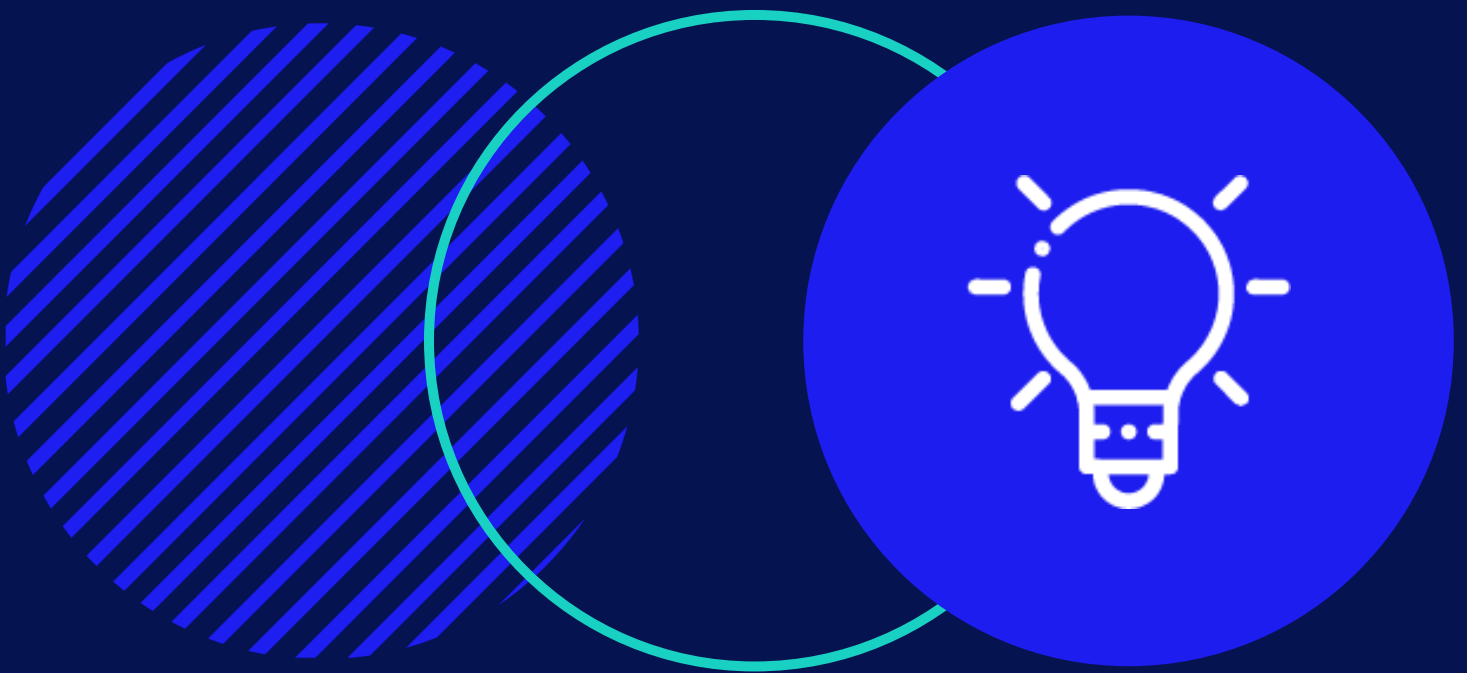


Reed in Partnership

Keep Britain Working

Reed in Partnership evidence submission to
the Keep Britain Working Review, May 2025



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Policy &
Research

Our Report

Reed in Partnership works with thousands of small and large employers across the UK. Every day, we work with employers to help them recruit disadvantaged jobseekers from their communities, help them to recruit someone who is leaving the Armed Forces or enable them to get involved in school careers advice – to give just three examples. We run regular masterclasses for employers, on topics from being a Disability Confident employer to improving employee retention. This briefing compiles insights from our work with employers, focusing on what needs to change so that employers can support more people to stay in work when they have health or disability support needs.

Background

A key priority for the Government is reversing the increase in economic inactivity due to ill health and disability.

Doing so will involve doing two things: firstly, supporting more disabled people and those with health conditions successfully into good work, but secondly, doing more to prevent people with a work-limiting condition to fall out of the labour market. More than one in five

people of working age now report a work-limiting health condition.

