said, it decided not to explicitly put that scored view into the thing. That was back in November now, so there was quite a lot of uncertainty about allocations. Since then, those allocations are starting to materialise with more clarity, so there is more assurance about what the Department is going to spend money on.

I will just add that expectations of the numbers of people who might be engaged with, the economically inactive, are higher than at any time in the DWP's history. It really is quite a step change from thousands here, thousands there, to much higher numbers than we expect. That is obviously going to take a lot of work, and in all the programmes we have already talked about this morning we are going to have to work very hard to ensure that people are engaged and the systems are all working together. It is the beginning of a journey.

Chair: I know I shared the evidence that the Select Committee commissioned, but that 5% would reach your target and give a nice return to the economy as well, so I will leave it there.

Thank you so much, Dame Diana Johnson, the Minister for Employment, and your excellent team. We have all enjoyed asking you these questions; I hope you have not found it too traumatic.