On the second of these, the Government recently asked Sir Charlie Mayfield to chair a review of the role of UK employers in tackling health-related inactivity and creating healthy and inclusive workplaces. The review team published a ["Discovery" report](#) on 20 March 2025, which set out their assessment of the challenge. The briefing below sets out Reed in Partnership's submission in response to a call for evidence on this report.

"The human and economic cost of economic inactivity is huge. And the nature of it is pernicious. It compounds upon itself – once people become economically inactive there is a very low chance of them moving into work. And the problem, without significant change, is likely to get much larger. However, while this all affirms the seriousness and urgency of this problem, even at this early stage, I am also confident we can tackle it."

Sir Charlie Mayfield, Foreword to Keep Britain Working: Discovery

Summary

Reed in Partnership welcomes the Discovery paper's diagnosis of the issues facing the UK in supporting people with work-limiting conditions to sustain employment, and the need to focus on prevention, retention, and build in timely and effective support at the times that it is most needed.

While we have extensive evidence from our services on supporting people with health conditions to enter work from economic inactivity or unemployment, this briefing focuses on the key ask of the Discovery consultation: what employers can do to prevent so many employees from falling out of work into economic inactivity because their disability or health needs have not been addressed, and what system changes are needed to support this.

From our review of the evidence, both from our experience of frontline service delivery and experience as an employer, we feel that the focus should be on increasing the number of workplaces where there are supportive but realistic conversations between the employer and employee, as early as possible, leading to a co-designed plan for that individual that is implemented with regular check-ins and revisions. In short, making health conversations a normal part of good workplace practice in an environment where the employee feels safe to disclose their condition. Currently, this process too often does not happen due to fear or uncertainty, or gets mired in complexity, delay and a lack of communication. We think the following could tackle this confidence and communication gap:

- An advice and information service (both online and helpline) providing a clear, accessible source of advice/support to employers on supporting people with health conditions at work, bringing together resources (and the Disability Confident brand), triaging some cases to a casework approach where needed, as well as featuring a resource on Assistive Technology.
- A number of steps to increase "join up" at what think tank Demosⁱ refers to as key "engagement points", such as when someone's in-work support ends if they have entered work with the help of employment support, or when a fit-note is issued. There is already significant learning emerging from the WorkWell partnerships to shape this. Signposting to the service above could be triggered at these engagement points.
- Employer involvement built into the Access to Work service, alongside a triage approach to tackle its effectiveness. This service requires a range of improvements to get it functioning efficiently and effectively but is a crucial source of support for both employer and employee.

Our evidence

We have drawn evidence and insights from the following:

- Our practice as an employer of around 2,500 people, as a Disability Confident Leader and active member of the Business Disability Forum.
- Our delivery of Reed Wellbeing services for NHS and local government commissioners, which have supported more than 400,000 people to improve their health and wellbeing over the past decade, focusing on diabetes prevention, health checks and healthy lifestyle services including smoking cessation.
- Employment support services for the Department of Work and Pensions, which have supported more than 300,000 people into work since 1998. These include the Restart Scheme, the Work and Health Programme (WHP) (80% of participants with a disability or long-term health condition), the Intensive Personalised Employment Support (IPES) programme for people with complex health and disability needs and WHP Pioneer, focused on engaging economically inactive people back into the labour market. Restart Scheme participants are supported by a tailored Wellbeing for Work service. All these services involve working closely with employers on support needs and delivering in-work support for participants.
- Provision of holistic assessments as a contractor to the DWP's Access to Work service, with more than 18,000 assessments provided to date.
- Experience of delivering one of the Midlife MOT pilots for the DWP, which provided a holistic health, work and finances assessment to employees aged 45-55 via employers.

A note on age groups

The Review asked for evidence on whether different interventions work particularly well for different age cohorts. This is because the largest increases in the number of people with work-limiting health conditions between 2015 and 2024 have been seen amongst younger people (aged 16 to 24), with an increase of 1.2 million or 77%, and older people (aged 50 to 64) with an increase of 0.9 million or 32%. While there are clear differences between what works for the different cohorts identified in the Discovery report (which are borne out in the demographic data on people who use our employment support services), we chose not to address these groups separately below. This is because:

- While building employer knowledge and confidence around mental health or neurodiversity amongst younger workers or the physical health needs of many older workers is important, we think that it is more critical to focus on the employers' willingness to tailor work and support to each individual, not assume that a particular intervention will "work" for a particular age group.
- In our experience, employers can be put off by being recommended interventions that only work for a particular age group. Our evaluation of delivering one of the Midlife MOT pilots for the DWP revealed that a large number of employers were put off by the 45-55 target age bracket of this intervention, with many employers citing it as too restrictive and potentially discriminatory.

- Most of the people we support on the Work and Health Programme, and particularly those we supported on the IPES programme, have a combination of mental health, neurodiverse and physical conditions as well as other barriers to work. Our research with IPES Key Workers and participants found that Key Workers were reluctant to identify patterns by age for this cohort – particularly people with a learning disability – whose life experiences were often very different from others of a similar age. But this is also true of participants on more mainstream services such as the Restart Scheme. A series of focus groupsⁱⁱ Reed in Partnership recently conducted with 67 young people being supported by the Restart Scheme revealed a very wide range of mental health and neurodivergent conditions but often combined with physical disability.

Preventing ill health and helping employees stay in work: what works?

The review asked for evidence on effective interventions that prevent ill health from developing or worsening at work, help disabled employees or those managing a health condition to stay in work, and help employees return to work after sickness absence.

In our experience, the key factors distinguishing employers that successfully recruit, support and retain disabled people and those with health conditions are:

1. **Open-mindedness and a supportive attitude, more than knowledge or know-how in itself.** In the latest DWP employer survey (8,000 employers)ⁱⁱⁱ, “activities to encourage a supportive culture” was rated as the most effective employer intervention in preventing employee ill health. The importance of supportiveness and kindness on the employer’s part cannot be overstated, because otherwise employees will not feel safe to disclose and discuss their health or disability, far less seek help or support. Lack of trust will make it difficult to start and progress a constructive employer/employee conversation around support needs.

One of the clearest findings from our report on delivering the IPES service was that the employers who successfully recruited and supported people with complex health needs were those who were welcoming and flexible in their attitudes towards supporting people with health conditions or disabilities, regardless of their sector, size, policies or expertise. The same was true when we carried out a survey in 2019 of 250 North East employers on their attitudes to employing disabled people, 90% of whom were SMEs. The most important barrier they identified to employing and supporting disabled staff was “not knowing where to start”. But those that had some experience of doing so, particularly where they had experience managing a disability themselves, were far more open to finding flexibilities and solutions. While some have highlighted issues with the Disability Confident scheme, when it is used proactively to press for action and commitment, it can be an important tool to support culture change. For

example, Reed in Partnership has been running Disability Confident workshops for employers, leading to four out of five participants either signing up or moving up a level in the scheme.

- 2. Good line management and HR practice.** There is exhaustive evidence^{iv} around this and the protective health effects of supportive managers and a positive working environment. Well-managed workplaces are more likely to be able to implement policies like job carving or other flexibilities around job roles that depend on effective team and performance management being in place. While this can be true of large employers who may have more structured and supported practices and policies, it can equally be true of small neighbourhood businesses, which can often demonstrate a high level of responsiveness and flexibility in supporting people to work in a way that enables them to thrive.
- 3. Willingness to be flexible, particularly around recruitment practices and working hours.** Around half (47%) of reasonable adjustments concern flexibility over working hours and place of work.^v In the ONS's survey of economically inactive people aged 50 plus considering returning to work after the pandemic, availability of flexible working hours was the top factor in influencing this decision.^{vi} Likewise, the Pathways to Work Commission^{vii} found that flexible working was the top intervention that could have prevented a health-related work exit, closely followed by adjustments and better line management. A key piece of evidence here is the Flexible Working for All^{viii} pilot carried out by Timewise, demonstrating the types of flexibility that can be built into frontline, site-based roles.
- 4. Champions and peer networks.** For larger employers, supporting staff champions and networks can prove powerful in promoting better practice around health and disability. At Reed in Partnership, a Disability Working Group has worked hard to increase engagement and disability representation across the organisation. It has been successful in increasing the proportion of staff who disclose their condition and seek help to make their day-to-day lives easier, with the proportion of staff disclosing a disability matching the UK average of one in five. It also works with HR to deliver particular improvements, working in partnership with the Business Disability Forum. There are also successful staff support networks in particular areas, such as neurodiversity, mental health and menopause.
- 5. The support of an external adviser checking in with the employer and employee.** Our evidence on this is based on the success of the in-work support that can last up to six months as part of employment support programmes. While only employers recruiting people via employment support schemes such as WHP or the Restart Scheme will be able to access this at present, it has a highly positive effect on the chances of a disabled person or someone with a health condition sustaining in work in the risky first few weeks or months of a job. The adviser spends time not just checking in with the participant but often works on problem-solving with their line manager any issues that might arise. Recent analysis by Reed in Partnership's Data Insights team^{ix} showed that in-work support increased the chances of a participant achieving a sustained job outcome by 28% for people that were previously at lower levels of job readiness.

As outlined in our submission to the DWP In-work Progression Commission in 2020, regular support in the first few weeks and months of a job means that the person in work has access to advocacy and problem-solving support to both prevent them falling out of work and to help them increase their earnings or move employer if needed. In-work support also gives people access to career guidance that will explore longer-term goals, analyse the steps towards that,

explore the real opportunities in their local labour market and give them access to the support and training to put their plan into practice.

Some of the aspects of in-work support that we have found effective in the early weeks or months of a job to support sustainment and progression include: a highly personalised and tailored approach; responding quickly and effectively as issues arise for employees and adapting communication to recognise unavailability during working hours.

Some of the support Reed in Partnership provides to the employer includes:

- Working with the employer and individual where appropriate on specific issues that arise. Topics can include managing work with fluctuating health conditions, disclosure of disability or health condition, forming working relationships with new people.
- Providing advice and guidance on support available for employees with a disability/health condition and their line managers, such as Access to Work.
- Signposting employers to local training services that offer workplace learning provision to upskill staff.
- Support to 'backfill' vacancies following promotion of staff to new roles within the business.
- Encouraging the employer to become a Disability Confident and/or Living Wage employer and providing support in their attainment, as well as providing support on improving diversity and inclusion in their practices and policies.

6. Offering, or signposting to, a range of health, disability and wellbeing support. While it is the first three points above that are most important, larger employers offer a range of wellbeing interventions that enable support to be tailored to the individual. It is not possible to single out one particular intervention as this depends on both the size of the organisation and the specific individual. Good practice employers offer a range of support (occupational health support, employee assistance programmes, counselling, wellbeing benefits) in order that each individual can utilise the type of support most relevant to them: in our experience it is the mix and choice that enables the organisation to support employees with very different needs. However, for smaller organisations, there are plenty of external, free sources of support to signpost to, including:

- **Preventative health services available at local level**, including smoking cessation, exercise and weight loss provision and the NHS Diabetes Prevention Programme (DPP). Anyone can self-refer to the DPP if they have a high blood sugar or HbA1c/FPG reading. This programme has been shown through successive evaluations to reduce the risk of type 2 diabetes by nearly 40% and was highlighted by Lord Darzi as the most impressive example of the power of prevention in his independent investigation of the NHS in England in 2024.^x
- **Access to Work.** While there are a wide range of improvements needed this scheme is absolutely critical to supporting individuals when they need adjustments beyond those that the employer should support. We have evidence-based recommendations to speed up the process via a triage service and build employers in from the start, so they are not presented with an unfamiliar list of required changes at the end of the process. A triage can also enable some simpler

adjustments to be funded and put in place right away in partnership with the employer.

- **Specialist advice and help that is already available on a wide range of conditions and life-stage health issues such as menopause.** If an employer has a support mindset (see point one above) then there is plenty of free advice available to help them build confidence and knowledge – from condition-based groups, through employment support services to employer membership bodies (such as the Employers Disability Forum). Though not mentioned within the Keep Britain Working Review: Discovery report, women experiencing menopause is a good example of where there is poor support and is a major cause of health-related workplace exits (the Fawcett Society’s 2022 survey of 4,000 women^{xi} found this led to one in 10 women exiting work, rising to more than one in five disabled women). Where there is clear guidance on good practice that can make a difference for employers to adopt.^{xii} A single advice and support service for employers (see below) could target uptake of such resources. We also found that menopause was the most popular topic for courses on our Midlife MOT pilot.
- **Assistive tech is critical, particularly in supporting neurodivergent people.** While there can be cost involved, often the costs are minimal, and the barriers are IT system-related (see below on what may help with this).

Employer barriers to good practice and ideas to overcome them

Barriers

The key barrier to the approaches above is employer confidence and misconceptions about disability and the most common long-term health conditions, and the lack of engagement built in to support them with this. In the DWP’s recent employer survey, only 35% of employers said that they felt confident in recruiting a disabled person or someone with a long-term health condition to their organisation.^{xiii} The fact that only one in four employers think that they are employing someone with a disability or long-term health condition is a concern, given that almost nine million people of working age have a health-limiting condition.

Our survey of small employers in 2019 reported a similar finding,^{xiv} with only one in three believing that they employed someone with a disability or health condition, uncovering numerous employer misconceptions around both what “disability” means and what it might cost to make reasonable adjustments, combined with discriminatory attitudes towards disabled people. In 2025 it is a priority more than ever to tackle this attitude, especially given the dramatic increase in the proportion of people diagnosed with neurodivergent conditions, where the adaptations and flexibilities that will enable an individual to thrive at work (and benefit other staff members too) will be very different from outdated and discriminatory perceptions about what disability means.

Other barriers to action include the fragmentation and lack of join up in the system outlined in the Discovery report, with a lack of support and guidance for employers at key points (notably when a fit note is issued). There are also common barriers around assistive technology that are important to address. Insights from Reed in Partnership's Access to Work team suggest that many of the most common assistive tech recommendations are not compatible with common IT security protocols or operating systems, meaning that when this is recommended to an employer, it is not possible to implement, and a different solution has to be found.

Solutions

In 2015 the Government set up a Fit for Work service, that provided information, advice and OH assessments in some cases. It was closed mainly due to low referral numbers, with low awareness of the service. However, many factors have changed since then, not least the dramatic increase in the proportion of working-age people with a health-limiting condition, the increased diagnosis of neurodivergent conditions and the greater awareness around mental health and menopause. We think that it is time to revisit the idea of a more proactive employer information and advice service in order to shift the incentives for employers and support systemic change. This could:

- Serve as a single "front door" for a range of programmes and support, from Disability Confident to Access to Work, working closely with Acas and the Health and Safety Executive to create a clear offer for employers.
- Incorporate a triage advice line that in some cases results in a casework approach, where a caseworker can support the employer and employee directly. There will be learning from the WorkWell Pilots, economic inactivity trailblazers, NHS work on employment and the employment support sector generally that can help identify the points at which this support would be best deployed and signposted. There are plenty of organisations in the employment support sector with the knowledge and experience to deliver such a triage service. This would learn from the Danish casework approach, but be signposted at key points, such as when a Fit note is provided, or when an employment support service ends its in-work support for an individual.
- Incorporate an online toolkit on assistive technology, building on the work done by the Business Disability Forum, that can develop resources to help progress work around compatibility issues but also seek to help employers understand what a comparable tool might be that is compatible with their operating system. Assistive tech companies should be involved in this, but also the major operating systems that employers use.
- While Access to Work could sit within this front door, it is triggered by an individual's request so would likely need a slightly different triage process, but from our experience of delivering assessments to the service we think that the employer should become part of this process early on.

As set out in the introduction to this paper, the key action for employers is to encourage disclosure of a condition through building trust and support, then have an early conversation with the employee resulting in an ongoing plan. We think that the above support would build in the incentives for employers to do this, making it a normal part of employer practice.

Endnotes

ⁱ Demos, [The Earlier the Better: Raising awareness of employment Support for Disabled people and people with health conditions](#), 2024.

ⁱⁱ Summary available to the Review on request.

ⁱⁱⁱ DWP, [Employer Survey: Health and Disability in the Workplace](#), May 2025.

^{iv} For a summary see [Learning and Work Institute, Supporting workers’ health and access to better work: A report for the Commission for Healthier Working Lives](#), 2025.

^v Business Disability Forum, [The Great Big Workplace Adjustments Survey 2023](#), June 2023.

^{vi} ONS, [Reasons for workers aged over 50 years leaving employment since the start of the coronavirus pandemic: wave 2](#), 2022.

^{vii} Barnsley Council and South Yorkshire Mayoral Combined Authority, [Pathways to Work Commission Report](#), July 2024.

^{viii} Timewise and the Institute of Employment Studies, [Flexible Working for All: Achieving Greater Equity for Frontline and Site-based Workers](#), July 2024.

^{ix} Available to the Review team on request from Reed in Partnership. Also see [Reed in Partnership’s submission to the DWP’s In-Work Progression Commission](#), detailing how in-work support works.

^x Lord Darzi, [Summary Letter from Lord Darzi to the Secretary of State for Health and Social Care](#), November 2024.

^{xi} Fawcett Society, [Menopause and the Workplace](#), 2022.

^{xii} Reed, [Menopause in the workplace: an employer’s guide to menopause support](#).

^{xiii} DWP, [Employer Survey 2024](#), May 2025.

^{xiv} Reed in Partnership, [Increasing Disability Confidence in SMEs: Creating employment and support opportunities](#), 2019